The Horsham Clinic

ORIGINAL: 2178

Becky Krisko, M.Ed., CAC Diplomate Community Service Liaison Marketing (215) 540-1618 (Office) (215) 654-1256 (Fax)

722 E. Butler Pike Ambler, PA 19002-2398 877-751-4563 24 HOUR ASSESSMENT AND REFERRAL SERVICE * 1-800-237-4447

April 6, 2001

Eva Cheney, Counsel State Bd of Social Workers, Marriage & Family Therapists & Prof. Conselors P O Box 2649, 116 Pine Street Harrisburg PA 17105-2649

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Dear Eva Cheney:

This letter to you comes as a concerned resident of Pennsylvania as well as a well experienced psychotherapist and CAC diplomate. I have been in both private practice since 1991 and the mental health and addiction chemical inpatient arena since 1985. Prior to that, I became a certified guidance counselor, PA Dept of Education, and worked in that capacity in a PA high school.

As you may assume, I have been following closely, along with my colleagues in the PA Counseling Association and the PCB, the recent regulations as they relate to Act 136. My concerns are for the health and welfare of substance abuse users seeking treatment with regulations associated with grand-parenting issues. These all fail to recognize the master's level specialists and their related years of successful experience. (I challenge you to weigh this against any recent SW graduate permitted to become a LSW with a mere exam and no experience other than practicum and no formal counseling therapeutic skills.)

I personally am outraged after meeting strict competency-based and clinically supervised guidelines to maintain certification and job requirements, not to mention ongoing professional yearly trainings, that I am unable to be grandparented into PA State licensure.

I am therefore most strongly supporting the inclusion of: grandparenting regulations of any master level certified addictions counselors (CAC Diplomat); and the grandparenting regulations of the IC and RC national exam for addictions counselors as equally acceptable.

Please consider this favorably as a most positive means of assuring appropriate & desperately needed specialized counseling services to the diversity we face in all communities

Sincerely yours,

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Becky Krisko

CC: PCB

	ORIGINAL: 2178 CROSSROADS COUNSELING A 73 East Forrest Avenue-Suite 12 Shrewsbury, PA 17361 (717) 235-0199 FAX (717) 235-0383	ND EDUCATION SERVICE 5 Pendyrus Street Delta, PA 17314 (717) 456-5578 FAX (717) 456-6508	S Contraction of the second seco
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Ms. Eva (Cheney, Counsel		/ *
State Boar	rd of Social Workers, Marriage & Family		•
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Harrisburg	g, PA 17105-2649	· · · · · · · · · · · · · · · · · · ·	j .
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Dear Ms.	Cheney,		· · · · ·

I am sure you are receiving many letters of concern/anguish regarding the grandfathering clause for CAC's, the exclusion of the Masters of Human Services, and the inclusion of Master's level CAC's for the IC and RC National Exams. Please understand our frustration. I am a Master's level CAC with 176.25 credit hours in the past 10 years. I am now being told I cannot use all of this hard work to be grandfathered in for a professional license. I am also told that I may need to take more national exams and that Music, Dance, Art and Drama Therapists will not be excluded. I am a full time Addiction Counselor with a waiting list for clients. I have worked inpatient intensive outpatient and in community outpatient programs. The need is tremendous to exclude as is outrageous. I hope you will respond to our board of directors at PCACB and also to this letter of concern.

Thank you Eva for your kind consideration.

Sincerely,

Mihalla

D. Mikaela Tallman, MA, CAC Substance Abuse Counselor

DMT/dmd

cc: PCB

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BPOA

Mental Health Services

A PROGRAM OF ADAMS-HANOVER COUNSELING SERVICES, INC.

Drug and Alcohol Services ORIGINAL: 2178

Warren Schloss, BS,CAC 19 Woodbine Avenue Narberth, PA 19072

State Board of Social Workers, Marriage & Family Therapists, & Professional Counselors c/o Eva Cheney, Counsel 116 Pine St., PO Box 2649 Harrisburg, PA 17105 (*re:* **# 16A**-694)

April 5, 2001

Dear Ms. Cheney:

I am writing to you as a Certified Addiction Counselor with 7 years of experience at Rehab After Work, Friends Hospital and Malvern Institute, as well as a concerned resident of the Commonwealth of Pennsylvania.

The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, raises concerns for the health and welfare of substance abusers seeking counseling services. The fundamental problems with the regulations involve the grandparenting issues and are non-statutory in nature.

These regulations fail to recognize Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's degree are not recognized by the regulations, not to mention CAC's without Master's degrees who are on the front lines of the fight against active addiction. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC).

The regulations are also notably discriminatory of minority populations through the exclusion of the Master's Degree in Human Services as offered by Lincoln University, the nation's oldest African American university. Most counselors holding this Master's degree are working with minority populations. The exclusion of this degree from grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania. This is likely to directly and indirectly impact the provision of services to minorities.

I am strongly advocating for the inclusion within the regulations of the following:

1. Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).

2. Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

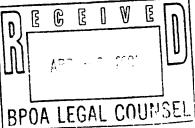
3. Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

4. Inclusion under the grandparenting regulations of individuals in possession of a CAC, 5 years of supervised experience in face to face counseling as per Act 136 guidelines, along with passage of the IC&RC national exam for addiction counselors

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Warnen Schloss

Warren Schloss, BS,CAC



April 5, 2001

REVIEW COLUMNS

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Independent Regulatory Review Committee 333 Market Street – 14th Floor Harrisburg, PA 17101

ATTENTION:John R. McGinley, Jr., ChairmanREF:No. 16A-694

Dear Board Members:

I am writing this letter to support the inclusion of the Lincoln University Master of Human Services degree as an appropriate core to be included in the Pennsylvania Act 136 proposed regulations.

Lincoln University Masters of Human Services graduates have performed effectively as counselors for many organizations located throughout the State of Pennsylvania and, in fact throughout the country. Many are of the opinion that these graduates only serve the addictions community, are uneducated, recovering addicts and unsophisticated. This poor image is bias and assumed without knowledge of the contributions these graduates have made to consumers. These graduates have become college professors, educators, therapists, and administrators. They have earned their position of grandfathering along with the other disciplines mentioned in the proposed regulations. In addition, Lincoln's graduates are willing and have pursued additional education to include second master's degrees and Ph.D. status. The additional education was not a requirement or necessity, just a exhibit of the caliber of individual the Board is attempting to deny the opportunity to become licensed in this State.

As an individual who has devoted many years of service to consumers in need of mental health, forensic, addiction and others, my request is that Lincoln University's Master of Human Services and any other human services degree be included as a core field in these regulations.

Sincerely, Barbara Russe 6130 Old York Road Philadelphia, PA 19141





April 5, 2001

Independent Regulatory Review Commission 14th Floor, Harristown 2 333 Market Street Harrisburg, PA 17101

Please find inclosed a letter to the Pennsylvania State Board of Social Work, Marriage and Family Therapists and Professional Counselors commenting on their recently published regulations for Act 136.

As the only PA. organization of Clinical Social Workers, we would like you to note our objections to the highly detailed demands put on supervisors, under this law, for which agencies, institutions and clinics are not heretofore willing to pay. In our survey of other such laws in comparable state, this level of oversight and detail is unprecedented. We have made some suggestions to ease the situation, and even if these are made, I'm not sure workplaces will pay for supervisors to the oversight this law is requiring. We also believe this level is not to the client/patients' advantage for therapeutic reasons.

We respectfully request you review this level of regulation before they are promulgated and appreciate your attention and time to this matter. If more information is desired from us, please don't hesitate to contact us at the address and phone number listed above.

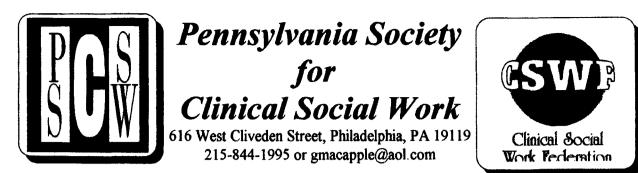
Sincerely,

Infina C.

Virginia C. McIntosh, LCSW, President

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April 4, 2001

Manuel Manolios, Secretary PA. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors P.O. Box 2649 Harrisburg, PA 17105-2649

Dear Mr. Manolios:

The following are comments from the Pennsylvania Society for Clinical Social Work about Act 136 Regulations on Chapters 47, 48 and 49, as published in the March 23, 2001, issue of the Pennsylvania Bulletin. First, let me say that we understand and appreciate all the hard work that the Board has put into drafting these regulations over the past two years. We also recognize and appreciate the changes made since we last saw a draft of these regulations.

While we agree with the Board's belief in supervision as "a quality learning experience for supervisees, which depends in part on the quality of supervision," we think excellence in supervision comes from high quality training for supervisory skills, not in intrusive observing, or over-the-shoulder watching of the supervisee. So our most important comments pertain to the requirement for only individual supervision and for micro-management of supervision, when social workers come to this supervision already licensed. There are five areas about which we have concerns:

1. The requirements specifying only <u>individual supervision</u> [47.12c(5)], which may be a burden, for many if not most, agencies and institutions which barely provide any supervision now.

<u>Remedy</u>: We would suggest that you provide for <u>group supervision</u>, along with the individual <u>supervision</u> in order to reduce this burden for financially stretched non-profit facilities and other host settings for clinical social workers. Even California, which has very demanding supervision requirements, will allow group supervision for at least part of the supervisory requirement. Many states limit the supervision to six supervisees.

2. The burden on clinical workplaces of the above requirement is expanded by the regulation's <u>documentation requirements</u> [47.12d(10), (14)]. Agencies and funding sources often only pay clinicians for hours seeing patients and sometimes for direct supervision hours. Many clinical work places don't have supervision on site to start with and would not pay for the burdensome documentation requirements [47.12d(10), (14)], even if they provided clinical supervision. Knowledge of their budgets brings a recognition that these institutions and agencies will not pay supervisors to do this

PSCSW Act 136 Regulations Comment 2

work, resulting in limiting the number of possible host work sites for supervisees to be trained. An unfunded mandate results from these documentation requirements, as non-profits cannot afford this documentation time and "for profit" worksites would reject paying supervisors for cost reasons. Similar regulations in other states do not require this.

<u>Remedy:</u> We suggest that two evaluations during the six month period be required; at three months and at six months [47.12d (14)]. These evaluations would include dates of group and individual supervision; objectives of supervision [47.12d (8)]; review of practice and ethics of the supervisee [47.12d(9)]; methods used for supervision (examples: case discussions, process recordings, other recordings [where permissible], discussion of theory, etc.); areas of competence, improvement, and areas of needed improvement [47.12d(12)]; and recommendations for further study, development, and skills necessary for independent practice [47.12d(13)]. If progress by the supervisee is <u>not</u> proceeding well, additional reports should so document this.

3. The requirement that the <u>clients/patients provide written permission to the supervisee to discuss the</u> <u>case with the supervisor</u> [47.12c(3), 47.12d(7)] is contrary to a long tradition of agencies supervising new professionals without such written permission; and students have never been required to do this, as supervision in an agency or facility is assumed. Plus, we are not referring to students but to <u>licensed</u> <u>social workers</u>, who would have to attain this written permission, thus undermining the clinicians authority and perhaps losing clients or patients for the facility. In looking at many other state licensing regulations for advanced practitioners, I've not come across any such stipulation.

In addition, many worksites might already require some sort of written agreement to use <u>an outside</u> <u>supervisor</u>.

<u>Remedy</u>: We recommend that this written permission be dropped and that instead, a recommendation that an outside supervisor have a written agreement with the agency/institution regarding the supervision of the supervisee for cases at that facility.

4. The requirement that the <u>supervisor observe client/patient sessions of the supervisee or review</u> recordings of these sessions on a regular basis [47.12d(11)] is not possible for many such worksites. Very few facilities have the ability to comply with the direct_observation specification without intruding on the working alliance and underlying the authority of the clinical social worker. We strongly object to intrusion upon the therapy relationship by these requirements. One of the most healing aspects of therapy is this trusting, working alliance, as substantiated by research studies. Having the supervisor present completely changes the nature of this relationship. The additional requirement of having recordings is legally not possible for some agencies. For example, in my liaison work at Bryn Mawr Graduate School of Social Work and Social Welfare, I encounter institutions and agencies which cannot legally record sessions. However, there is a long and strong tradition in social work of using <u>process</u> <u>recordings</u> and case presentations, in addition to audio/video recordings where possible.

<u>Remedy</u>: Replace the requirement for direct observations of sessions and review of taped sessions with the following: "Supervision should include but not be limited to, the review of case presentations; process recordings; and audiotapes, videotapes, direct observation, where possible."

PSCSW Act 136 Regulations Comment 3

5. We do not think that it is realistic to expect a supervisor to give a supervisee 60 days notice before leaving a worksite [47.12d(7)], as the current practice is for employees to give two weeks notice. Often when they get another job, they have to leave before a month's notice.

We recommend you drop this requirement, as it is not realistic. The regulations can recommend this but the question is what happens if the supervisor does not give this notice? Please clarify whether there is a consequence for disregarding this stipulation?

We also would like clarification on the following items:

1. Regarding the stipulation for a minimum of fifteen [15] hours per week at one setting for at least 6 months [47.12c8], many young professionals work part time while raising children or only can find clinical positions which are less than half time positions, piecing several such jobs together.

We would like this to be modified by providing an option for 10 hours per week for 9 months at one work place. Hopefully in the future, the non-profit, fee-for-service, trend will die off and it won't be necessary for young professionals to piece together several part-time clinical jobs. That is not the case at the moment. In addition, we also want to support mothers who are trying to both stay home with children and build their clinical skills in a constructive way. But most of all, we want new professionals to be able to work the large number of clinical hours and to have the supervision they need ethical, knowledgeable and professional clinicians to provide excellent service.

2. We also seek clarification as to the meaning of 3600 hours of clinical practice. Does that mean face to face sessions only or does it include collateral contacts, such as phone calls, referrals, consultations with other agencies and/or professionals, record keeping, etc.? We think it should be the latter interpretation, since some cases often require so many other contacts.

3. We are very concerned about the LSW social workers who will have met 3600 post masters degree hours of clinical practice by March 2002, but didn't have the knowledge of what supervision would be required because the supervision regulations had yet to be determined when they were accumulating their 3600 hours. Provisions need to be made for these professionals so that they do not have to start their supervision again after three to five years as an licensed social worker [LSW]. The latter would place an unfair burden on them, we believe.

As stated above, it is unprecedented in other state regulations to see such specific requirements of the supervisor and to require only individual supervision. This leads me to inquire as to what is the alternative for supervisees who might not find a worksite providing the requirements of this supervision and cannot afford private supervision? We want high standards for our clinical social workers and we agree that highly competent supervisors are necessary. Perhaps <u>a required, rigorous course on supervision</u> might be more effective than observation and weekly supervision notes.

Once again, let me express our thanks to you and the Board for your long and hard work in producing the draft regulations. While we do have the reservations noted above, I am sure that by working together we can achieve a satisfactory and quick resolution of the outstanding issues. I look forward to your response to these issues and to working with you over the next few months.

PSCSW Act 136 Regulations Comments 4

Sincerely,

Miginia C. Montal Virginia C. McIntosh, President PA. Society for Clinical Social Work

April 5, 2001

State Board of Social Workers, Marriage and Family Therapists, And Professional Counselors C/O Eva Cheney, Counsel

Dear Ms. Cheney;

I am writing to you as a certified addictions specialist and as a health care professional who has worked in psychiatric services for over 20 years. I am protesting the exclusion of certified addictions counselors in the recent publication of regulations related to Act 136, The Professional Counselor Licensing Bill.

I feel this exclusion is doing a disservice to the hundreds of thousands of people counseled daily by addictions specialists, many with Masters level education, most of whom work directly with minority populations.

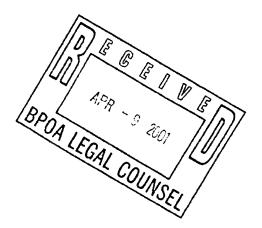
Most of us health care professionals are now limited by Managed Care Companies who use any weapon to discredit the professional, the organization, and to refuse care. Your licensing bill, excluding drug and alcohol counselors from professional licensing Act 136 will make it even more difficult on this front as well – for the professional to be heard by managed care reviewers or third party representatives – and for the patient desperately seeking help.

I strongly urge you to include the following in your regulations for Act 136:

- Inclusion under the grand-parenting regulations those individuals with a Master's degree and Certification as an Addictions Counselor.
- Inclusion of the recognition of the Master's degree at Lincoln University
- Inclusion under the grand-parenting regulations the IC and RC National examination as an acceptable examination.

Sincerely,

Sandra J. Nigut, MA, CAC 5255 Southern Boulevard Boardman, OH 44512 Home Phone: 330-783-5252 Work Phone: 412-766-8700 x 116



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Original: 2178

Michael Raidy 2420 N. 5th Street Apartment F Perkasie, PA 18944

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Eva Chenev State Board of Social Workers, Marriage and **Family Therapists and Professional Counselors** P. O. Box 2649 116 Pine Street Harrisburg, PA 17105-2649

April 5, 2001

Dear State Board Members.

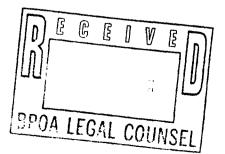
This letter is in reference to Act 136, The Professional Counselor Licensing Bill, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (ref. # 16A-694) and relates to the non-statutory grandparenting provisions that the State licensing Board is in the process of finalizing.

Please take appropriate action to insure that Addictions Services are appropriately covered by providing Certified Addictions Counselors the opportunity to be licensed through the grandparenting process. CACs with counseling related Masters Degrees and who pass the ICRC National Exam need to be considered as candidates for state licensure as professional counselors (LPC) under ACT 136.

This can be accomplished by the following provisions:

- 1. Certified Addictions Counselors, Diplomat status (CACD) with appropriate Masters Degrees be accepted into the list of professions to be recognized under the grandparenting provision.
- 2. The International Certification & Reciprocity Consortium's national exam to be included as fulfilling the examination prerequisite (otherwise individuals with 36-45 credits will be ineligible, although the act allows for them, due to the NBCC exam requiring 48 credits).

Respectfull



Michael Raidy



Original: 2178

30 and 90 Day Inpatient Drug and Alcohol Treatment

"... taking the time to get it right"

April 5, 2001

Attention: Ms. Eva Cheney, Counsel State Board of Social Workers, Marriage & Family Therapists & Professional Counselors P.O. Box 2649 116 Pine Street Harrisburg, PA 17105-2649

Dear Ms. Cheney:

I am writing to you as a MHS, CCS, CAC Diplomate. In view of Act 136 and its exclusion of the PCB to add input, I feel that significant harm will result to many consumers of chemical dependency treatment services!

The Bill fails to make reference to Addiction Specialists. It does not make specific reference to a Master's Degree in "Human Services" in the grandparenting regulations. Lincoln University (fully accredited) students are approximately 95% non-whites. Not making acceptance of its excellent curriculum would unfairly limit minority counselors. The consequences of this Professional Licensure Bill would potentially impact all CACs regardless of educational experiences.

Our country needs more—not less availability of addiction rehabilitation. This is especially true as it applies to our minorities and financially handicapped.

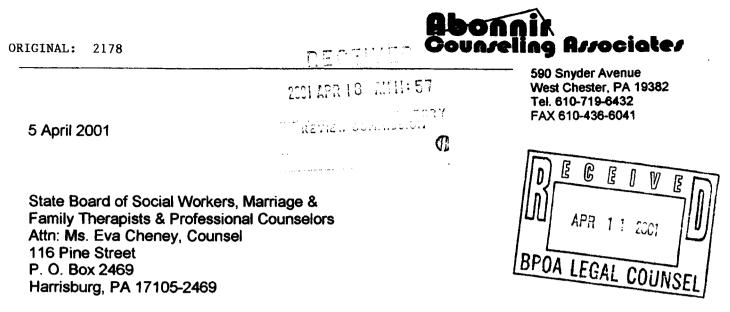
No challenge our nation faces is more momentous than our addiction problems. The situation is urgent and it is time for consensus and action.

Respectfully,

Marin T.

Marvin T. Lipscomb MHS, CCS, CAC Diplomate Executive Director COLONIAL HOUSE, INC.

cc: PCB



RE: PA Commonwealth Act 136: Professional Counselor Licensing Bill.

Dear Ms. Cheney:

We are writing this letter to you as residents of the Commonwealth of Pennsylvania as well as professionals in the field of Substance Abuse Counseling. Our current credentials in this field include Master's and Doctoral Degrees in Psychology, certification by the NBCC and Pennsylvania Certification Board as CAC Diplomate status. In addition to the specified educational credentials, we maintain licensing by the Commonwealth of Pennsylvania Department of Health as a Substance Abuse Counseling, Education and Prevention Center and have accumulated approximately 24 years of experience in the field of addictions.

Our concern is the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill. Review of the regulations raises many concerns. These concerns are for the health and welfare of those individuals who are substance abusers and seek professional, qualified counseling services. Fundamentally, the problems with Act 136 involve grand-parenting issues and are not of a statutory nature. This regulation fails to recognize those specialists with Master's or higher level education that by far represent the largest specialty treatment population in the Commonwealth. Most notably, Certified Addictions Counselors with post-graduate degrees are not recognized within the regulations. All of these professionals have achieved competency based, clinically supervised credentials under the strict guidelines established by the International Certification and Reciprocity Consortium (IC&RC).

Notably, the regulations are discriminatory of minority populations through the exclusion of the Master's Degree in Human Services such as offered by Lincoln University here in Chester County. The vast majority of individuals holding this Master's degree work with minority populations in urban centers. Exclusion of this degree, and higher degrees from the grand-parenting regulations is an extreme disservice to the cause of providing racial, ethnic, and culturally sensitive services and may indirectly impact the provision of services to minorities.

We are strongly advocating the inclusion of the following within the regulations:

 Inclusion under the grandparent regulations of individuals in possession of a Master's degree and certification as an Addiction Counselor (CAC). 5 April 2001 Page 2

- Inclusion under the grandparent regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under the grand-parenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

We sincerely urge your consideration in this matter as a means of assuring that citizens of the Commonwealth are provided counseling services that best serve our diverse communities.

Sincerely,

Jame M Dubo

Dr. Joanne M. Hirko, CAC Diplomate Project Director

cc: PCB Board Harrisburg, PA Joann M. Crants R. R. 1 – Bex 544 Port Allegany, PA 16743 (814) 642-7530 4.8

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April 5, 2001

Eva Cheney, Counsel State Board of Social Workers, Marriage & Family Therapists & Professional Counselors P.O. Box 2649, 116 Pine Street Harrisburg, PA 17105-2649

Dear Eva Cheney, Counsel,

I am writing to you as a Certified Addictions Counselor, with a Masters Degree in Counselor Education with Emphasis in Chemical Addiction Studies. I have worked in various aspects of the mental health field for 9 years and am currently Clinical Supervisor at an outpatient drug and alcohol facility in Warren, PA. I am writing to express my concerns regarding the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill. I have noted that although the Bill takes into consideration the need for a certain level of professional standards and expertise in the area of counseling, it fails to recognize the population of Master's level addiction specialists, a population that represents the largest specialty treatment population in the Commonwealth. These counselors have achieved a competency-based, clinically supervised credential under strict guidelines provided by the International Certification & Reciprocity Consortium (IC&RC).

In my own particular case, I obtained my BS in Psychology in 1993 and worked my way up through the ranks of AACI, AACII and Certified Addictions Counselor (CAC). I had to take a rigorous oral and written exam given by the IC&RC in order to gain the (CAC) credential as well as having to fulfill a certain degree of time working in the field of mental health and drug and alcohol counseling. I have since then continued to obtain a 60 credit Master's Degree in Counselor Education with Chemical Dependency Emphasis from the Pennsylvania State University. My curriculum has covered just about every aspect of the counseling field, and yet according to your published regulations, I will still not meet the standards for counselor licensure as currently written.

I am writing asking that you will include within your regulations the following

- Inclusion under the grandparenting regulations of individuals in possession of a Master's' Degree and Certification as an Addiction Counselor (CAC).
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

April 5, 2001

Inclusion under the gradparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

I strongly urge your consideration in this matter as a means to assure that those seeking professional drug and alcohol counseling are provided with the highest quality counseling services while recognizing the body of highly skilled and talented drug and alcohol professionals currently certified and working within the Commonwealth. Thank you for the time and attention that I trust you will give to this very important issue.

jmc cc:

PCB

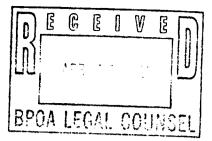
Sincerely,

ioann M. 11010

Certified Addictions Counselor

Original: 2178

State Board of Social Workers, Marriage Therapist, & Professional Counselors C/O Eva Cheney, Counsel 116 Pine Street P.O. Box 2649 Harrisburg, PA 17105



April 5,2001

Re: # 16A-694

Dear Board:

I am writing to you as a concerned resident of Pennsylvania. In view of Act 136 and its exclusion of the PCB to add input, I feel that significant damage will be done to addicts and alcoholics looking for drug and alcohol counseling.

The Bill fails to make reference to Addiction Specialists. Most notably, Certified Addiction Counselors with Master's degrees in Human Services are not recognized by the regulations. These individuals have achieved a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC).

The consequence of this Professional Licensure Bill would impact all CAC's regardless of educational experiences. Our country needs more addiction treatment services not less

I personally have watched both my parents battle with addiction. My father continues to lose the battle. My mother has worked extremely hard to overcome her addiction to opiates and go on to obtain a CAC and work with the chemically dependent for 9 years. It would be a great disservice to the community to excluded her and the many other like her, this would cause enormous damage to the chemically dependent seeking help, their families within the Commonwealth.

I am sturdily advocating for the inclusion within the regulations of the following:

- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.
- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

I sincerely urge your prompt contemplation in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our sundry communities.

Sincerely,

Sexder Courtney L. Bender

1158 Irving Avenue York, PA 17403

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RECIENTED 2031 APR (1 - ...) S: 39 WEVILW COLUMDIAN 01

One Nathan Court DuBois, PA 15801 April 4, 2001 (814) 375-1052

Eva Cheney, Counsel State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors 116 Pine Street P.O. Box 2649 Harrisburg, PA 17105

DEEEVE AFR - 9 2001 BPOA LEGAL COUNSEL

Dear Ms. Cheney,

I am writing to you as a practicing mental health therapist and drug and alcohol counselor who has been in this profession continuously since 1975. I am also a Certified Addictions Counselor since 1983. I would like to comment on the Professional Counselor Licensing Bill, Act 136. I feel there are some fundamental problems in the grandfathering issues that neglect those who hold the Certified Addiction Counselor (C.A.C.) certification. C.A.C.'s with a Masters degree are not recognized by these regulations. However these people have achieved a competency based credential under strict guidelines as provided for by the International Certification and reciprocity Consortium (IC&RC).

I feel the regulations are particularly discriminatory to the older counselor. When I was in Graduate School in the 70's the standard counselor master's degree was either 30 or 36 credits. I have the 36 credit degree and I see that the regulations allow for licensure of 36 credit degrees but "clause 5" makes reference to the NBCC exam which requires a minimum of 48 credits even to take the exam.

My suggestion is to recognize a Certified Addiction Counselor credential from the Pennsylvania Certification Board (PCB) and hold a Master's degree of 36 credits or more. The PCB requires 50 hours bi-annually of Continuing Education Credit to maintain the C.A.C. This is approved training that almost always is cross-approved for NBCC, LSW and all other entities. In my 18 years I have gathered at least 450 hours continuing education simply to maintain my Certification. I feel the Addiction Counselors, who are the largest specialty treatment population in PA, are being ignored. I also believe language needs to be introduced specifically referring to "Human Services" in grandfathering regulations.

Thank you for your attention to this matter.

Sincerely, Le in

David M. Kosko M.A. C.A.C.

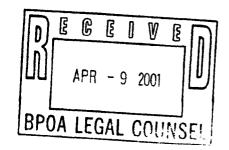
Cc: PCB Board

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April 4, 2001

Manuel Manolios, Secretary PA. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors P.O. Box 2649 Harrisburg, PA 17105-2649



Dear Mr. Manolios:

The following are comments from the Pennsylvania Society for Clinical Social Work about Act 136 Regulations on Chapters 47, 48 and 49, as published in the March 23, 2001, issue of the Pennsylvania Bulletin. First, let me say that we understand and appreciate all the hard work that the Board has put into drafting these regulations over the past two years. We also recognize and appreciate the changes made since we last saw a draft of these regulations.

While we agree with the Board's belief in supervision as "a quality learning experience for supervisees, which depends in part on the quality of supervision," we think excellence in supervision comes from high quality training for supervisory skills, not in intrusive observing, or over-the-shoulder watching of the supervisee. So our most important comments pertain to the requirement for only individual supervision and for micro-management of supervision, when social workers come to this supervision already licensed. There are five areas about which we have concerns:

1. The requirements specifying only <u>individual supervision</u> [47.12c(5)], which may be a burden, for many if not most, agencies and institutions which barely provide any supervision now.

<u>Remedy</u>: We would suggest that you provide for <u>group supervision</u>, along with the individual <u>supervision</u> in order to reduce this burden for financially stretched non-profit facilities and other host settings for clinical social workers. Even California, which has very demanding supervision requirements, will allow group supervision for at least part of the supervisory requirement. Many states limit the supervision to six supervises.

2. The burden on clinical workplaces of the above requirement is expanded by the regulation's <u>documentation requirements</u> [47.12d(10), (14)]. Agencies and funding sources often only pay clinicians for hours seeing patients and sometimes for direct supervision hours. Many clinical work places don't have supervision on site to start with and would not pay for the burdensome documentation requirements [47.12d(10), (14)], even if they provided clinical supervision. Knowledge of their budgets brings a recognition that these institutions and agencies will not pay supervisors to do this

PSCSW Act 136 Regulations Comment 2

work, resulting in limiting the number of possible host work sites for supervisees to be trained. An unfunded mandate results from these documentation requirements, as non-profits cannot afford this documentation time and "for profit" worksites would reject paying supervisors for cost reasons. Similar regulations in other states do not require this.

<u>Remedy:</u> We suggest that two evaluations during the six month period be required; at three months and at six months [47.12d (14)]. These evaluations would include dates of group and individual supervision; objectives of supervision [47.12d (8)]; review of practice and ethics of the supervisee [47.12d(9)]; methods used for supervision (examples: case discussions, process recordings, other recordings [where permissible], discussion of theory, etc.); areas of competence, improvement, and areas of needed improvement [47.12d(12)]; and recommendations for further study, development, and skills necessary for independent practice [47.12d(13)]. If progress by the supervisee is <u>not</u> proceeding well, additional reports should so document this.

3. The requirement that the <u>clients/patients provide written permission to the supervisee to discuss the</u> <u>case with the supervisor</u> [47.12c(3), 47.12d(7)] is contrary to a long tradition of agencies supervising new professionals without such written permission; and students have never been required to do this, as supervision in an agency or facility is assumed. Plus, we are not referring to students but to <u>licensed</u> <u>social workers</u>, who would have to attain this written permission, thus undermining the clinicians authority and perhaps losing clients or patients for the facility. In looking at many other state licensing regulations for advanced practitioners, I've not come across any such stipulation.

In addition, many worksites might already require some sort of written agreement to use <u>an outside</u> <u>supervisor</u>.

<u>Remedy</u>: We recommend that this written permission be dropped and that instead, a recommendation that an outside supervisor have a written agreement with the agency/institution regarding the supervision of the supervisee for cases at that facility.

4. The requirement that the <u>supervisor observe client/patient sessions of the supervisee or review</u> recordings of these sessions on a regular basis [47.12d(11)] is not possible for many such worksites. Very few facilities have the ability to comply with the direct_observation specification without intruding on the working alliance and underlying the authority of the clinical social worker. We strongly object to intrusion upon the therapy relationship by these requirements. One of the most healing aspects of therapy is this trusting, working alliance, as substantiated by research studies. Having the supervisor present completely changes the nature of this relationship. The additional requirement of having recordings is legally not possible for some agencies. For example, in my liaison work at Bryn Mawr Graduate School of Social Work and Social Welfare, I encounter institutions and agencies which cannot legally record sessions. However, there is a long and strong tradition in social work of using <u>process</u> <u>recordings</u> and case presentations, in addition to audio/video recordings where possible.

<u>Remedy</u>: Replace the requirement for direct observations of sessions and review of taped sessions with the following: "Supervision should include but not be limited to, the review of case presentations; process recordings; and audiotapes, videotapes, direct observation, where possible."

PSCSW Act 136 Regulations Comment 3

5. We do not think that it is realistic to expect a supervisor to give a supervisee 60 days notice before leaving a worksite [47.12d(7)], as the current practice is for employees to give two weeks notice. Often when they get another job, they have to leave before a month's notice.

We recommend you drop this requirement, as it is not realistic. The regulations can recommend this but the question is what happens if the supervisor does not give this notice? Please clarify whether there is a consequence for disregarding this stipulation?

We also would like clarification on the following items:

1. Regarding the stipulation for a minimum of fifteen [15] hours per week at one setting for at least 6 months [47.12c8], many young professionals work part time while raising children or only can find clinical positions which are less than half time positions, piecing several such jobs together.

We would like this to be modified by providing an option for 10 hours per week for 9 months at one work place. Hopefully in the future, the non-profit, fee-for-service, trend will die off and it won't be necessary for young professionals to piece together several part-time clinical jobs. That is not the case at the moment. In addition, we also want to support mothers who are trying to both stay home with children and build their clinical skills in a constructive way. But most of all, we want new professionals to be able to work the large number of clinical hours and to have the supervision they need ethical, knowledgeable and professional clinicians to provide excellent service.

2. We also seek clarification as to the meaning of 3600 hours of clinical practice. Does that mean face to face sessions only or does it include collateral contacts, such as phone calls, referrals, consultations with other agencies and/or professionals, record keeping, etc.? We think it should be the latter interpretation, since some cases often require so many other contacts.

3. We are very concerned about the LSW social workers who will have met 3600 post masters degree hours of clinical practice by March 2002, but didn't have the knowledge of what supervision would be required because the supervision regulations had yet to be determined when they were accumulating their 3600 hours. Provisions need to be made for these professionals so that they do not have to start their supervision again after three to five years as an licensed social worker [LSW]. The latter would place an unfair burden on them, we believe.

As stated above, it is unprecedented in other state regulations to see such specific requirements of the supervisor and to require only individual supervision. This leads me to inquire as to what is the alternative for supervisees who might not find a worksite providing the requirements of this supervision and cannot afford private supervision? We want high standards for our clinical social workers and we agree that highly competent supervisors are necessary. Perhaps a required, rigorous course on supervision might be more effective than observation and weekly supervision notes.

Once again, let me express our thanks to you and the Board for your long and hard work in producing the draft regulations. While we do have the reservations noted above, I am sure that by working together we can achieve a satisfactory and quick resolution of the outstanding issues. I look forward to your response to these issues and to working with you over the next few months.

PSCSW Act 136 Regulations Comments 4

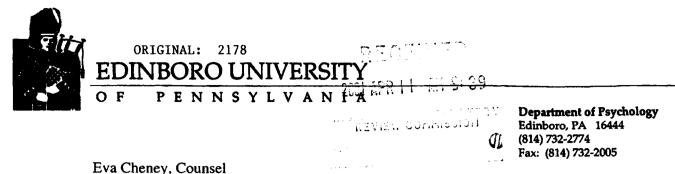
Sincerely,

Virginia C. Mintesl

Virginia C. McIntosh, President PA. Society for Clinical Social Work

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State Board of Social Workers, Marriage and Family Therapists and Professional Counselors P. O. Box 2649 Harrisburg, Pennsylvania 17105-2649

Dear Ms. Cheney:

I would like to thank the board for the opportunity to provide comments on the proposed regulations for the licensure of professional counselors. It is clear that considerable effort has gone into drafting regulations which are fair and comprehensive.

In section 49.15, (6) (viii), the proposed regulations state that having the Nationally Certified Psychologist (NCP) certification from the Northamerican Association of Masters in Psychology (NAMP), and having passed the Practice Exam of Psychological Knowledge given by NAMP (plus satisfying other criteria), will qualify an individual for exemption from the licensure exam for those who wish to be grandfathered in for the professional counselor license. For individuals who wish to be licensed in the future, however, I notice that in section 49.11 (a), the Practice Exam of Psychological Knowledge given by NAMP is not included as an acceptable exam. Because it has been proposed that clinical psychology, educational psychology, and counseling psychology be considered to be fields closely related to the practice of professional counseling, it seems appropriate to include the Practice Exam of Psychological Knowledge as one of the exams which would meet the requirement for the licensure examination. The proposed regulations include specific educational requirements for licensure; therefore, all applicants for the license will have a solid grounding in counseling concepts and applications, even if their master's degrees are in psychology. Allowing the Practice Exam of Psychological Knowledge to be considered as one of the acceptable licensure examinations would reduce potential discrimination against those who received their primary training in applied psychology.

Thank you for consideration of this issue.

Sincerely,

Suran J. La Bine

Susan J. LaBine, Ph.D. Associate Professor Edinboro University of Pennsylvania



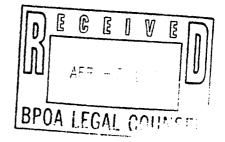
A member of the State System of Higher Education

ORIGINAL: 2178

April 4, 2001

Eva Cheney State Board of Social Workers, Marriage and Family Therapists & Professional Counselors P.O. Box 2649, 116 Pine Street Harrisburg, PA 17105-2649

<u>n En T</u> 2001 APR - 9 MAI: 45 HEVIER COmmunity



Dear Ms. Cheney,

I am writing to you as a Certified Addictions Counselor as well as a concerned resident of the Commonwealth of Pennsylvania. The recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, raises concerns for the health and welfare of substance abusers seeking counseling services. The fundamental problems with the regulations involve the grandparenting issues and are non-statutory in nature. The regulations fail to recognize Master's level addiction specialists who represent by far, the largest specialty treatment population in the Commonwealth. Most notably, Certified Addiction Counselors with a Master's degree are not recognized by the regulations. These individuals have achieved a competency based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC).

The regulations are also notably discriminatory of minority populations through the exclusion of the Master's Degree in Human Services as offered by Lincoln University, the nation's oldest African American university. The vast majority of individuals holding this Master's degree are working with minority populations in our urban centers. The exclusion of this degree from the grandparenting regulations is a disservice to the cause of providing racial, ethnic, and culturally sensitive counseling services within the Commonwealth of Pennsylvania and may directly and indirectly impact the provision of services to minorities.

I am strongly advocating for the inclusion within the regulations of the following:

- * Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).
- * Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

* Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University.

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely, Peter O. Cząbaf 677 Broad Street Akron, PA 17501 (717) 859-3792 cc: PCB Board



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- BPOA LEGAL COUNS
- TO: State Board of Social Workers
- FR: Dr. Richard Laban
- DT: April 2, 2001

RE: Act 136

In response to the recent publication of the Act 136 regulations, I'd like to express my position regarding language in the bill, and specifically the exclusion of language that would protect the consumer seeking drug and alcohol treatment in the state of Pennsylvania. As a certified drug and alcohol counselor with a Ph.D. in counseling psychology, my credentials would not be recognized in the existing regulations, which causes me great concern for the welfare of chemical dependency clients in PA. I am representative of one of the largest specialty treatment populations in Pennsylvania and it is *imperative* that the language in the regulations reflect inclusion for certified addiction counselors holding graduate degrees as part of the grandparenting regulations.

Furthermore, the grandparenting regulations should also include the internationally recognized exam for addiction counselors (IC&RC). This exam is competency based and virtually insures protection for chemical dependency patients in Pennsylvania. Under the existing regulations, this population would face the potential for treatment by ungualified counselors.

One final area for inclusion in the grandparenting regulations would be those persons holding a graduate degree from Lincoln University (Human services degree). This is an accredited university whose graduates serve a large population of minority patients throughout the commonwealth. Exclusion of this institution would appear to border on discrimination.

Your serious consideration of these recommendations is warranted in order to assure the delivery of effective and adequate treatment by competent professionals educated in chemical dependency counseling.

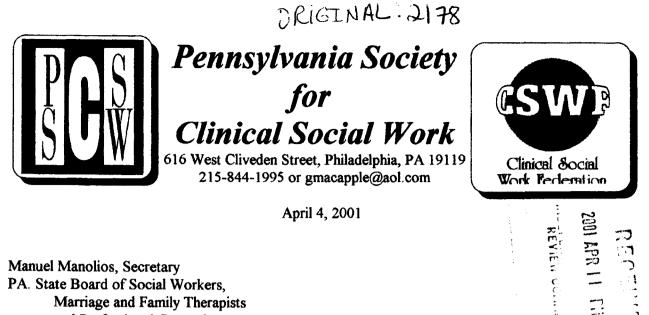
Dr. Richard J. Laban P.O. Box 126307 Harrisburg PA 17112 (717) 657-1826

cc: PCB Board



M

P.O. Box 126307 Harrisburg PA 17112



and Professional Counselors P.O. Box 2649 Harrisburg, PA 17105-2649

Dear Mr. Manolios:

The following are comments from the Pennsylvania Society for Clinical Social Work about Act 136 Regulations on Chapters 47, 48 and 49, as published in the March 23, 2001, issue of the Pennsylvania Bulletin. First, let me say that we understand and appreciate all the hard work that the Board has put into drafting these regulations over the past two years. We also recognize and appreciate the changes made since we last saw a draft of these regulations.

While we agree with the Board's belief in supervision as "a quality learning experience for supervisees, which depends in part on the quality of supervision," we think excellence in supervision comes from high quality training for supervisory skills, not in intrusive observing, or over-the-shoulder watching of the supervisee. So our most important comments pertain to the requirement for only individual supervision and for micro-management of supervision, when social workers come to this supervision already licensed. There are five areas about which we have concerns:

1. The requirements specifying only individual supervision [47.12c(5)], which may be a burden, for many if not most, agencies and institutions which barely provide any supervision now.

<u>Remedy:</u> We would suggest that you provide for <u>group supervision</u>, along with the individual <u>supervision</u> in order to reduce this burden for financially stretched non-profit facilities and other host settings for clinical social workers. Even California, which has very demanding supervision requirements, will allow group supervision for at least part of the supervisory requirement. Many states limit the supervision to six supervisees.

2. The burden on clinical workplaces of the above requirement is expanded by the regulation's documentation requirements [47.12d(10), (14)]. Agencies and funding sources often only pay clinicians for hours seeing patients and sometimes for direct supervision hours. Many clinical work places don't have supervision on site to start with and would not pay for the burdensome documentation requirements [47.12d(10), (14)], even if they provided clinical supervision. Knowledge of their budgets brings a recognition that these institutions and agencies will not pay supervisors to do this

PSCSW Act 136 Regulations Comment 2

work, resulting in limiting the number of possible host work sites for supervisees to be trained. An unfunded mandate results from these documentation requirements, as non-profits cannot afford this documentation time and "for profit" worksites would reject paying supervisors for cost reasons. Similar regulations in other states do not require this.

<u>Remedy</u>: We suggest that two evaluations during the six month period be required; at three months and at six months [47.12d (14)]. These evaluations would include dates of group and individual supervision; objectives of supervision [47.12d (8)]; review of practice and ethics of the supervisee [47.12d(9)]; methods used for supervision (examples: case discussions, process recordings, other recordings [where permissible], discussion of theory, etc.); areas of competence, improvement, and areas of needed improvement [47.12d(12)]; and recommendations for further study, development, and skills necessary for independent practice [47.12d(13)]. If progress by the supervisee is not proceeding well, additional reports should so document this.

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PSCSW Act 136 Regulations Comment 3

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As stated above, it is unprecedented in other state regulations to see such specific requirements of the supervisor and to require only individual supervision. This leads me to inquire as to what is the alternative for supervisees who might not find a worksite providing the requirements of this supervision and cannot afford private supervision? We want high standards for our clinical social workers and we agree that highly competent supervisors are necessary. Perhaps <u>a required, rigorous course on supervision</u> might be more effective than observation and weekly supervision notes.

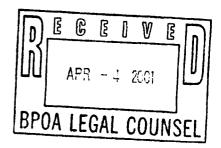
Once again, let me express our thanks to you and the Board for your long and hard work in producing the draft regulations. While we do have the reservations noted above, I am sure that by working together we can achieve a satisfactory and quick resolution of the outstanding issues. I look forward to your response to these issues and to working with you over the next few months.

PSCSW Act 136 Regulations Comments 4

Sincerely,

Virginia C. Mattaal

Virginia C. McIntosh, President PA. Society for Clinical Social Work



State Board of Social Workers Marriage &Family Therapists, & Professional Counselors c/o Eva Cheney, Counsel 116 Pine St. PO Box 2649 Harrisburg, PA 17105 Reference #16A-694

Dear Board of Social Workers;

I am writing to you as a Master's level in Counselor Education with my Certified Addiction Counselor certification, as well as a concerned resident of the Commonwealth of Pennsylvania. Because of the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, I am concerned for the health and welfare of substance abusers seeking counseling services. The regulations fail to recognize Master's level addiction specialists who represent, by far, the largest specialty treatment population in the Commonwealth. Furthermore, my exact qualifications, Certified Addiction Counselors with a Master's degree are not recognized by the regulations. Many others, as well as myself, have achieved a competency-based, clinically supervised credential under strict guidelines as provided by the International Certification & Reciprocity (IC&RC).

I am strongly advocating for the inclusion within the regulations of the following:

1) Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC).

2) Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

I sincerely urge your consideration in this matter as a means of assuring that the citizens of our Commonwealth are provided counseling services that serve our diverse communities.

Sincerely, Marthin a. Flurman, M.Ed., CAC Martha A. Furman, M.Ed., CAC 513 Allegheny St. Hollidaysburg, PA. 16648 814-693-6707 cc: PCB Board

KAS PAGE BA / CAC II, CCJS • 530 W. Penn Ave. • Robesonia, PA 19551

April 4,2001 State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors, c/o Eva Cheney, Counsel, 116 Pine Street, P.O. Box 2649 Harrisburg, PA. 17105 Dear Ms. Cheney,

As a BA/CAC II, Certified Addictions Counselor, in the state of Pennsylvania for almost 15 years, I am writing out of concern both as a treatment provider, and a resident of the state, regarding issue #16A-694.

Recent publications regarding Act 136, The Professional Counselor Licensing Bill, raises concerns for me for the well-being of substance abusers seeking services. The Bill does not recognize Master's level addiction specialists, (not to mention Bachelor's level), who represent the largest specialty treatment population in the State.

The regulations also seem clearly to discriminate against minority populations through the exclusion of the Master's Degree in Human Services, from Lincoln University. Excluding this degree is a disservice, as providing racial, ethnic and culturally sensitive could be greatly restricted.

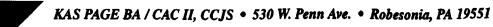
Please include the following:

1. Individuals in possession of a Master's Degree as an Addiction Counselor (CAC).

2. Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam.

3. Individuals in possession of the Master's Degree in Human Services from Lincoln University.

I urge your consideration in this matter, as a means of assuring ongoing quality services be provided to the citizens in the diverse communities of this state.



Sincerely,

Kas Page BA/ CAC II, CCJS

LAS VAM THAILOUT, CCSS

530 West Penn Ave. Robesonia, PA. 19551 610-693-8407 cc: PCB Board

Original: 2178

DECEVE APR - S 2001 BPOA LEGAL COUNSEL

April 4, 2001

Dear Sir:

This letter is in reference to the regulations related to Act 136, The Professional Counselor Licensing Bill. I am a Certified Addictions Counselor in the process of attaining my Master's degree, and this bill raises questions for substance abusers who are seeking treatment. The grandparenting issues of Act 136 does not recognize Master's level addiction specialists, and this group is the largest specialty group in this area of treatment. Certified Addictions Counselors with Master's degrees are not recognized by these regulations.

Act 136 is excluding the Master's Degree in Human Services that Lincoln University offers. The majority of individuals holding this degree work with minority populations, and these regulations would be a disservice to the counseling services in the urban communities within the Commonwealth of Pennsylvania.

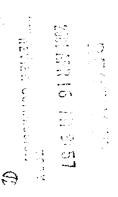
I am requesting that Act 136 include grandparenting regulations for Master's Degree and Certification as an Addiction Counselor, grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable, and grandparenting regulations of Master's Degree in Human Services provided by Lincoln University.

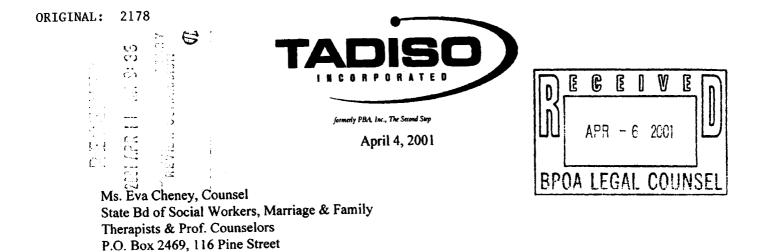
Please take this matter into consideration to insure that those seeking substance abuse help in our Commonwealth will receive the counseling services needed in our diverse communities.

Sincerely,

7 Week

Joy Weeks 26 Sunshine Road Upper Darby, PA 19082 610-352-3107 cc: PCB Board





Dear Ms. Cheney:

Harrisburg, PA 17105-2649

I would like to express my gratitude and appreciation to you and all those who worked so hard to make Act 136 a reality. As a professional counselor for more than 20 years, it was frustrating to me that all of the surrounding states had a license for Master's level professional counselors but Pennsylvania did not. However, after review of the licensing bill, I have some concerns that I would like to bring to your attention.

For the past twelve years I have concentrated my career in the field of addictions treatment. I am a National Certified Counselor and a Certified Addictions Counselor. As such I am eligible for licensing according to Act 136. However, I am concerned that many of the qualified counselors who have a Master's degree and are Certified Addictions Counselors are not eligible because the bill does not recognize Addictions Specialists who are the largest specialty in the state. Over the past several years the Pennsylvania Chemical Abuse Certification Board has worked hard to bring a high level of professionalism to the field and has developed a very stringent certification process which includes written and oral exams credentialed by the International Certification & Reciprocity Consortium. It almost appears that the State Board of Social Workers is discriminating against addictions specialist by not recognizing this certification process in Act 136.

I would like to recommend for inclusion within Act 136 the following:

- In the grandparenting regulations, inclusion of individuals with a Master's degree and certification as an Addiction Counselor (CAC) and also recognition of the IC&RC national exam for addiction counselors as an acceptable exam.
- In the grandparenting regulations, inclusion of a Master's Degree in Human Services as outlined in the staffing requirements for Drug and Alcohol Treatment Activities.

If we are committed to providing the highest quality of service for the citizens of this commonwealth, it is imperative that we recognize specialists in the field of addictions and encourage them to become licensed.

Sincerely, Yohn Appeldorn John Appeldorn, M.S., NCC, CAC "Meesing needs. Renewing lives." Director of Social Services 1425 BEAVER AVENUE • PITTSBURGH, PA 15233 PHONE: 412.322.8415 • FAX: 412.322.9224 • TOLL-FREE: 1.800.781.3178 • WEBSITE: WWW.TADISO.ORG

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ORIGINAL: 2178

REGENNUM 2031 APR II ALI SH39 REVIEW COMPLEXION M

100 Eagleville Road P O Box 45 Eagleville, PA 19408-0045 (610) 539-6000

April 4, 2001

State Board of Social Workers, Marriage & Family Therapists, & Professional Counselors C/o Eva Cheney, Counsel 116 Pine St. PO Box 2649 Harrisburg, PA 17105

Dear State Board:

I am writing you as the Staff Development Manager at Eagleville Hospital, a Substance Abuse Treatment Center in Pennsylvania. I speak for many concerned clinical staff here at the Hospital. The regulations related to Act 136, The Professional Counselor Licensing Bill, fail to recognize Master's level addiction specialists and Certified Addiction Counselors with a Master's degree. Such individuals are a significant clinical specialty population working in the field of substance abuse treatment. In addition, the regulations fail to recognize the Master's Degree in Human Services offered by Lincoln University. Such omissions threaten the standing of a significant force in the treatment of substance abuse, particularly that force working with minority populations.

I therefore ask that you amend the regulations to include these excluded groups, for the reasons stated or implied above.

Yours truly,

William R. Schultz Manager, Staff Development Eagleville Hospital

Cc: PCB Board H. Weiner D. Deal



ORIGINAL: 2178

State Board of Social Workers, Marriage & Family Therapist & Professional Counselors c/o Eva Cheney, Counsel 116 Pine Street, P.O. Box 2649 Harrisburg, PA 17105-2649 Reference: # 16A-694 Dear Ms. Cheney, Counsel;

I am writing to you as a Master's of Human Services (MHS) degree graduate as well as a concerned resident of the Commonwealth of Pennsylvania. The recent published regulations related to Act 136, referring to the Professional Counselor Licensing Bill, fall short to make specific reference to a Master's Degree in "Human Services" as an acceptable qualifying degree for licensure. Also, it fails to make reference to Addictions Specialist, Certification Addiction Counselor (CAC), who represents the largest specialty treatment population in the state. The regulations, which create a new licensure category for "Professional Counselors" do not incorporate appropriate standards including grand-parenting standards for counselors specializing in addictions treatment or Master's Degree in Human Services. The regulations overtly discriminate against racial minorities by excluding persons' who obtained the Masters of Human Services Degree (MHS), a 54-semester hours graduate program from being licensed as professional counselors.

The MHS program is derived from Lincoln University (LU) located near West Chester; Pennsylvania was founded to provide educational opportunities to African Americans. LU recently obtained an Urban Campus Center near 30th and Market. STs. Furthermore, it has also drawn students from other minority groups, including Latinos. The MHS degree offered by LU trains graduate students to perform assessment and therapeutic services to individual, families and groups, provide crisis intervention, and perform the other tasks and services described under Act 136's definition of "Professional Counselors". The board has failed to accept and recognize the MHS in its list of acceptable Master's programs. This exclusion of a large number of Lincoln graduates holding the MHS degree construed as a violation of equal protection laws. Moreover, this ethically and vastly reduces the availability of culturally similar professionals for Latino and African American consumers residing in the Commonwealth of Pennsylvania who need professional counseling services.

I am strongly advocating for the inclusion within the Act 136 regulations of the following:

- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services derived from Lincoln University.
- Inclusion under the grandparenting regulations of individuals in possession of a Master's Degree and Certification as an Addiction Counselor and the acceptance for the CAC national exam as well.

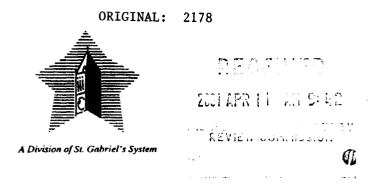
I sincerely urge your attention and regard in this matter to assure that the citizens of diverse populations in our Commonwealth are provided with counseling services they deserve.

Sincerely, rmén Domíngu 3849 North 8 Street

Philadelphia, PA 19140

Cc; PA Ccrtification Board (PCB) Graduate Alumni Chapter (GAC) of Lincoln University, PA

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DE LA SALLE AFTERCARE

3509 Spring Garden Street Philadelphia, PA 19104 Tel (215) 387-0200 Fax (215) 387-8666

April 4th, 2001

State Board of Social Workers, Marriage & Family Therapists & Professional Counselors C/O Eva Cheney, Counsel P. O. Box 2649 116 Pine Street Harrisburg, PA 17105-2649

Re: #16A-694

Dear Ms. Cheney:

I am writing you due to my concern or the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, which can potentially harm substance abusers who seek treatment from qualified professionals. I am referring to the grandparenting clause 5, and the lack of reference to Addiction Counselors as speciality trained professionals that deserve to be licensed.

The regulation as it stands does not recognize Master's level addiction therapists at all. Since substance abusers comprise the largest population of clients in the mental health system in Pennsylvania, the specialized training of professionals to treat this population has gone unrecognized by the current regulations. This error can create a multitude of problems with this population of clients getting the appropriate care by the appropriately trained professionals that they need. I believe to remedy this problem, the Board needs to recognize the specialized training and therefore give due credit and accreditation to those professionals - Certified Addiction Counselors with a Master's degree.

I discovered that the regulations also does not recognize the Master's degree in Human Services offered by Lincoln University, an institution serving predominantly African American and minority professionals who make up a significant number of the trained professionals who work with minority substance abusers throughout the state. Multi-cultural education has consistently stressed the importance of including more minority professionals in working with minority clients, and this regulation currently limits minority clients access to such minority professionals.

I therefore request that you consider Proposed Remedy #1, which addresses the following discrepancies to the current regulations:

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- Inclusion under the grandparenting regulations of ALL individuals in possession of a Master's Degree and Certification as an Addiction Counselor (CAC). Thus to read: "Holding a Certified Addiction Counselor credential from the Pennsylvania Certification Board (PCB), passing the Addiction Counselor Examination given by the International Certification & Reciprocity Consortium (IC&RC) and holding a Master's degree."
- Inclusion under the grandparenting regulations of the IC&RC national exam for addiction counselors as an acceptable exam, as noted above.
- Inclusion under the grandparenting regulations of individuals in possession of the Master's Degree in Human Services as provided by Lincoln University. This would require that language be included that would specifically reference "Human Services" as an appropriate area of study in the grandparenting regulations.

I appreciate your serious consideration of the recommended corrections to the regulations so as to make assurances that Pennsylvania residents are truly provided professional counseling services by specially qualified professionals that serve the diverse communities of this state.

If you have questions, I can be reached at (215) 387-0200, Ext. 117. Thank you.

Sincerely,

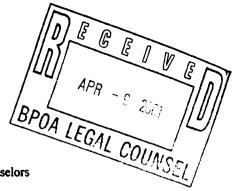
MaryAlyce Rensa M.A. CAC Diplomate Addictions Therapist DeLaSalle Aftercare Member of the St. Gabriel's System Member of the Archdiocese of Philadelphia

cc: PCB

Original: 2178

> Deborah J. Owens, M.S., CACD, CEAP 717 Avondale Road Erdenheim, PA 19038

April 4, 2001



Eva Cheney, Counsel State Board of Social work, Marriage & Family Therapists & Professional Counselors PO Box 2649 116 Pine Street Harrisburg, PA 17105-2649

Dear State Board Members:

For the past nine years I have managed an Employee Assistance Program Service for McNeil Consumer Healthcare in Fort Washington, PA. This is a Fortune 100/ Johnson & Johnson, Company. In this role I have many opportunities to provide referrals to appropriate treatment resources throughout the state. It is very challenging to find licensed professionals who have expertise in Addictions as well as counselors who represent the diversity of our population in this state.

Personally, I have functioned as a counselor in a variety of treatment settings for over 20 years. I also teach counseling approaches at Villanova University and conduct in-service trainings at a variety of mental health agencies and have presented at local and international professional conferences including The Family Therapy Networker and State American Psychological Association conferences. At the time I completed my Masters Degree at Chestnut Hill College the graduation requirement was 36 credits. Although the Grandfathering process would allow for this degree to be acceptable I am not eligible to take the NBCC exam since that requires 48 credits from a Masters Program. This constitutes a "catch 22" in the grandfathering requirements.

I am deeply concerned and ask that the grandfathering/non-statutory issues related to ACT 136 be reconsidered to improve the quality and accessibility of services for Pennsylvanians, and allow for a fair employment field for PA resident counseling professionals including minority representation. As such, I am advocating that the Board includes, under the grandfathering clause, the following:

≻ That an appropriate Masters Degree and holding the credential of Certified Addictions Counselor (Diplomat status-which already includes the IC&R National exam) be an acceptable requirement for inclusion under the grandfathering clause for licensure as a PC in the state of PA.

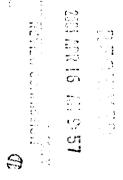
I personally made countless calls and wrote letters in support of the Act 136 legislation, so I am quite aware of the development of this initiative and fully support the Board's efforts. I am asking that this Board review the above recommendation and create this minor expanded version of the grandfathering requirements in the best interests of the citizens of this Commonwealth.

Thank you for your willingness to initiate a discussion with the CAC Board in an effort to partner together to include their CACD credential and the IC&R exam for grandfathering.

Sincerely

Deborah Owens, M.S., CACD, CEAP President, Owens & Associates

cc: Lawrence Curry, Stewart Greenleaf



Dear Ms. Eva Cheney,

As a master's level, certified addictions counselor, I am concerned about the recent publication of the regulations related to Act 136, The Professional Counselor Licensing Bill, and it's failure to include and recognize addiction specialists. Failure to recognize master's level certified addiction counselors is more than offensive to the professional but more importantly poses threat to the largest specialty treatment population in the entire Commonwealth. A population that has already taken a significant hit from non-related regulations like managed care organizations, which has forced numerous facilities to close their doors ultimately affecting the victims ability to receive treatment as necessary. In addition, Act 136 unfairly and unjustifiably excludes Certified Addictions Counselors who withhold a Master's degree. As a certified addiction counselor I have successfully demonstrated knowledge, skills and professional competencies under clinical supervision and strict guidelines as provided by the International Certification & Reciprocity Consortium (IC&RC), and I find the fundamental problems with the regulations in relationship to grand-parenting alarming.

In addition to targeting master's level addiction counselors, the non-statutory regulations unfortunately targets those professionals that withhold a Master's Degree in Human Services from Lincoln University. The master's degree offered by Lincoln University has provided opportunity for the majority who possess this degree to provide care in areas of strong need. Although addiction is in no way exclusive to minority populations in urban areas, addiction is noted in high concentrations in these areas. Many professionals who have received their degree from Lincoln University have dedicated their time and efforts to working with victims and their families in urban centers. It is my impression that excluding this group of professionals does a significant disservice to the efforts of fighting the war on addiction and the cause towards providing racial, ethnic and culturally sensitive counseling services within the Commonwealth.

It is my intent in writing to address this issue and identify myself as an advocate to include in the regulations; grand-parenting privileges for those who possess a Master's Degree and Certification as an Addiction Counselor (CAC); and recognize in these regulations, the IC&RC national exam as acceptable for addiction counselors. Of the same importance, to include the ability for those who possess a well-earned master's degree in human services from Lincoln University under the grand-parenting regulations.

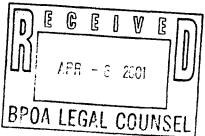
I appreciate your time and sincerely urge your consideration in this matter. Such a resolution promises to be able to continue to offer the people of the Commonwealth of Pennsylvania with accessibility of counseling services that serve numbers in our society.

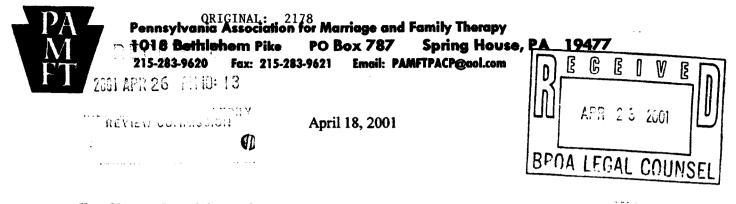
Sincerely ß M 201 428 20 421 1:02 iford MA. CAC . Han

DEAR: STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS, & PROFESSIONAL COUNSELORS, c/o EVA CHENEY, COUNSEL, 116 PINE STREET., PO BOX 2649, HARRISBURG, Pa 17105

I AM WRITING TO YOU AS DRUG AND ALCOHOL TREATMENT SPECIALIST WITH A CAC,0991 WORKING FOR THE DEPARTMENT OF CORRECTIONS. AS WELL AS A CONCERNED RESIDENT OF THE COMMONWEALTH OF PA. THIS CONCERNS #16A-694. THERE APPEARS TO BE SOME FUNDAMENTAL PROBLEMS WHICH I HOPE CAN BE ADDRESSED. APPARENTLY IN THE LISTING OF SPECIALTY COUNSELING **GROUPS THERE IS NO MENTION OF ADDICTIONS SPECIALISTS? THE LARGEST** SPECIALTY TREATMENT POPULATION IS SERVED BY ADDICTIONS SPECIALISTS. THE EXCLUSION OF ADDICTIONS SPECIALISTS FROM ACT 136 IS EITHER BY DESIGN OR ERROR. THIS COULD BE REMEDIED BY INCLUDING " HOLDING A CERTIFIED ADDICTION COUNSELOR CREDNTIAL FROM THE PENNSYLVANIA CERTIFICATION BOARD (PCB), PASSING THE ADDICTION COUNSELOR EXAMINATION GIVEN BY THE INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC) AND HOLDING A MASTER'S DEGREE. I HOPE THIS WOULD BE CONSIDERED AS I KNOW MANY OF MY COLLEAGUES IN THE ADDICTIONS FIELD OF WORK HAVE MASTERS DEGREE'S. I WOULD LIKE TO ADD THAT MANY IN THE WORKING FIELD OF ADDICTIONS TREATMENT HAVE LONG BEEN DECICATED TO MAINTAINING A **CERTIFIED ADDICTIONS COUNSELOR CERTIFICATE, THE VERY NATURE OF THE** WORK ITSELF HAS LITTLE OR NO REAL REWARDS (MONETARILY OR PERSONALLY) **EXCEPT FOR A FEW THANK YOU'S FROM CLIENT'S. PERSONALLY I HAVE ALWAYS** BEEN SUBJECT TO OTHER PROFESSIONALS WHO HAVE SCRUTINIZED THE TYPE OF WORK THAT I DO AND WOULD NOT DO THIS KIND OF WORK. (AS IF THEY ARE ABOVE IT ?) THE CURRENT PCB CODE OF EHTIC'S IS VERY APPROPRIATE AND 70 WORTHY OF ANY PROFESSIONAL'S ADHERENCE. THE TRAINING REQUIRED TO $\overline{\mathbf{r}}$ 71 MAINTAIN A PCB CERTIFICATION HAS IMPROVED OVER THE YEARS AND IS OF 11 <u>)</u> THE HIGHEST QUALITY. I AM NOT DISCOUNTING THE VALUE OF HAVING A c1 MASTER'S DEGREE IN A SPECIALIZED AREA. HOWEVER I DO BELIEVE THAT ACTUAL WORK IN A SPECIALIZED AREA SHOULD BE GIVEN MERIT. IT WILL 2.7 ALWAYS EQUAL OR BETTER ANY BOOK, THEORETICAL, OR QUANTITATIVE MEASURE OF HOW TO APPLY THERAPUETICS TO A GIVEN SPECIFIC POPULATION. I BELIEVE THAT ADDICTIONS TREATMENT IS NOT AN EXACT SCIENCE BUT A VERY PROFICIENTLY PRACTICED BLEND OF KNOWLEDGE AND SKILLS USED IN DAY C.CI 9 TO DAY COUNSELING TREATMENT PROVIDED DIRECTLY TO THE INDIVIDUAL WITH ADDICTIVE TYPE TRAITS. IF IT IS ONE SURE THING I HAVE LEARNED WITH **REGARD TO ANY TYPE OF LICENSING PROCEDURES IS THAT MONEY IS GOING TO GO** SOMEWHERE.IT IS A LOT ABOUT MONEY. THIS IS NOT A POPULAR THING TO SAY BUT IT IS THE TRUTH. EVERYONE INVOLVED IN THE PROCESS WILL EXPECT TO GAIN MONETARILY. I HOPE ADDICTIONS COUNSELORS HAVE NOT BEEN LEFT OUT BECAUSE OF LACK OF PROSPECTIVE MONEY TO BE MADE THROUGH THE SERVICES PROVIDED. IF IT IS NOT PECUNIARY THEN I WOULD HOPE IT IS NOT BECAUSE OF NEGLECT FROM **IGNORANCE ABOUT ADDICTIONS TREATMENT COUNSELORS. IF IT IS NONE OF THE ABOVE** REASONS I HOPE IT ISN'T FROM JUST PLAIN OLD LOATHING OF ADDICTIONS TREATMENT COUNSELORS. I AM STRONGLY ADVOCATING FOR THE INCLUSION WITHIN THE REGULATIONS THE FOLLOWING: INCLUSION UNDER THE GRANDPARENTING REGULATIONS OF INDIVIDUALS IN POSSESSION OF A MASTER'S DEGREE AND CERTIFICATION AS AN ADDICTIONS COUNSELOR (CAC). INCLUSION UNDER THE GRANDPARENTING REGULATIONS OF THE IC&RC NATIONAL EXAM FOR ADDICTION COUNSELORS AS AN ACCEPTABLE EXAM. THE INCLUSION OF INDIVDUALS IN POSSESSION OF THE MASTER'S DEGREE IN HUMAN SERVICES AS PROVIDED BY LINCOLN UNIVERSITY SINCERELY. MARK BOWMAN, CAC

COMPANY ROAD BOX 55 WEST DECATUR,Pa 16878 cc: PCB BOARD





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Eva Cheney, Board Counsel State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors 116 Pine Street P.O. Box 2649 Harrisburg, PA 17105-2649

Dear Attorney Cheney:

Subject: Proposed Licensure Regulations (16A-694)

Marriage and family therapists throughout the state have anxiously awaited the publication of the proposed licensure regulations and are grateful that the approval process is finally moving forward. On behalf of its members, the Pennsylvania Association for Marriage and Family Therapy (PAMFT) would like to thank the members of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for all of their hard work in writing regulations for three different professions. The proposed regulations provide some needed uniformity in basic standard for these three groups.

As the Board prepares the final draft of the regulations, PAMFT urges a careful consideration of the unique concerns of each professional group. If several critical changes are not made in the proposed regulations, the marriage and family therapy profession and its ability to serve the public would be drastically affected. PAMFT supports the changes in the regulations for marriage and family therapists that were outlined by the Pennsylvania Alliance for Counseling Professionals (PACP) in its April 12, 2001, letter to the Board. PAMFT is a member organization of PACP and helped draft that document. PAMFT is writing this separate letter to highlight the critical nature of the changes that were outlined in the PACP letter.

Four sections of the proposed licensure regulations for marriage and family therapists, if approved as written, would affect the licensability of a significant number of wellqualified and experienced marriage and family therapists in Pennsylvania. This would in turn limit the availability of marriage and family therapy services to consumers. PAMFT urges the Board to adopt the following proposed changes so the regulations for marriage and family therapists reflect the intent of Act 136, namely, to protect consumers from unqualified practitioners without creating undue barriers to receiving services and without creating undue barriers to entering the market by providers of those services. FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Marriage and family therapists seeking licensure under both the regular and grandparenting provisions would be affected by the proposed definition of "field closely related to the practice of marriage and family therapy" in § 48.1. As it is written, this definition would exclude from licensure a group of experienced marriage and family therapists who meet the current standards for the field and who would normally be licensable under the grandparenting provision. As a result, many of the senior members of our field would not be able to supervise the clinical experience of new members of the field seeking licensure. This definition would also exclude from licensure a group of marriage and family therapists now in training who had every reason to think that their marriage and family therapy training (which met the current national standards) would meet the educational standard for licensure. The current definition would also impose new parameters on those who could enter marriage and family therapy training programs in the future with the expectation of becoming licensed marriage and family therapists.

Appendix B includes examples of the type of marriage and family therapists that would be excluded from licensure solely because of the field in which they completed their graduate degree(s). The 44 Pennsylvania marriage and family therapists who completed these questionnaires meet all of the other qualifications for marriage and family therapy licensure under the grandparenting provision. The largest group of questionnaires is from therapists who have degrees in religion, theology or the ministry. This is to be expected since the clergy played a key role in the development of the field of marriage and family therapy and comprise a significant segment of the profession at the current time. Physicians, nurses, and educators are also represented in the questionnaires: these professionals have also been major contributors to the evolution of the field and continue to be active members of the marriage and family therapy profession. The attached questionnaires also include marriage and family therapists with degrees in law, psychological services, psycho-educational processes, psychology of reading, social relations, social science and health behavior, and creative art therapy.

Since the regulations outline the graduate level coursework that meets the educational requirements for licensure of marriage and family therapists in § 48.2, unduly limiting the definition of *closely related fields* would reduce the multidisciplinary richness of our profession without providing any added protection for the public. PAMFT strongly urges adoption of the following change in the definition of *"Field closely related to the practice of marriage and family therapy"* in § 48.1: Field closely related to the practice of marriage and family therapy— Includes the fields of social work, eounseling psychology, clinical psychology, educational psychology, counseling, and child development and family studies, medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.

• CONTINUING EDUCATION REQUIREMENTS (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Another group of experienced marriage and family therapists would be excluded from licensure under the grandparenting provision if the continuing education requirement in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C) is not changed. Since AAMFT does not approve continuing education offerings as this provision requires, marriage and family therapists are effectively prohibited from using continuing education hours to meet the education requirements for licensure under the grandparenting provision.

PAMFT urges the adoption of the following change in § 48.15(5)(v)(C) and § 48.15(5)(vi)(C):

(C) Any course which is related to the practice of marriage and family therapy that has been approved by AAMFT for continuing education credit for Licensed Psychologists or Licensed Social Workers, has been approved by NBCC, CRC, CBMT, AATA, ADTA, or NADT, or has been offered by AAMFT or PAMFT and any other course which is related to the practice of marriage and family therapy.

• EXPERIENCE REQUREMENT FOR LICENSURE BY EXEMPTION (GRANDPARENTING) (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that a third group of well-qualified, experienced marriage and family therapists will be excluded from licensure under the grandparenting provision if the restrictive language included in § 48.15(4) is used to determine whether individuals have met the experience requirement for the practice of marriage and family therapy. It is the intent of the grandparenting provision to include, not exclude, experienced members of the field who have met other educational, certification, and examination requirements. Appendix C includes 19 questionnaires from marriage and family therapists who would be excluded from licensure solely by this proposed subsection.

PAMFT urges the adoption of the following change in § 48.15(4):

Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week, with 10 of those hours consisting of direct elient contact.

If the Board is unwilling to delete the hourly requirements, then PAMFT believes that the appropriate remedy is to require a decreased minimum number of hours of practice. In this case, we would suggest that § 48.15(4) of the proposed regulations be amended to read as follows:

Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 10 hours per week, with 10 of those hours consisting of direct client contact.

• TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE (See Appendix A for a copy of PACP's more detailed comments on this issue.)

If the regulations for licensure of marriage and family therapists are not revised to include a pipeline for the supervised clinical experience requirement, \$48.13(b)(2) and \$48.13(b)(5) will exclude from licensure all of those individuals who have already completed their training but are not eligible for licensure under the grandparenting provision. It will also either exclude from licensure or unfairly extend the training period for those who have already begun training under the current AAMFT standards for supervised clinical experience.

PAMFT strongly urges the following addition to § 48.13(b):

During the 5 years after the board has promulgated final regulations, individuals who meet the education requirement of § 48.13(a)(3) may include the following as part of their required clinical supervised experience:

a) clinical experience supervised by an unlicensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or by a marriage and family therapist who is not yet licensed but who meets the remaining criteria listed in § 48.3,

b) hours of individual supervised clinical experience received with one other supervisee present.

Three additional subsections of the proposed licensure regulations for marriage and family therapists, if approved as written, place an undue burden on individuals completing the requirements for licensure outlined in Act 136 without providing additional protection to the consumer.

• ACCEPTABLE SERVICES FOR CLINICAL EXPERIENCE (See Appendix A for a copy of PACP's more detailed comments on this issue.)

Individual and group therapy are excluded from the list of services that marriage and family therapists can provide as part of their supervised clinical experience in § 48.13(b)(1), even though Act 136 includes these services in its definition of the practice of marriage and family therapy. This omission would unduly restrict the supervised clinical experience for marriage and family therapists and would greatly increase the difficulty of accumulating 1,800 hours of direct client contact in order to meet licensure requirements.

PAMFT strongly urges the following change in § 48.13(b)(1):

At least one-half of the experience shall consist of providing services in one or more of the following areas:

(i)	Assessment.
<u>(ii)</u>	Individual therapy.
(iii)	Couples therapy.
(iv)	Family therapy.
(v)	Group therapy.
(vi)	Other systems interventions.
(vii)	Consultation.

• SUPERVISION REQUIREMENT FOR LICENSURE (See Appendix A for a copy of PACP's more detailed comments on this issue.)

The proposed requirement in § 48.13(b)(2) and § 48.13(b)(4)(i) that the first 1,800 hours of supervised clinical experience must be supervised by a professional in ones own field is unduly restrictive and will unnecessarily prolong the accumulation of the required 3,600 hours of supervised clinical experience for many marriage and family therapists. It will penalize therapists employed by agencies or institutions where no marriage and family therapy supervisors are available. These individuals will have to purchase private supervision, but will not be able to begin counting any otherwise acceptable supervision they receive as

part of their employment until they have completed all 1,800 hours of supervision by the marriage and family therapy supervisor.

PAMFT urges the following changes:

Definition of Supervisor (in § 48.1):

Supervisor--An individual providing supervision to a supervisee who is a marriage and family therapist licensed under the act and has received certification as an approved supervisor or supervisor-in-training by the AAMFT. However, until January 1, 2010, an individual who meets all of the criteria in § 48.3 (relating to qualifications for supervisor until January 1, 2010) shall also be included as a supervisor. A supervisor may also include an individual who holds <u>at least a</u> <u>master's degree and</u> a license in a related field and who has 5 years experience in that field.

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 47.1 <u>48.1</u> (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-intraining by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor or supervisorin-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

• SUPERVISION IN A GROUP SETTING (See Appendix A for a copy of PACP's more detailed comments on this issue.)

PAMFT is concerned that *requiring* one of every two hours of supervision to be in a group setting, as outlined in § (48.13(b)(5)), will create an undue hardship for those seeking to fulfill the supervised clinical experience requirement for licensure without providing any additional protection for the consumer. *Allowing* rather than *requiring* group supervision would encourage it while maintaining needed flexibility. PAMFT urges the Board to make the following change in (48.13(b)(5)):

At least 1 of the 2 hours shall be with the supervisee individually and in person; and at least 1 of the 2 hours shall may be with the supervisee in a group setting and in person.

Each of the above changes is extremely important to marriage and family therapists in this state and to the people we serve. PAMFT urges your thoughtful consideration of each of the proposed changes and hopes that the Board will see the value in the suggestions we have offered.

Sincerely,

Gus Keinans

Gus Keirans, President

Ally J. Sie

Sally J. Tice, Ph.D., Legislative Consultant

Attachments

cc: Independent Regulatory Review Commission Senate Consumer Protection and Professional Licensure Committee House Professional Licensure Committee File Pennsylvania Association for Marriage and Family Therapy Response to Proposed Licensure Regulations (16A-694)

APPENDIX A

PACP'S RESPONSE TO PROPOSED LICENSURE REGULATIONS, APRIL 12, 2001

MARRIAGE AND FAMILY THERAPY CONCERNS

Issue	Page #
Field Closely Related to the Practice of Marriage and Family Therapy	A1 - A2
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Transition Language for Supervised Clinical Experience	A9 - A10
Acceptable Services for Clinical Experience	A11
Supervision Requirement for Licensure	A12 - A15
Supervision in a Group Setting	A16

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Pennsylvania Alliance of Counseling Professionals Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

FIELD CLOSELY RELATED TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY

Concern:

Marriage and family therapists are extremely concerned about the limited number of fields included in the following definition in § 48.1:

Field closely related to the practice of marriage and family therapy -Includes the fields of social work, counseling psychology, clinical psychology, educational psychology, counseling and child development and family studies.

Limiting the degrees that are acceptable for licensure to the six listed above will exclude from licensure many well-qualified and experienced marriage and family therapists who meet all of the other licensure requirements.

Marriage and family therapy developed and continues to operate as a multi-disciplinary field with much of its training at a post-Master's degree level. Individuals with graduate degrees in a wide range of the service professions later choose to pursue specialized training in marriage and family therapy. The specific courses an individual has taken and the nature of the supervised clinical experience one has obtained are the definitive training experiences for marriage and family therapists at the present time, not the specific graduate degree one has completed. Three of the four accredited marriage and family therapy training programs in Pennsylvania are postgraduate programs that accept applicants from a variety of backgrounds, including such fields as medicine, nursing, the ministry, education, and psychology as well as the fields listed in the proposed regulations. Training of marriage and family therapists may shift entirely to degree programs in a university setting at some future date, but that is not where most of the training occurs today in Pennsylvania. Since the proposed regulations for marriage and family therapists include a detailed outline in § 48.2 of the specific coursework required for licensure, a broader definition of *closely related fields* would maintain protection for the public without excluding qualified professionals from licensure.

Suggestion:

Change the definition of "Field closely related to the practice of marriage and family therapy" in § 48.1 to read as follows:

Field closely related to the practice of marriage and family therapy--Includes the fields of social work, counseling psychology, clinical psychology,

educational psychology, counseling, and child development and family studies, medicine, nursing, ministry/theology, education, or any other field acceptable for entry into postgraduate training in marriage and family therapy.

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Pennsylvania Alliance of Counseling Professionals Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

CONTINUING EDUCATION REQUIREMENTS

Concern:

The requirements for acceptable continuing education hours outlined in subsections $\S48.15(5)(v)$ and $\S48.15(5)(v)$ effectively eliminate the use of continuing education hours to meet the educational requirements for licensure under the grandparenting provision for marriage and family therapists. These two subsections include the following statement:

Continuing education satisfactory to the Board shall meet the following requirements:

(A) Masters level difficulty.

- (B) Excludes courses in office management or practice building.
- (C) Any course approved by AAMFT.

AAMFT does not approve continuing education offerings for marriage and family therapists. Since no other source of approved continuing education hours is included in these sections, marriage and family therapists would apparently not be able to use continuing education hours they have completed to meet the education requirement as allowed by these subsections. § 48.15(5)(v)(C) and §48.15(5)(vi)(C) need to be rewritten so that marriage and family therapists may take advantage of this option.

Suggestion:

Change § 48.15(5)(v)(C) and §48.15(5)(vi)(C) to read as follows:

(C) Any course which is related to the practice of marriage and family therapy that has been approved by AAMFT for continuing education credit for Licensed Psychologists or Licensed Social Workers, has been approved by NBCC, CRC, CBMT, AATA, ADTA, or NADT, or has been offered by AAMFT or PAMFT and any other course which is related to the practice of marriage and family therapy.

Concerns Shared by Marriage and Family Therapists and Professional Counselors

EXPERIENCE REQUIREMENT FOR LICENSURE BY EXEMPTION (GRANDPARENTING)

Concern:

Marriage and family therapists and professional counselors are extremely concerned that \S 48.15(4) and \S 49.15(4) of the proposed regulations related to licensure by exemption (grandparenting) would unfairly and unnecessarily deny licensure to many well-qualified, experienced practitioners. These sections of the proposed regulations read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week, with 10 of those hours consisting of direct client contact.

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct client contact.

Specifically, we are concerned that for an applicant's practice to qualify for licensure by exemption (grandparenting), their practice shall have consisted of at least 15 hours per week with 10 hours per week of direct client contact. We believe that the minimum hourly requirement and the direct client contact requirement should be dropped for the following reasons:

Although it appears that the Board adopted a requirement for a minimum number of hours per week and for a minimum number of direct client contact hours per week in order to provide a level of protection for consumers, this requirement restricts eligibility for grandparenting far more than the language of the act [P.L. 1017, No. 136 §9(B) and (C)]. These sections of the statute include significant protection for consumers by specifying, among other things, a minimum number of credits required for a qualifying degree, a requirement for continuing education for those with master's degrees of less than 48 credits, a requirement for the applicant to hold a national certification and to have passed a national examination. Since the act itself contains adequate protection, increasing the restrictiveness of the experience requirement is unnecessary, especially when doing so would be patently unfair to a large number of professionals and those consumers they serve.

- The proposed requirement would prohibit otherwise qualified persons with significant experience from being grandparented. Those who would be unfairly excluded would include:
 - o An experienced practitioner who has been promoted to a supervisory or administrative position who continues to see a few clients each week or who provides clinical supervision of several professional staff but who no longer spends 10 hours per week providing direct client contact. This experienced supervisor or administrator, who would not be eligible to be grandparented under the proposed regulation, would not be able to supervise new marriage and family therapists or professional counselors working to meet their supervised clinical experience requirement for licensure. Other sections of the proposed regulations [§ 48.13 and § 49.13] specify that one half of the supervised clinical experience required for new licensees be provided by professionals in one's own field who must eventually be licensed themselves. The proposed regulations would deny grandparenting to these most experienced professionals and would serve to significantly reduce the pool of qualified supervisors who will be required to meet the supervision needs of new licensees. This situation serves neither consumers nor the professions being regulated.
 - An experienced practitioner who is now an educator. Educators typically have significant clinical experience, but, due to the nature of their work, are necessarily limited in the amount of direct client contact they can provide. Educators will provide at least some of the supervision that will be required for new licensees under other sections of the proposed regulations. Arbitrarily denying a license to educators who are experienced practitioners reduces the number of supervisors who will be needed to meet the supervision needs of new licensees. Having a profession's educators excluded from licensure serves neither consumers nor the professions being regulated.
 - An experienced practitioner who works only during the academic year (a school counselor or a practitioner working in a college or university counseling center, for example). This individual would not meet the requirement for 15 hours per week with 10 hours per week of direct client contact. These practitioners may have significant clinical experience, but due to the fact that their work is done on a academic calendar year they could not meet a requirement that specifies weekly minimum hours. Having practitioners who work on an academic calendar excluded from licensure serves neither the consumers served by those professionals or the professions being regulated.
 - An experienced professional who is semi-retired but who maintains a parttime practice. Such an individual may have extensive experience but, due to being semi-retired, could not meet the proposed requirements. Excluding these experienced professionals from licensure serves no one well.

- An experienced professional (who may have worked full-time in the field in prior years) who has voluntarily cut back on working hours in order to raise a family or care for an elderly family member or one whose hours have been curtailed by the effects of managed care. Such individuals could not become licensed unless they are still providing 10 hours of direct client contact per week.
- An experienced professional whose employment has been curtailed or who has been reassigned from direct client contact to indirect services simply because they were not eligible for a professional license. Disruption of services to consumers as a result of this reassignment of experienced professionals away from direct client contact is well documented in the "Sunrise Evaluation Report" submitted to the Department of State by PACP in July of 1997. We believe that restoring those relationships and restoring the opportunity to provide services to qualified individuals was a significant goal of the act that would be thwarted by the Board's proposed regulation to require a minimum number of hours and especially a minimum number of hours in direct client contact.
- The corresponding proposed regulation for grandparenting of clinical social workers [§ 47.13b (4)] contains no direct client contact requirement for licensed clinical social worker applicants. Licensed social workers who are supervisors, administrators, educators, working on a academic calendar, semi-retired, and parttime practitioners will retain their social work license and not be excluded from the clinical social work license. Marriage and family therapists and professional counselors in similar situations will be denied any license. This situation is extremely unfair and serves only to promote the interest of one profession over two others. While it does not appear that the Board's intent was to produce a more favorable market environment for one profession than for others, it is the effect of the proposed regulation.
- PACP is aware that several hundred individuals have already been issued Clinical Social Work licenses. So far as we have been able to determine, these licenses have been issued without applying either a direct client contact requirement or any minimum weekly hours of practice standard (the application form for a clinical social work license does not ask for verification of either minimum weekly hours of practice or hours spent in direct client contact). It seems patently unfair that two professional groups (marriage and family therapists and professional counselors) should be held to a standard that has, at least in practice, not been applied to clinical social workers. This is especially discriminatory when the standard that has been applied in practice for clinical social workers is lower than the standard in the proposed regulations [§ 47.13b (4)].

Suggestion 1:

We strongly believe, for the reasons stated above, that both the weekly minimum hours of practice and the weekly minimum hours of direct client contact be dropped. We urge the board to change § 48.15(4) and § 49.15(4) of the proposed regulations to read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 hours per week, with 10 of those hours consisting of direct elient contact.

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 hours per week with 10 of those hours consisting of direct elient contact.

Suggestion 2:

If the Board is unwilling to delete the hourly requirements, then we believe that the appropriate remedy is to decrease the minimum hours for practice. In this case, we would suggest that § 48.15(4) and § 49.15(4) of the proposed regulations be amended to read as follows:

§ 48.15(4) Demonstrated proof of practice of marriage and family therapy for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of marriage and family therapy requirement, the applicant's practice shall have consisted of at least 15 10 hours per week, with 10 of those hours consisting of direct client contact.

§ 49.15(4) Demonstrated proof of practice of professional counseling for at least 5 of the 7 years immediately prior to the date of application for license. To satisfy the practice of professional counseling requirement, the applicant's practice shall have consisted of at least 15 10 hours per week with 10 of those hours consisting of direct client contact.

Summary:

Whatever approach the Board elects to adopt, on this issue we prefer that, if possible, there be uniformity in the regulations for clinical social workers, marriage and family

therapists, and professional counselors. We believe that the fairest approach, and the one most compatible with the Board's past practice issuing licenses to clinical social workers, is to adopt our first suggestion: elimination of both the weekly number of hours of practice for all three professions and the weekly minimum hours in direct client contact for marriage and family therapists and professional counselors.

The next best approach would be to eliminate any direct client contact requirement and require 10 hours per week of practice for all professions being regulated by the Board. First, we see no justification for the Board to impose a "direct client contact" requirement on marriage and family therapists and on professional counselors but not on clinical social workers. Second, while PACP is reluctant to make recommendations for revisions to proposed regulations pertaining to social work, it is difficult to see why social work supervisors/administrators, social work educators, school social workers, part-time clinical social workers should be denied the opportunity to apply for the licensed clinical social work license by grandparenting due to an overly restrictive requirement.

Even if the Board is reluctant to lower the hourly requirement suggested for clinical social workers, we believe that fairness requires the Board to consider the differences in circumstances between social workers and the other groups being regulated. Social workers who cannot acquire the clinical social work license will continue to be licensed as social workers. They will not experience the disruption in their careers that marriage and family therapists and professional counselors have been subjected to. They will continue to enjoy an advantage in the labor market that would be denied to well-qualified marriage and family therapists and professional counselors. They will keep their jobs and be promoted. Their clients will not have longstanding therapeutic relationships disrupted. In short, a 20 hour per week practice requirement will have a far less negative impact on social workers than a 15 hour per week practice requirement will have on marriage and family therapists, professional counselors, and the clients served those professionals.

Marriage and Family Therapy Concerns

TRANSITION LANGUAGE FOR SUPERVISED CLINICAL EXPERIENCE

Concern:

The absence of a transition period for the supervised clinical experience requirements described in the following subsections of § 48.13(b) is of concern to marriage and family therapists:

(2) Supervision for the clinical experience shall be provided by a supervisor as defined in §47.1 (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

(4)(i) A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3.

(5) The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person.

The act includes a pipeline for the educational requirements for licensure, that is, a transition period for programs to come up to standard and for individuals who have been trained or are being trained under the current standards to be eligible for licensure. A similar pipeline for supervised clinical experience was not needed since all applicants could complete any additional hours that were needed to meet the licensure standard. However, the Board's proposed definitions for marriage and family therapy supervisors in § 48.1 and § 48.3 require *all* marriage and family therapy supervisors to be licensed. This creates a transition problem for non-grandparenting licensure applicants until marriage and family therapy supervisors have an opportunity to become licensed in Pennsylvania. A pipeline adjustment is imperative.

A related pipeline adjustment in the proposed regulations is needed to move from the current AAMFT standard for *individual supervision* to the standard outlined in the proposed regulations. The AAMFT definition of individual supervision is that it should

Suggestion:

Add the following to § 48.13(b):

During the 5 years after the board has promulgated final regulations, individuals who meet the educational requirements of § 48.13 (a)(3) may include the following as part of their required clinical supervised experience:

- a) clinical experience supervised by an unlicensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or by a marriage and family therapist who is not yet licensed but who meets the remaining criteria listed in §48.3,
- b) hours of individual supervised clinical experience received with one other supervisee present.

Pennsylvania Alliance of Counseling Professionals Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

ACCEPTABLE SERVICES FOR CLINICAL EXPERIENCE

Concern:

Individual and group therapy are excluded from the list of services that can be provided by marriage and family therapists as part of their supervised clinical experience in \$48.13(b)(1). This subsection reads as follows:

At least one-half of the experience shall consist of providing services in one or more of the following areas:

- (i) Assessment.
- (ii) Couples therapy.
- (iii) Family therapy.
- (iv) Other systems interventions.
- (v) Consultation.

The exclusion of individual therapy in § 48.13(b)(1)'s listing of services provided by marriage and family therapists supports the common stereotype that marriage and family therapists provide only marriage and family therapy services. Working with individuals from a family systems perspective is an important part of the training and ongoing practice of marriage and family therapists. Omitting individual therapy from this listing unduly restricts the supervised clinical experience for marriage and family therapists and will greatly increase the difficulty of accumulating 1,800 hours of direct client contact in order to meet the licensure requirements. The act defines the practice of marriage and family therapy as "the delivery of psychotherapeutic services to *individuals*, couples, families and *groups* (italics added)." The listing of services that marriage and family therapists can provide as part of their supervised experience must reflect the full range of services outlined in Act 136.

Suggestion:

Change the list of services in § 48.13(b)(1) to read as follows:

- (i) Assessment.
- (ii) Individual therapy.
- (iii) Couples therapy.
- (iv) Family therapy.
- (v) Group therapy.
- (vi) Other systems interventions.
- (vii) Consultation.

Pennsylvania Alliance of Counseling Professionals Response to Proposed Licensure Regulations (16A-694)

Concerns Shared by Marriage and Family Therapists and Professional Counselors

SUPERVISION REQUIREMENT FOR LICENSURE

Concern:

Requiring that the first 1800 hours of supervised clinical experience required for licensure be done by a professional in one's own field unfairly disallows quality supervision that may already be being provided by a professional in a related discipline.

Marriage and family therapists and professional counselors are extremely concerned about § 48.13b, subsections (2) and (4)(i) and § 49.13(b), subsections (2) and (4)(i) of the proposed regulations, which read as follows:

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 47.1 (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

§ 49.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 49.1. The first 1,800 hours shall be supervised by a licensed professional counselor, or, until January 1, 2006, a professional counselor with 5 years experience as a professional counselor.

§ 49.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation shall be to another licensed professional counselor, or, until January 1, 2006, a professional counselor with 5 years experience as a professional counselor.

The specific concern in the above sections relates to the proposed requirement that the first 1800 hours of supervised clinical experience be obtained from a professional in one's

own field. Requiring that 1800 hours, even the first 1800 hours, of clinical experience to be supervised by a professional in one's own field has some obvious advantages. Unfortunately, requiring that the first 1800 hours be provided by a professional in one's own field will create a number of difficulties. It will penalize marriage and family therapists and professional counselors who are employed by agencies or institutions where no acceptable supervisor in their field is available. These individuals will have to purchase private marriage and family therapy or professional counseling supervision, but they will not be able to begin counting any otherwise acceptable supervision they receive as part of their employment until they have completed all 1800 hours of supervision by the marriage and family therapy or professional counseling supervision. This will unnecessarily prolong the accumulation of the required 3600 hours of supervised clinical experience and the subsequent licensure of these individuals.

We expect that there are hundreds of individuals who have been working professionally since 1997 or earlier who will not be eligible for grandparenting. (Grandparenting requires five years experience out of the seven years immediately prior to application, and given that the window will close in March of 2002, we conclude that no one who completed her or his degree requirements later than March of 1997 could possibly be eligible. Even some who completed educational requirements earlier than March of 1997 would not be eligible if they experienced difficulty obtaining a job or if their employment was interrupted.) These individuals may be obtaining quality supervision from individuals from a variety of professions that include psychiatry, psychology and social work. That supervision would not count under the proposed regulations. This seems unfair to those who have been working and obtaining supervision and who have likely been unaware that the Board may adopt a regulation that would negate that supervision, require them to begin again the count toward 3600 hours, and delay their eligibility for licensure.

A related concern is that all supervisors from related fields hold at least a master's degree.

Finally, until professional counselors are licensed, the meaning of the term "professional counselor" used in § 48.13(b)(4)(i) and § 49.13(b)(4)(i) may be ambiguous. This is due in part to fact that professional counseling, as defined in the Act, includes many specialties, some of which are identified by the title "counselor" (community counseling, mental health counseling, school counseling, rehabilitation counseling, pastoral counseling) and some that are not (art therapy, dance/movement therapy, music therapy, drama therapy).

Suggestions:

To clarify supervision requirements for marriage and family therapists we suggest that the definition of *Supervisor* in § 48.1 and the supervision requirements in § 48.13b, subsections (2) and (4)(i) of the proposed regulations be amended as follows:

Definition of Supervisor (in § 48.1):

Supervisor--An individual providing supervision to a supervisee who is a marriage and family therapist licensed under the act and has received certification as an approved supervisor or supervisor-intraining by the AAMFT. However, until January 1, 2010, an individual who meets all of the criteria in § 48.3 (relating to qualifications for supervisor until January 1, 2010) shall also be included as a supervisor. A supervisor may also include an individual who holds <u>at least a master's degree and</u> a license in a related field and who has 5 years experience in that field.

§ 48.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 47.1 <u>48.1</u> (relating to definitions). However, the first 1,800 hours shall be supervised by a licensed marriage and family therapist who has received certification as an approved supervisor or supervisor-in-training by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3 (relating to qualifications for supervision until January 1, 2010).

§ 48.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation must be to another licensed marriage and family therapist who has received certification as an approved supervisor by AAMFT or, until January 1, 2010, a marriage and family therapist who meets all the criteria listed in § 48.3

To clarify supervision requirements for professional counselors, and to clarify who can provide supervision until January 1, 2006, we suggest that the definition of *Supervisior* in § 49.1 and the supervision requirements in § 49.13(b), subsections (2) and (4)(i) of the proposed regulations be amended as follows:

Definition of *Supervisor* (in § 49.1):

Supervisor--An individual providing supervision to a supervisee who is a professional counselor licensed under the act and has 5 years experience as a professional counselor. However, until January 1, 2006, the term shall include an individual who is a professional counselor who meets the educational requirements of § 49.15(5) and who has with 5 years experience as a in the practice of professional counselor counseling. A supervisor may also include an individual who holds at least a master's degree and a license in a related field and who has 5 years experience in that field.

§ 49.13(b)(2). Supervision for the clinical experience shall be provided by a supervisor as defined in § 49.1. The first 1,800 hours shall be supervised by a licensed professional counselor, or, until January 1, 2006, a professional counselor who meets the educational requirements of § 49.15 (5) and who has with 5 years experience as a in the practice of professional counselor-counseling.

§ 49.13(b)(4)(i). A supervisor who is temporarily unable to provide supervision shall designate a qualified substitute. However, for the first 1,800 hours delegation shall be to another licensed professional counselor, or, until January 1, 2006, a professional counselor who <u>meets the educational requirements of § 49.15 (5) and who has with-5</u> years experience as a in the practice of professional counselor <u>counseling</u>.

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Pennsylvania Alliance of Counseling Professionals Response to Proposed Licensure Regulations (16A-694)

Marriage and Family Therapy Concerns

SUPERVISION IN A GROUP SETTING

Concern:

Supervision in a group setting is required for marriage and family therapists in § 48.13(b)(5) which reads:

The supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and at least 1 of the 2 hours shall be with the supervisee in a group setting and in person.

Supervision of clinical experience in a group setting is a valuable part of the training for marriage and family therapists; our concern is with *requiring* one of every two hours of supervision to be in this form. Because of the limited numbers of marriage and family therapy supervisors in agency and institutional settings, many marriage and family therapists will have to privately contract for at least half of their required hours of supervision. The number of appropriate supervisors is also limited. To put an additional restriction on the form of the supervision creates an undue hardship on those seeking to fulfill this requirement. In large urban areas it may be feasible to access and schedule group supervision. In the rest of the state where there are few supervisors, a finite number of potential supervisees, and where individuals from a wide variety of work settings are spread over a large geographic area, forming groups and coordinating schedules for group supervision could be extremely difficult, if not impossible. *Allowing* rather than *requiring* group supervision will encourage it while maintaining needed flexibility.

Suggestions:

• Change the wording in § 48.13(b)(5) to read as follows:

At least 1 of the 2 hours shall be with the supervisee individually and in person; and at least 1 of the 2 hours shall may be with the supervisee in a group setting and in person.

• If the Board cannot endorse the above suggestion, it is imperative that this group supervision requirement be added to the pipeline adjustments suggested in a preceding section headed "Transition Language for Supervised Clinical Experience."

Pennsylvania Association for Marriage and Family Therapy Response to Proposed Licensure Regulations (16A-694)

APPENDIX B

MARRIAGE AND FAMILY THERAPIST QUESTIONNAIRES

DEGREES IN CLOSELY RELATED FIELDS

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A. Professional Certification/Membership/Licensure:

Clinical Member of AAMFT since 1933
A AMET and Summing in 16 77 19
D Other: EMDR CERTIFIED ANCC Municul Specicilies
B. Education: Masters degree in Child+ Hable cent Prefucture Nurean With credits ?22
(major) (semester/quarter) (year)
Doctoral degree in, (major) (year)
(major) (year) If Thave completed <u>3</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: U PENN
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
15 years of <u>fulltime</u> work in the mental health field.
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with /// of those hours in direct service (hours of therapy, hours of clinical supervision, and hours of teaching per week).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
<u> </u>
Teachar U.TENA GRAD Charles 1930 - Precent
Presentation on Burg Fanny Syster Them-FIP
Thanka) Departy
Redar Director / Churcal School at FIP Jos 11 yours

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Cit	GRANDPARENTING QUESTIONNAIRE y/Zip
<u>A.</u>	Professional Certification/Membership/Licensure:
7~	Clinical Member of AAMFT since $12/91$.
	AAMFT approved Supervisor since Other:
<u>B.</u>	Education:
Q	Masters degree in <u>Pastoral Course</u> with <u>54</u> credits, <u>1957</u> . (Specialization - (major) (semester/quarter) (year)
	Doctoral degree in,
Ø	(major) (year) I have completed <u>2</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: LA SALLE UNIVERSITY
Ø	I have taken <u>for the set of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building)</u> . At 15 CE hours per credit hour, that is the equivalent of <u>for the set of the s</u>
<u>C.</u>	Experience in the Mental Health Field:
	years of <u>fulltime</u> work in the mental health field.
-	years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: PRIMADILY - RAISING FAMILY Now - SEMI-RETIRED
Du	ring 5 of the last 7 years, my practice of marriage and family therapy has consisted of 10 hours per week, with 8 of those hours in direct service (b hours of therapy, b hours of <u>clinical</u> supervision, and <u>hours</u> of teaching per week).
<u>D.</u>	Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
	MEMBER OF ADVISORY COMM. HOLY FLAIRY COLIEFE
	FOR DEVELOPMENT OF M.S. IN COUNSELING PEYCHOLOGY 1986
	PAMET - STEERING COMMITTOE OF PHILADELPKIA CHAPTER - 1991

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Cit	ty/Zip_ <u>Bryn Manr 19010</u> GRANDPARENTING QUESTIONNAIRE
	Professional Certification/Membership/Licensure:
N N N N N	AAMFT approved Supervisor since
<u>B.</u>	Education:
<u>لم</u>	Masters degree in with credits, (major) (semester/quarter) (year) Doctoral degree in <u></u>
	I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
<u>c.</u> 3(Experience in the Mental Health Field: years of <u>fulltime</u> work in the mental health field. years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
Du	uring 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).
<u>D.</u>	<u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
	Multiple occusions of leading/leaching seminare in the field
	over 26 year)

City/Zip J7626 GRANDPARENTING QUESTIONNAIRE
Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>20000</u> AAMFT approved Supervisor since Other:
B. Education:
$\square \text{ Masters degree in } \frac{\frac{7hc_0}{c_0}}{(\text{major})} \text{ with } \frac{36}{c} \text{ credits, } \frac{1968}{(\text{year})}$ $\square \text{ Doctoral degree in } \frac{1}{(\text{major})} \frac{1}{(\text{year})}$
 I have completed <u>9</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Penn State, Temple, Millersville U. I have taken <u>570</u> 144 credit hours in ministry; St. John's Prov. Seminary hours of continuing education in the past 10 years which was of master's level difficulty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of $\underline{33}$ hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field.
3 years of part-time work in the mental health field. I have worked part-time in the field because: Financial used S
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): <u>7</u> years as parish priest 18 mas. as research field director Pester presentation = 1st (nternational Structure Family Therepy
Lonference

NDPARENTING QUESTIONNAIRE City/Zip Philiplet

A. Professional Certification/Membership/Licensure:

	Clinical Member of AAMFT since <u>1996</u> . AAMFT approved Supervisor since
Ø	Other: Urtified Addictures Counsilor - 198
<u>B.</u>	Education: Pastoral Counseling , Track
	Masters degree in A with 54 credits, 1987
	(major) (semester/quarter) (year)
ш	Doctoral degree in, (major) (year)
	I have completedcredit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
Ø	I have taken 36.75 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 12.45 hours of graduate level coursework.
<u>C.</u>	Experience in the Mental Health Field:
4	<u>D</u> years of <u>fulltime</u> work in the mental health field.
_ Du	2 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because. I have pursued writing as a pread Carese . Also here a grandmore take up some of my to ring 5 of the last 7 years, my practice of marriage and family therapy has consisted of 20 hours per week, with of those hours in direct service (K hours of therapy,hours of clinical supervision, andhours of teaching per
<u>D.</u>	week). For the past 10 years, a group of therapist meet at my office twice a A Therapiste are form warred fields. It is per supervision. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
	have taught at /Loly Family College dealing with addre tions + its
	the de la inclusion of the second sec

ngagements): addretions + its with AQ_ . Certifie 1h · An in Ph star bu

at my office twice a mate

GRANDPARENTING QUESTIONNAIRE	
City/Zip_Bale Cynwyd 1 19004	
Professional Certification/Membership/Licensure:	
Clinical Member of AAMFT since [99].	
AAMFT approved Supervisor since <u>1193</u> .	
Other:	
B. Education:	
Et Manager 1. Persied care in the first in the An	
Masters degree in <u>1'sucied asy</u> with <u>30</u> credits, <u>1970</u> . (major) (semester/quarter) (year)	
(major) (semester/quarter) (year)	
(major) (year)	
I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following	j.
institutions:	
PL have taken bours of continuing education in the next 10 means which are a functional life only (and here)	•
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (exclud courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of	ing
hours of graduate level coursework.	
C. Encoderation of the Manual Wester Wester	
C. Experience in the Mental Health Field:	
20 years of <u>fulltime</u> work in the mental health field.	
record of most simply and in the second it wild for the second of the second second second second second second	
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:	
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 30 hours per week, with	
of those hours in direct service (<u>27</u> hours of therapy, <u>3</u> hours of clinical supervision, and <u>hours</u> of teaching p	er ·
week).	
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional	
activities and responsibilities, publications, workshops presentations or speaking engagements):	
	·

~ ••	GRANDPARENTING QUESTIONNAIRE
Ciţ	//Zip_ Panas burg Pa 18023
<u>A.</u>	Professional Certification/Membership/Licensure:
ß	Clinical Member of AAMFT since <u>1986</u> .
X	AAMFT approved Supervisor since <u>1987</u> .
	Other:
<u>B.</u>	Education:
	Masters degree in DIVINITY with 90 credits, 1972.
	(major) (semester/quarter) (year)
Ч	Doctoral degree in, (major) (year)
Ø	I have completed <u>60</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: UNIVERSITY JF LOUISIGEE, Louisville KY
×	I have taken <u>300</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>20</u> hours of graduate level coursework.
	Experience in the Mental Health Field:
}	years of <u>fulltime</u> work in the mental health field.
حال_	5 years of <u>running</u> work in the mental nearth field.
	years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
Du	ring 5 of the last 7 years, my practice of marriage and family therapy has consisted of 40 hours per week, with 20 of those hours in direct service (15 hours of therapy, 5 hours of clinical supervision, and 6 hours of teaching per week).
<u>D.</u>	<u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
•	

GRANDPARENTING QUESTIONNAIRE City/Zip
A. Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since AAMFT approved Supervisor since Other: <u>Clinical Membership expected Feb 2001</u>.
<u>B.</u> <u>Education:</u>
 Masters degree in <u>Instoval</u>, with <u>(00 credits, <u>1997</u>) (major) (semester/quarter) (year)</u> Doctoral degree in, (major) (year) I have completedcredit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
I have taken 141 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>1</u> hours of graduate level coursework.
C. Experience in the Mental Health Field:
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): (antinuing supervision of usail (ind. 1 × wk, group /× m) Presentation Offorsham (linic to Women's Therapist Network - Sept 13-2000 OTA Mont. Co. Counselors Association Mon. 13
Note: When Feb 2002 comes, I will have 5 ms minus le wks of working with clients I for this will make me ineligible for gandparenting, yet I will mat all other requirements (unless the fastoral courseling does not get accepted due to its title). The name PLEASE TURN THE PAGE Change accured the semester I graduated I in fact, some students wolked at graduation + received diploma in Sept. The name

GRANDPARENTING QUESTIONNAIRE City/Zip <u>ALLENTOLUN</u> , PA 18103
Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>mid</u>. 19 60 % AAMFT approved Supervisor since Other:
B. Education:
<u>A Masters degree in with credits,</u>
(major) (semester/quarter) (year)
(major) (year) I have completedcredit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
2 2-years of fulltime work in the mental health field.
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

provided FT for an agenc A have. 40 1.01 À, a te. m ra A pr 1 2 ノイム ∞ 5 11 n Hυ m Q 2 ፊ đ 0 å. DD n גע Л 1 Je Je ٥ d رہ 22 10 D Δ

		GRANDPARENTING	QUESTIONNAIRE
City/Zip	Trooper, PA	12403	

Professional Certification/Membership/Licensure:	
 Clinical Member of AAMFT since <u>1910</u>. AAMFT approved Supervisor since Other: 	e li
B. Education: Masters degree in Pertoral Ministry / Pasteral Counseling / Crondon-Converg Seminary .	
AAMFT approved Supervisor since Other:	
I have completed <u>36</u> ? credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Pastoval Psychology and Psychology an	
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.	
<u>C. Experience in the Mental Health Field:</u> years of <u>fulltime</u> work in the mental health field.	
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:	
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 20 ⁺ hours per week, with of those hours in direct service (20 ⁺ hours of therapy,hours of clinical supervision, andhours of teaching per week).	
D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):	
1. Qualified Expert, Mariage + Fomily Relations, Montgomery County Courts-	
2. TEacher - Bakavieral Sciences - Montgomery Hospital Family Practice Residency Program 1980-87.	

•	GRANDPARENTING QUESTIONNAIRE
City/Zip_Aresher	19025

Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since <u>/997</u>.
- AAMFT approved Supervisor since _____.
- Other: _____

B. Education:

- Masters degree in <u>Pastoral Counseling</u> (major) <u>MET</u> (semester/quarter) (year) Doctoral degree in
 - (major) (year)
- I have completed ______credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
 - APPROX
- I have taken <u>10-5</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of ______ hours of graduate level coursework.

C. Experience in the Mental Health Field:

7 years of fulltime work in the mental health field.

_ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>30</u> hours per week, with <u>15-20</u> of those hours in direct service (<u>15-20</u> hours of therapy, <u>hours of clinical supervision</u>, and <u>hours of teaching per week</u>).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

PHMFI Boar	a member		
Consulting	work	•	
workshing	m. internerver	Neve amongat	
	LIC DATE CHI COLOR	<u> <u> </u></u>	
	<u></u>		
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		······································	
······	······		

City/Zip Bethlehem PA 18017

Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>/992</u>. AAMFT approved Supervisor since Other:
B. Education:
 Masters degree in Pastoral Conselin 96 dredits, 19.90 (major) (semester quarter) (year) Doctoral degree in
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field.
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $\frac{27}{2}$ hours per week, with
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
- Licensed - New Jersey PC 12213 (BOARD OF HET EXAMINERS)
- NBCC 55598
- "SITTING ON THE PORCHSWING" IN 101 PLAY THERAPY TECHNIQUES
- Various Workshops Presented Many on - Children + Grief - Divorce
- Spoke at NCEA - National Catholic Education Association
- AAMFT 23431 - Clinical Member, 1992 Conference

City/Zip_Swacthment, Pa. 19081
Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>1989</u>. AAMFT approved Supervisor since Other:
B. Education:
Masters degree in with credits, (major) (semester/quarter) (year)
Doctoral degree in $1 \alpha \omega$, 1978 (major) (year)
I have completed <u>*</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Namage Council (now Penn Council for Kelatinsleips)
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field.
<u>11</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I am a Single parent with three Children - 20 During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>13</u> hours per week, with <u>all</u> of those hours in direct service (<u>13</u> hours of therapy, <u>hours of clinical supervision</u> , and <u>hours of teaching per</u> week).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): <u>That's taugult Several Clawes to Staff and traineers</u> <u>at Peur Council</u> On diverse insoli after and on the <u>for weily dynamics</u> in Norcing families.
Tam au member of the Executive Committee at Penn Council, representing the part-time STEFF.
I am a member of two local protessional groups seeling to improve the emphantal climate within
chiracter and diversed facenties - one prop is advancing Con approach to diverse called Callafor appre proves () Lin contra a train of attomey, uspital health potensionals and an accountant work to shere contra a diversity couple in a non-libicated from second is second deep to prove a
Teaching ubdel to help parents with joint custured (Its was Teyether) as pearents ("Co-Parenting").
PLEASE TURN THE PAGE

* This is a one-year full-time program - I don't know have credit hours are calculated. Fair courses From some of a sementer

City/Zip Bethlehem PA 18018

A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since 1990.
- AAMFT approved Supervisor since <u>1999</u>.
- Other: _____

B. Education:

- Masters degree in <u>Pastoral Courcel</u> with <u>62</u> credits, _____. (major) (semester/quarter) (year)
- Doctoral degree in _____, ____. (major) (year)
- I have completed <u>24</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:

I have taken/5 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 10 hours of graduate level coursework.

C. Experience in the Mental Health Field:

years of <u>fulltime</u> work in the mental health field.

years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>30</u> hours per week, with <u>20</u> of those hours in direct service (<u>21</u>) hours of therapy, <u>2</u> hours of clinical supervision, and <u>25</u> hours of teaching per week).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

themas

City/Zip_ Lafayette HILL A 19444
 A. <u>Professional Certification/Membership/Licensure:</u> ✓ Clinical Member of AAMFT since <u>approx</u> 1987 □ AAMFT approved Supervisor since □ Other:
 B. Education: Masters degree in <u>lsychologial</u> swith <u>so</u> credits, <u>1183</u> (major) (semester/quarter) (year) Doctoral degree in (major) (year) I have completed <u>36</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: <u>La</u> Selle University. Graduate Religion. Marcinget Family I have taken <u>MAM</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework. 2 year fost - graduate family Harapy progree Experience in the Mental Health Field: years of fulltime work in the mental health field. I have worked part-time in the field because:
During 5 of the last 7 years, my practice of marriage and family therapy has consisted ofhours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week). D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

GRANDPARENTING QUESTIONNAIRE City/Zip_Dresher, PL. 19025 - 1228

Professional Certification/Membership/Licensure:	
Clinical Member of AAMFT since <u>1990</u> .	
\Box AAMFT approved Supervisor since <u>1995</u> .	
Other: <u>Certified Addictions Counselor</u> : <u>Consultant</u> , American Soci (CAC) Clinical Hypnosis	ety of
(CAC) Clinical Itypnosis	· 0
B. Education: Peychoeducatonal ✓ Masters degree in (M.Ed.) with 30 credits, 1985, Temple University, an (major) (semester/quarter) (year) □ Doctoral degree in, (major) (year) ✓ Lhow completed 197 with the set of t	MA (from pk 4) 1974 in
Doctoral degree in, (year) 30 more 5pan me to	ish which allows WOR with Spanni
(major) (year)	ig Clientsand
I have completed 101 credit hours of graduate level coursework in addition to the above degree(s) at the	tollowing merapic
institutions: Institute for Confectual Therapy: 142 hours with Ivan B. Nasy and	(athenne
ATAM FT Approved MFT Supervision Course with tet Duryer	21
institutions: Institute for Contextual Therapy : 142 hours with Ivan B. Nasy and AAHFT Approved MFT Supervision Course with fat Dure Duromin Na I was intensive 8:30-5:30 daily (45 hrs.) I have taken 842, Whours of continuing education in the past 10 years which was of master's level difficult	ty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent	

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hours of graduate level coursework.
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C. Experience in the Mental Health Field:

10

years of <u>fulltime</u> work in the mental health field.

- 5 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I was rearing young Children.
- <u>D.</u> <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

In the last 10 years, since 1990	·
	MFT with its attendant requirements
2- I became Approved Supervisor,	
3 - I renewed my Anoroved Superviso	Status with its attendant the guirements
3- I wrote Solving The Parenting Puzzle	a child development toxt which is
used in all the parenting educa	
Washington (I'receive royaltie	s biveurly) in professional journals,
2- I Co-authored 15 journal a	chicles, all published including one
in Journal of Maritaly Fam. Th	wapy 1958 - Most of the articles
	y therapy specifically in the treatment
	One in 1954 was on an application
and Contextuce Family Therap	to the treatment of MPD (how DID
4) In 1953 and 1994, I carried	out 2 research project Discontrive duning
in the field of family treat	nent,
5) Teaching: 374 hours of	teaching at conferences and at
training asures	T Leach by invitation. In February,
PLEASE TURN THE PAGE	there is addiction. Invitation by
in families whe	inducer's a Dia All
Jewish Family-	Service of Greater Philadelphia.

City/Zip	
Professional Certification/Membership/Licensure: Clinical Member of AAMFT since <u>1973</u> . AAMFT approved Supervisor since <u>1976</u> . Other: <u>CAC</u> - <u>Chemical Dependency</u> Theraputt-Penna-	
 <u>B. Education:</u> <u>Masters degree in Partonal</u> with <u>90 credits</u>, <u>70</u>. (major) (semester/quarter) (year) Doctoral degree in <u>Family Studiets</u> - '79 combined with another mosters in (major) D. Min. (year) <u>I have completed 15 credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Clinical Partonal partempting - Sowandas tate Herp. N.Y.</u> 	eology ng .State
□ I have taken <u>\$1.5</u> hours of continuing education in the past 10 years which was of master's level difficulty (exclusion courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>19</u> hours of graduate level coursework.	uding
 <u>C. Experience in the Mental Health Field:</u> <u>J. 5</u> years of <u>part-time</u> work in the mental health field. 	
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>20</u> hours per week, with of those hours in direct service (<u>14</u> hours of therapy, <u>1</u> hours of clinical supervision, and <u>5</u> hours of teaching week).	
<u>D. Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): - as an approved AAMET supervisor, Aautroge an h	aur

for chimical dency in depen C a C 1 Į, not 7 Su \sim Lin

GRANDPARENTING QUESTIONNAIRE City/Zip_WARMINSTER 18974-53.13

A. Professional Certification/Membership/Licensure:

- 凶 Clinical Member of AAMFT since 2000 .
- AAMFT approved Supervisor since
- AAMFT approved Supervisor since _____. Other: <u>ERTIFIED</u> <u>SCHOOL</u> <u>COUNSEZOR</u> <u>K</u>-12 ΙX1
- **B.** Education: Masters degree in Doctoral degree in

(vear)

ME in PastoRAL Course21NG CORCENTRATING Degree: MR in Bastoral Councelling ee in IN MARIAGE with 54 credits, 1994 Concentrating in Marriage and (major) (semester/quarter) (year) Family Thenapy from La Lalle Tree in Uniderate

- I have completed <u>27</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: GWYNEDD-MERCY COILEGE
- 1 have taken 140 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 9.5 hours of graduate level coursework.

C. Experience in the Mental Health Field:

(major)

g years of <u>fulltime</u> work in the mental health field.

- years of part-time work in the mental health field. I have worked part-time in the field because:
- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>40</u> hours per week, with <u>26-30</u> of those hours in direct service <u>30</u> hours of therapy, <u>1</u> hours of clinical supervision, and <u>0</u> hours of teaching per week).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

city/Zip Riegelsu	GRANDPARENTING OUESTIONNAIRE
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Professional Certification/Membership/Licensure:

	Clinical Member of AAMFT since <u>1990</u> . AAMFT approved Supervisor since Other: <u>NJ. Licensed MFT- Licence</u> # FIO1520
<u>B</u> .	Education: Masters degree in creatly with 55 credits, 55. [Family Institute of AMET
T.	Masters degree in <u>creatifie (app)</u> with <u>Socredits</u> , <u>b</u> . Family Institute of (major) (semester/quarter) (year) Family Institute of Doctoral degree in, (year) (year) AMFT (major) (year) approved program
	Doctoral degree in,,, approved program
	I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:

I have taken _____ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework.

C. Experience in the Mental Health Field:

i *____ years of fulltime work in the mental health field.

____ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>30</u> hours per week, with <u>25</u> of those hours in direct service (<u>25</u> hours of therapy, <u>hours of clinical supervision</u>, and <u>hours of teaching per week</u>).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

CMP IN VARIOUS ATEAS
and send copies of this if ne cosary

<u>Professional Certification/Membership/Licensure:</u>	
Clinical Member of AAMFT since <u>1980</u> AAMFT approved Supervisor since <u>1985</u> Other: <u>Ricenso MFT in michigan</u> and Indiana	
B. Education:	
Masters degree in <u>Commeline credits</u> , 1978, 1981	
(major) (semester/quarter) (year) Doctoral degree in Astrophysical (year) (major) (year)	
I have completed <u>6</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: It many unit in the automation, It	
I have taken <u>hours</u> of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>hours</u> of graduate level coursework.	کر الکر
C. Experience in the Mental Health Field:	
years of <u>fulltime</u> work in the mental health field.	
5 years of part-time work in the mental health field. I have worked part-time in the field because:	ኢ
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).	
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):	
adjunct faculty in AAMFT approved MFT program at	
 adjunct faculty in AAMFT approved MFT program at herining Production Reminanty adjunct faculty numbersity of Pittaburgh port-graduate MFT program Regularly Teach The seventer - long family Theropy Condre in The AAPC - approved Tradium program 	
Dadjunct faculty in AAMFT oppioned MFT program at heiminel Production Reminary Dadjunct faculty numeranty of Pittaburgh port-graduate MFT program	
 adjunct faculty in AAMFT approved MFT program at herining Production Reminanty adjunct faculty numbersity of Pittaburgh port-graduate MFT program Regularly Teach The seventer - long family Theropy Condre in The AAPC - approved Tradium program 	

City/Zip_Ph1l9_ (9119
 A. Professional Certification/Membership/Licensure: Clinical Member of AAMFT since <u>2000</u>. AAMFT approved Supervisor since Other: <u>Clinical Murre</u> Specialist <u>m</u> Psychistic and Mentre Health Manung From american murre association ance (990 E. Education:
 Masters degree in <u>Ywysyng</u> with <u>credits</u>, <u>1989</u>, (gear) Doctoral degree in <u>(major)</u> (gear) Doctoral degree in <u>(major)</u> (gear) I have completed <u>credit</u> hours of graduate level coursework in addition to the above degree(s) at the following institutions:
 I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework. Completeor Post quadwate classife Program in Manage + Family Then oppy From Family Distifute <u>C. Experience in the Mental Health Field:</u> <u>Years of fulltime</u> work in the mental health field. 1496 to 2000 - Current position <u>Years of part-time</u> work in the mental health field. I have worked part-time in the field because:
 During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week). <u>D. Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional
activities and responsibilities, publications, workshops presentations or speaking engagements):
- Recence clinical Segundear from FJP - Septensons - ', mr Khida Shrglow in A alout 3 years to meet requirement for samet Clinical Wendershy - rife to Resume for publication and presentations

City/Zip_Phila PA 19111 Professional Certification/Membership/Licensure: Clinical Member of AAMFT since 1994 AAMFT approved Supervisor since _____. Other: **B.** Education: Masters degree in <u>Astoral Cal</u>, with <u>54</u> credits, <u>1990</u> (grad) (major) (semester/quarter) (year) Doctoral degree in (major) (vear) I have completed _____ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: 1 have taken 104. hours of continuing education in the pass 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework. C. Experience in the Mental Health Field: / years of fulltime work in the mental health field. - educ <u>3</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: The fit offered was part-time & my Children were small. During 5 of the last 7 years, my practice of marginge and family therapy has consisted of <u>35</u> hours per week, with <u>of those hours in direct service (20 hours of therapy, 3 hours of clinical supervision, and <u>12</u> hours of teaching per</u> week). D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): lease see boulout

City	From: marjorie rosen To: Sally Tice et al Date: 01/01/2001 Time: 3:38:28 PM GRANDPARENTING QUESTIONNAIRE	Page
, 0 0 0	Professional Certification/Membership/Licensure: Clinical Member of AAMFT since 1975 AAMFT approved Supervisor since Other: <u>AASECT Certified Sex therapist since</u> 1986	
0 0	Education: Masters degree in Sph: of Redg. with credits, <u>196</u> .8 (major) (semester/quarter) (year) Doctoral degree in (year) I have completed _A credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: American Univ. I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.	g
	years of <u>part-time</u> work in the mental health field. have worked part-time in the field because: aring 5 of the last 7 years, my practice of marriage and family therapy has consisted of 23 hours per week, with	
	activities and responsibilities, publications, workshops presentations or speaking engagements):	

	DEC-08-00 FRI 14:19	HMC OB GYN	FA	X NO.	7175316452	P. 03
Cit	y/Zip_ Nersby P	GRANDPARENT	TING QUESTIC	ONNAI	RE	
<u>A.</u>	Professional Certification/M	embership/Licensure:				
	Clinical Member of AAMF AAMFT approved Supervis Other:	or since				
<u>B.</u>	Education:				•	
প্র	Masters degree in <u>Murs.n</u> (major) Doctoral degree in <u>Sec. pe 5</u> (major) I have completed <u>credit</u> institutions:	(semester/quarter) $c_i e_n c_1985$ $f_{auvin}(year)$	(year)	ddition	to the above degre	ec(s) at the following
	I have taken <u>1000</u> hours of c courses in office management hours of graduate level course	or practice building).				
r	Experience in the Mental H					
٧	<u>years of fulltime</u> work in the	e mental health field.	- 40 yepns	in N	4.5. 7	
-	years of <u>part-time</u> work in	the mental health field.	I have worked	part-tin	ie in the field beca	use:
D	uring 5 of the last 7 years, my p of those hours in direct servic week).	ractice of marriage and e (2 Shours of therapy	family therapy h /,hours of cli	as cons inical s	isted of <u>2</u> from upervision, and <u>3</u>	irs per week, with hours of teaching per
D	. Additional Professional ME activities and responsibilities	<u>T Involvement</u> (e.g. co , publications, workshop	ntinuing educations of presentations of	on, clin or spca	ical supervision of king engagements	f work, professional):
	Addented BAM Dumenous Sper	ft Moetings	Since 199	estro	mundet	40
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					······································	······································

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TING QUESTIONNAIRE ムムマヨコ City/Zip //TS/SUNG/

A. Professional Certification/Membership/Licensure:

Clinical Member of AAMFT since /993 AAMFT approved Supervisor since Other: FELLOW, AMFRICAN ASSOC. OF PASTONAL COUNSFLOR LICENSCO MENTAL HEATH COUNSFLOR-IND ducation: LMFT-KY+IN **B.** Education: Masters degree in //////// M with 100 credits, 1972, (major) gemester/quarter) (year) Doctoral degree in NIINIS (major) (year) ☐ I have completed _____credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: \mathcal{O} hours of continuing education in the past 10 years which was of master's level difficulty (excludin I have take courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework. C. Experience in the Mental Health Field: 12 years of <u>fulltime</u> work in the mental health field. 10 years of part-time work in the mental health field. I have worked part-time in the field because: THER EMPLOYMENT During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with 25-of those hours in direct service (25-3 hours of therapy, 1 hours of clinical supervision, and - hours of teaching per week). D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): 1) DN K S AARS DN

zin-Bridgeport 19405
<u>'rofessional Certification/Membership/Licensure:</u>
inical Member of AAMFT since 1992.
AAMFT approved Supervisor since
Other:
<u>Education:</u>
(19 per soundure)
Masters degree in <u>Iwoology</u> with <u>52</u> credits, <u>1991</u> (major) (semester/quarter) (year)
(major) (semester/quarter) (year)
(Doctoral degree in <u>Ministry</u> , <u>1994</u> (30 c redi hours + 3 professional papers), (major) (Mares Jan Jyear) have completed <u>26</u> credit hours of graduate level coursework in addition to the above degree(s) at the following nstitutions: <u>Plan</u> Council for Kelahorehips (formerly Mareriage Co of <u>Fuladelphic</u>) 4025 Chesturt 1 Sterr . Also (order for Carterfinel Therapy K. of Prussian have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding
have completed 2 12 credit hours of graduate level coursework in addition to the above degree(s) at the following
nstitutions: Penn Council for Kataharenings (formerly Marriage Co of Philadelphia)
have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of
ours of graduate level coursework. "Centie for Contix mal Therapy itemeses 395
Experience in the Mental Health Field: "on tack light of Course Week instead of
_ years of <u>fulltime</u> work in the mental health field. "ears of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: france that worked part-time in the field because: france the provide the field because the field be
ears of part-time work in the mental health field. I have worked part-time in the field because: from a late !
also work of PT as co-durector of Growth inter in Hunt- John Dally Pin- ng 5 of the last 7 years, my practice of marriage and family therapy has consisted of 15 hours per week, with all
of those hours in direct service (hours of therapy, hours of clinical supervision, and hours of teaching per
veek).
Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional
ctivities and responsibilities, publications, workshops presentations or speaking engagements):
I have given workshop presentations for the port
3 years on family systems & dynamics (2 weeks -
3 x 2 hr sessions - each year) at Ric Caliente, Jal
Mexica

City/Zip Jamburg PA 19526
Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since <u>1996</u> .
AAMFT approved Supervisor since .
Other:
B. Education:
Pactoral/ Masters degree in <u>Leological Educ.</u> with <u>credits</u> , <u>96</u> (M. Div.) (major) (semester/quarter) total Master's fevel program
Masters degree in Indegical Educ. with credits, -96 -
(M. Div.) (major) (semester/quarter) (sear) fotal Masters fever (purgunate
Doctoral degree in, (year)
(major) (year) post- The level coursework in addition to the above degree(s) at the following (year)
I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Lertificate Program in Marriage & Family Therapy (Graduated 1996) (approved by AnMFT) Penn Council for Relationships, Phila, PA (Then affiliated w/ Univ. g Penn - Now Jefferson)
I have taken 61.25 hours of continuing education in the past 10 years which was of master's level difficulty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>4.08</u> ?
hours of graduate level coursework. Uncertain how to figure this - 15it 61.25 + 15 = 4.08 or ? My quees is 4.08.
C. Experience in the Mental Health Field:
"5 years of <u>fulltime</u> work in the mental health field, in addition to:
<u>4</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Combining Counseling W other Work for financial Reasons & fuffessional Satisfaction During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>11-12</u> hours per week, with <u>5-8</u>
During 5 of the last Fyears, my practice of marriage and family therapy has consisted of <u>11-12</u> hours per week, with <u>5-8</u>
of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).
<u>D.</u> <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional
activities and responsibilities, publications, workshops presentations or speaking engagements): See above for Con 4. Ed.
I wet periodically, for clinical case conferencing & supervision w/ licensed therepistope
Clinical Members, AtMFT.
I have Alered the following workshops presentations:
Dealling w/ Conflict, Change & Communication from Family ystems Perspective tamily & Pelotionships: (several workshops on communication, achograms) person-
ality types stensthering tanily relationship patterneldy vanice stages of
development (including faite development)
Parenting Warkshops/Support Group
Dimens Support Stephing
Domestic Violence
Surcide/Loss + Brief
Small groups - dynamics + Teudership Styles

.

GRANDPARENTING QUESTIONNAIRE
onal Certification/Membership/Licensure:
al Member of AAMFT since <u>1976</u> . Tapproved Supervisor since Fillow & AAMFT ance 1183
<u>on:</u>
degree in with credits, (major) (semester/quarter) (year) degree in <u>Mudicine</u> /function 1972 (major) (year)
credit hours of graduate level coursework in addition to the above degree(s) at the following ons:
ken hours of continuing education in the past 10 years which was of master's level difficulty (excluding in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of graduate level coursework.
nce in the Mental Health Field: of <u>fulltime</u> work in the mental health field. of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
the last 7 years, my practice of marriage and family therapy has consisted of $2 \cdot 3$ hours per week, with $2-3$ hours in direct service ($2\cdot 3$ hours of therapy, 0.5 hours of clinical supervision, andhours of teaching per
 Inal Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional is and responsibilities, publications, workshops presentations or speaking engagements): 1980 Associat Professor of Perform, Divisor of Tavil, think, University of Remembers of Remembers in 1980 Associat Director, Divisor of Ferrily think, University of Remembers and Eductor become, Manine Consol of Public think, the new part of Public there are a supervision for Manings and Eductor become and Public there are a supervision of the Association for Manings and Family therefy. Clinical Humber, Prinsylvania Association for Manings and Family therefy. Clinical Humber, Prinsylvania Association for Manings and Family therefy. Ellow, amine and the Association for Manings and Family therefy. Ellow, amines of the American Association for Manings and Family therefy. Follow, amines of the American Association for Manings and Family Therefy. 4176 Taking of Prinsylvania supervision for Manings and Family Therefy. 4186 Taking of Permayhana and Family Therefy. as a wordent in psychiatry at the University of Permayhana et al 4716 Taking of Permayhanana with courses and automation from faculty from Field Association for the analytican and the provession of the American Association for the American Association for the American Association for the American and the provident of the American Association for the American and the provident of the American Association for the American and the provident of the American Association for the American and the provident of the American Association for the American and the provident of the American Association for the provident of the American
$\frac{\partial \mathbf{n}}{\partial \mathbf{n}} = \frac{\partial \mathbf{n}}{\partial \mathbf{n}}$

GRANDPARENTING QUESTIONNAIRE City/Zip_Naw Tripoli, PA, 18066.
Professional Certification/Membership/Licensure: Clinical Member of AAMFT since 1998. AAMFT approved Supervisor since
B. Education:
 Masters degree in <u>Divinith</u> with <u>A</u> credits, <u>199.2</u> (major) (semester/quarter) (year) Doctoral degree in (major) (year) I have completed <u>18</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: <u>Postrace Completion</u> <u>Lustithe</u> <u>Beth</u>, <u>A</u>.; <u>D</u>. <u>Patrice Degree</u> I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field. years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Un ddition to Coursessing, Jam & nonogeneral courses and involves in Ordained ministry. During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>61</u> -hours per week, with <u>54</u> , of those hours in direct service (<u>5</u> hours of therapy, <u>1</u> hours of clinical supervision, and <u>hours of teaching per</u> week).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

City/Zip .//lentown	GRANDPARENTING QUESTIONNAIRE
	1

Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since <u>1993</u> . \square AAMFT approved Supervisor since <u></u> \square Other: <u>NBCC</u> Since <u>1990</u>
B. Education:
 Masters degree in <u>Pastoral Counstlinith</u> <u>48</u> credits, <u>1990</u>. (major) (semester/quarter) (year) Doctoral degree in (major) (year)
I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Is credit Masters Dagree in Spiritual Direction (Holistic Spirituality 97 Chestnut Hill College.
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field.
10 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I was building a practice while a Hending School.
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>8-10</u> hours per week, with <u>e 11</u> of those hours in direct service (<u>8-10</u> hours of therapy, <u>1/2</u> hours of clinical supervision, and <u>hours of teaching per week</u>).
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
Member of NBCC since 1990 muting requirements of 2005 contact
hours of continuing education in 18 year period.

11/30/00

GRANDPARENTING QUESTIONNAIRE
City/Zip_Bethlehem_PA_18017
Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since <u>89</u> . AAMFT approved Supervisor since
Dether: Manher American Association of Pasteral Conselvers 1986 Fullow level A. A.P.C. 1998
B. Education:
Masters degree in Divinity with b credits, <u>79</u> . (3 yr, degree) (major) (semester/quarter) (year)
(major) (year)
I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Certificate from Mestchecher Institute for Training in Peycho analysis + Psycho therapy
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field: years of fulltime work in the mental health field.
1 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Also work
As pastor it a church. During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $3-10$ hours per week, with
of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per
week). $\gamma = 10$
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional
activities and responsibilities, publications, workshops presentations or speaking engagements):
I have enclosed copies of the Transcript from the hest chester
Institute and a list of my continuing education experience.
This why certilicate from the headchester Institute does not seem to fit into one of the approval graduate catagonies outlined
in the proposed legislation I usual point out that the Institute
is charliered by the regents of the State of New York as
a minute program and that the AAMET accepted all my
ADMFT. I would encouring a bronder understanding of the
requirements necessary to be licensed. If I am a clinical member if the ARMFT and can prove the State evan Shouldn't
that he adequate ? I have the PAMET will be able to
preside such (ingest inthe the durition of the state /egislation.
Thenks the all your dr.

2

Sinney, Cent Kommen

PARENTING QUESTIONNAIRE 19044SPRINGfield GR City/Zip Thank you for This Sarvey- Your Thoughts fit my Jescription -let me know if I can help Professional Certification/Membership/Licensure: Clinical Member of AAMFT since AAMFT approved Supervisor since Other: <u>Associate member Since 1998</u>, Soon To be ducation: <u>Clinical Member</u> A **B.** Education: Masters degree in <u>NUrsing</u> with 69 (credits, 195 MSN- Viliznium is (semester/quarter) (year) Clinical Psychiatric Nurse 1885/15N- Villznova - 45 greduta Specialist - Univ. of PAF= Doctoral degree in (year) Jotoval (major) I have completed 12_credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Clinical Psychology - Psy. D. at Widener University A l have taken 100 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _/___ hours of graduate level coursework. C. Experience in the Mental Health Field: ____ years of fulltime work in the mental health field. years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I Terch Part-Time During 5 of the last 7 years, my practice of marriage and family therapy has consisted of _____ hours per week, with _5____ of those hours in direct service (5 hours of therapy, hours of clinical supervision, and 4 hours of teaching per week). D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): 2000 Dreaking enargemonts - 1999-O InTERVETING HOSPITZA here L INTO our nursma ertue ence 11 00 DING choo niversi Inc choo Th niversit 2000 in ADVANCE for ov, Jo

"What Event PLEASE TURN THE PAGE Titled

should Know Depression about

City/Zip_Beth. PA 180 **GRANDPARENTING QUESTIONNAIRE**

Professional Certification/Membership/Licensure:

- \boxtimes Clinical Member of AAMFT since 1983.
- \square AAMFT approved Supervisor since 1988.
- Other:

B. Education:

- unselwith 55 credits, ____. Masters degree in bas (semester/quarter) (major) hinisto 1985 Doctoral degree in Doctor of (major) (year)
- I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
- X I have taken 500 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 33.3 hours of graduate level coursework.

C. Experience in the Mental Health Field:

10 years of fulltime work in the mental health field.

- 8 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Hacking 4 Courses personester makes working full-time impossible.
- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 20 hours per week, with 18 of those hours in direct service (4 hours of therapy, 2 hours of clinical supervision, and 12 hours of teaching per week).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

out inuing Ed: Taught ,500+ hrs 2 per wk Supervision! President/ HAMFT Site visitor MFT President 6 pproved upervision Course huc. Conference / PAMFL Conterence gements: Tresenter HAMIT Annua Somking Enga Kernote Socaker/Various Colleges+Universities shnenian U. /Testitu before PA Senate + House icensure roughout

GRANDPARENTING QUESTIONAIRE

A. Professional Certification/Membership/Licessure: Clinical Member of AAMFT since 11/21/86.

B. Education:

Masters degree in Divinity with 96 credits completed in 1973.

I have 24 credit hours of graduate level coursework in addition to the above degree the following institutions:

> Shippensburg State College (now University) in Shippensburg, Pa. Evangelical School of Theology in Myerstown, Pa.

Lutheran Theological Seminary in Gettysburg, Pa.

I have taken 58 hours of continuing education in the past 10 years which I can verify. I have taken many others but can't verify them. All these were of Masters level work At 15 CE hours per credit hour, that is the equivalent of 4 hours of graduate level coursework.

C. Experience in the Mental Health Field:

1 have 20 years of fulltime work in the mental health field.

 $\frac{1}{2}$ yr. of part-time work in the mental health field. That half year was because the insurance companies that once accepted me as a provider ceased doing so. It took me 6 months to find a counseling firm that would hire me without a state license.

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 45 hours per week with all of those hours in direct therapy and one hour of individual clinical supervision every two weeks and one hour of treatment team meeting per week. I have done no training outside my agency for 3 years, but 1 do ongoing training programs inside my agency.

D. I had 200 hrs. of approved supervision by an AAMFT supervisor, Dr. Gerald Gingrich. I counted and verified 2000 hrs of professional experience in direct therapy with clients to meet AAMFT qualifications established for me. I finished my education and supervision and was awarded Clinical Membership in 1986. During my 10 yrs in private practice, I conducted many trainings for pr for the public and for clients. Some of them include, "Communication Skills" for Tressler Lutheran Social Services which video taped my work and used it for a number of years. I conducted a "Basic Skills in Counseling" Workshop for Shippensburg, Pa. Area School Administrators. I provided a 5 week training for pastors of a local denominations as well. I taught a "Marriage and Family Semiar" for volunteer workers of Contact Chambersburg. I also conducted Adolescen Issues in Family Life for Contact Chambersburg as well. I was on a local talk radio program quaterly discussing Marriage and Family issues during the 10 years that I had a private practice in Chambersburg, Pa. Five months ago, I took a job as a full-time therapist in a partial hospitalization program. I conduct group therapy regularly, but I also lead groups such as Coping With Suicidal Thinking, Coping with Depressions, Codependency, Coping with Loss and Change, Anger Management, Parenting Skills, Relaxation Techniques, Conflict Resolution, and Stress Management.

Signed:

David I. Bowers M.Div. 1875 Holly Pike Carlisle, Pa. 17013

(717) 486-7044

GRANDPARENTING QUESTIONNAIRE
Morlin Muhror 37 Liston Av. City/Zip Cansdowne, PA 19050 (Hone)
A. Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since $\frac{178}{27}$. AAMFT approved Supervisor since $\frac{27}{27}$.
a Other:
B. Education:
A Masters degree in $M.$ $M.$ with <u>60</u> credits, <u>176</u> .
Doctoral degree in,,
A I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Family Inst. tube of Philadel Mia - Cartifiate
 I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
$\underline{25}$ years of <u>fulltime</u> work in the mental health field.
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

1.11.4.4.4

.....

....

3 During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 10 hours per week, with 20 of those hours in

direct service.

D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

CEUS-Children's Alliane (Formarly children's Advacany) Weekly Grand Rounds in Psychiatry at Albert Einstein Madical Center Precented at Grand Rounds in 3-governitional Tx of Adolescents Psychiatry Rosidoney Thaining - Give lectures in Fomily Thorapy to 1st year residents in "Intro to Fomily Thorapy" series (12 hrs of lectures) + to 3rd year presidents "A duanced Fomily Thorapy" - 20 hy. Supervise staff (Psychologists, Art Theradist, Residents) in Fomily Thorapy

E. Other Comments: When I get very deque + certification, thes was no MFT deques at their tens. I began supervising for Hahremann's program the 2013 degram it was formed.

(H) 510 -284-4957 (0) 215 - 456 - 7255

Please return to: PAMFT, P.O. Box 787 Spring House, Pa 19477-0787

GRANDPARENTING QUESTIONNAIRE

City/Zip Harrisburg 17/10 A. Professional Certification/Membership/Licensure: Clinical Member of AAMFT since $\frac{1}{99}$. AAMFT approved Supervisor since o Other: B. Education: with <u>30</u> credits, <u>1975</u> (semester/quarter) (year) Masters degree in <u>20.20</u> (maior) Doctoral degree in _____ thave completed 15 (major) 41, T (year) CEU credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Millersville University - 15 credit hours - Superusory Centif Temple University - 32.7 CEU - MFT Philadelphia Child Guisance - 9.0 CEU - MFT • I have taken ± 450 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 30 hours of graduate level coursework. C. Experience in the Mental Health Field: <u>15</u> years of <u>fulltime</u> work in the mental health field. _ years of part-time work in the mental health field. I have worked part-time in the field because: In appition to a full time position, I dane a part time private practice since 1996 During 5 of the last 7, years, my practice of marriage and family therapy has consisted of $\underline{45}$ hours per week, with 25-30 of those hours in

direct service.

D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

- Second Step TRainer - anti-violence cuerce. - Parenting Class Trainer - Presentations on sibling relationships, behavior menagement. - Presentations to parents, day care / NURSery school Schools + School districts - Mother's WRKShop ON Stress Sibling Support GROUP Presentation to Artism Jouety on fimily stussors Parheepant purent task force, Dauphin County Jask Force Lekotek Trainer Early Intervention MH commitvee. Coordinate early reternention marchassroom & Sp. Neps Behavior consultant to day care, minary schools of Sp. population I have worked within this of children with special suds since 1980 I have worked for couple issues finity spensors and consult with then professionals on this population I some have in parenting (STEP & Reo parsme Parenting. I have I some have in parenting (STEP & Reo parsme Parenting. I have maintained a private practice in 200, Hon to working with this maintained a private practice in 200, Hon to working with this maintained a private practice in 200, Hon to working with this popletion which includes, inoriously, couples, for this in adolescuts (717) Phone 234-1983 Name Marcia Gelman

Please return to: PAMFT, P.O. Box 787 Spring House, Pa 19477-0787

GRANDPARENTING QUESTIONNAIRE

City/Zip Philadelphia 9104

A. Professional Certification/Membership/Licensure: Conhershipe on e.V. e Clinical Member of AAMFT since AAMFT approv. "Weryisor since 1982 1 Licens Specialist in Sychiatere NURSING NURSES Redentialing Center (ANEC) ()CERTIF CLINICAL S ied AS RICAN B. Education: ursin9 Masters degree in 15 credits (anneupheteemee) Doctoral degree in credit hours of graduate level coursework in a I have completed addition to the above degree(s) at the following institutions:

I have taken 3000 for hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 300 hours of graduate level coursework.

C. Experience in the Montal Health Field:

 $\sim <u>30</u>$ years of <u>fulltime</u> work in the mental health field.

_____ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $\underline{/8}$ hours per week, with $\underline{/8}$ of those hours in direct service.

GRANDPARENTING QUESTIONNAIRE

City/Zip_Lancaster 17601

A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since 4,1990
- AAMFT approved Supervisor since _____
- Other:_____

B. Education:

- Masters degree in <u>A NUNSIAN</u> with <u>13</u> credits, <u>1984</u>. (major) (semester/quarter) (year)
- (major) (year) I have completed <u>327</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
- I have taken <u>5045</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>334</u> hours of graduate level coursework.

C. Experience in the Mental Health Field:

- _//_ years of fulltime work in the mental health field.
- _____ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $4\epsilon-30$ hours per week, with $2\delta-32$ of those hours in direct service.

City/Zip Lancaster 17601

A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since 4,1990
- AAMFT approved Supervisor since ______
- Other: _____

B. Education:

- Masters degree in <u>A Nunsine</u> with <u>13</u> credits, <u>1984</u>. (major) (semester/quarter) (year)
- (major) (year) I have completed <u>327</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Manniage Council of Phile
- I have taken <u>5045</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>334</u> hours of graduate level coursework.

C. Experience in the Mental Health Field:

- 16 years of <u>fulltime</u> work in the mental health field.
- _____ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $4\epsilon - 30$ hours per week, with $3\epsilon - 32$ of those hours in direct service.

D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): 1. Beach Member, PSNA since 1998, Member Since 1970
2. Founder of task Force Agolast family Vidlence - 1989
3. Vice President, President, Past President of Lanc Co. Comm Child Abure 4. Board Member of + K Semiarra
Authored and Aublished abook 2000 If I Cry Will you Understandme abook for churches and persons to understand dynamics of Violence
Violence What persons to understand dynamics of
Nunsing since 100 -
x7 Spepchar to n /
since 1990, topics include engenmanagement, child abuse, self esterm,
cating disorders signs + sign ptoms of abuse, a the steem
, eging and carning () tamily Therapy, handling
hindrice too Advance I A Ly u
(B)-Bithens Brow H Gen Approved Supervision of AAMET)
(B)-Bithony Brandt, phD, Dibna Addictor of AAMFT)
(B)-Bithony Brandt, PhD, Diane Adelstein, PhD., Richard Andenson, MD meet at least on time I month for work with posttrawmatic stress Depriver (C) peer 78000 (DID iss
(D) peer group supervision with other CNS' every 6-8 weeks (E) peer group supervision with atter a part-time job staff at Community E. Other Comments: Service Group
E. Other Comments: Service Group Service Group

•••

Name Di Pauline Zimmerman Phone 717560-9060

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Please return to: PAMFT, P.O. Box 787 Spring House, Pa 19477-0787

City/Zip LAWSDALE DA 19446

A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since 1951. AAMFT approved Supervisor since 1953.

B. Education:

Υď	Masters degree in	uselling M	vith 90 credits,	1970
\mathcal{N}		(major)	(semester/quarter)	(year)
۵	Doctoral degree in	1	•	
		(major)	(year)	
1	I have completed	credit hours o	f graduate level c	oursework in
	addition to the above de	cree(s) at the	following instituti	ons:
	24rs P.T. Fanily	last Tute	ed Phila 147	8-80
	1 Fullycar Sull Time Philadolphia 1980-5	Certificate	MET MATTIA	ge Council -d

 I have taken _____ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework.

C. Experience in the Mental Health Field:

- _____ years of <u>fulltime</u> work in the mental health field.
- <u>i7</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>37</u> hours per week, with <u>of those hours in</u> direct service (<u>22</u> hours of therapy, <u>4</u> hours of clinical supervision, and <u>4</u> hours of teaching per week).

City/ZIp Williamsport	17701
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A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since ______ AAMFT approved Supervisor since 1993
- & Other: Certified Family Life Educator, National Council on Family Relations

B. Education:

Masters of Divinity Masters degree in <u>Hajir:</u> Christian Education (major) (major) (major) Doctoral degree in <u>Hinistry to Marriage</u>, <u>1985</u>. (major) and Family (year)

a I have completed 9 credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:

Marywood College

a I have taken <u>255</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework.

C. Experience in the Mental Health Field:

12^{*} years of fulltime work in the mental health field.

years of part-time work in the mental health field. I have worked part-time in the field because:

1988-1996 Director, Family Life Institute, Tressler Lutheran Services 1994-1997 Director, Trassler Training Service 1997 - Present Family Life Minister, Christian Church at Cogan Station

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of __25 hours per week, with __15_ of those hours in direct service. (at lease)

City/2	zip Lafayette	- Hill	19444	
A. <u>Pr</u>	ofessional Certific	ation/Membersh	ip/Licensure:	
	Clinical Member of AAMFT approved S			
۵	Other:			
B. <u>E</u> g	ducation:	`	Uef PA with <u>30</u> credits, <u>19</u> (semester/quarter) (ver	Grad. Sch of Ed
X	Masters degree in	Psychological Sel	with <u>30</u> credits, <u>19</u>	83
0	Doctoral degree in	(major)	-, (zewezreudhautet) (Aan	w)
٥	I have completed	36 credit hours	of graduate level cours e following institutions: Partonal Coursel	ework in
0	l have taken	hours of continu	ing education in the pas	st 10 vears

I have taken _____ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ hours of graduate level coursework.

C. Experience in the Mental Health Field:

1% years of <u>fulltime</u> work in the mental health field.

____years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 2^{5} hours per week, with 1^{5} of those hours in direct service.

PA. 19344 100K City/Zlp A. Professional Certification/Membership/Licensure: Clinical Member of AAMFT since <u>1983</u>. AAMFT approved Supervisor since _____ a Other: B. Education: Social Relations with 36 credits, 🖌 Masters degree in (somester/quarter) Doctoral degree in _____ (major) (year) a I have completed ______ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: 23 • I have taken $\frac{3}{9}$ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 21 hours of graduate level coursework. The 2hours Exclude at lost 25 hours every you over the past 10 yrs which may or C. Experience in the Mental Health Field: reac nilla 26 years of <u>fulltime</u> work in the mental health field. years of part-time work in the mental health field. I have worked part-time in the field because: During 5 of the last 7 years, my practice of marriage and family therapy has consisted of _____ hours per week, with _____ of those hours in direct service. Line worked as the difector of a hospital based have worked as the difector of a hospital based based work for 23 yes. Initially, most of my used was clinical. With the Expansion of program, my work has shifted to princing program, my work has shifted to princing, program, our our promot owninitian, upsing program owned to have maintained my maintained to many format of have maintained my latty clinical. Loweuch to maintained my have to program of termity of the source of the program of the source of the sou 2 autor itize it in tall my with - Supervisity, as well

City/Zip_Bethlehem NA 18015 A. Professional Certification/Membership/Licensure: Clinical Member of AAMFT since ______/99 /___ AAMFT approved Supervisor since 2 70. o Other: **B. Education:** Masters degree in <u>Postonal Course fro</u> with <u>102</u> credits, <u>1987</u> (major) (semaster/quarter) (vear) Doctoral degree in _____ (major) (year) $\sqrt{\frac{major}{2}}$ have completed 2/ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Counseling Institute Program - Bethlehem PA a I have taken <u>LOD</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office

which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of $\underline{40}$ hours of graduate level coursework.

C. Experience in the Mental Health Field:

<u>7</u> years of <u>fulitime</u> work in the mental health field.

years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 25 hours per week, with 20 of those hours in direct service.

City/ZIP_NEN BRIGHTON, PA. 15066 A. Professional Certification/Membership/Licensure: X Clinical Member of AAMFT since 1994 AAMFT approved Supervisor since 1992 . A Other: <u>ACA IMAFC</u> B. Education: A Masters degree in <u>M. Div.</u> with <u>36</u> credits, <u>1973</u> (major) (samed nr/quarter) (samed nr/quarter) (major) (major) (samed nr/quarter) addition to the above degree(s) at the following institutions: Pittsburgh Pastoval INstitute a I have taken 32 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 2 hours of graduate level coursework. CREDIT ALSO RECEIVED VIA A MINT FOR TEACHING C. Experience in the Mental Health Field: years of fulltime work in the mental health field. 1989 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I teach full time and co-ordinate a Marriage and tamily Counseling program.

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $\underline{29}$ hours per week, with $\underline{15}$ of those hours in direct service.

ALSO WEEKLY SUPERVISION OF STUDENTS AND PRACTICTIONGES. (1-2 hrs per week)

Pennsylvania Association for Marriage and Family Therapy Response to Proposed Licensure Regulations (16A-694)

APPENDIX C

MARRIAGE AND FAMILY THERAPIST QUESTIONNAIRES

EXPERIENCE REQUIREMENT FOR GRANDPARENTING

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City/Zip_Beth. PA **GRANDPARENTING QUESTIONNAIRE**

Professional Certification/Membership/Licensure:

- X Clinical Member of AAMFT since 1983.
- X AAMFT approved Supervisor since /988 .
- Other:

Π

- **B.** Education: Marriage + Family Therappy
- Course with 55 credits, Masters degree in astoral (major) (semester/quarter) Doctoral degree in Darlor of hinisto 1985 (major) (year)
- I have completed _____ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
- I have taken _____ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 33, 3 hours of graduate level coursework.
- C. Experience in the Mental Health Field:

/ years of <u>fulltime</u> work in the mental health field.

- g years of part-time work in the mental health field. I have worked part-time in the field because: Hacking 4 Courses persomestic makes working full-time impossible.
- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 20 hours per week, with 18 of those hours in direct service (4 hours of therapy, 2 hours of clinical supervision, and 12 hours of teaching per week).
- D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

(prtinging Cd. Acust 500+ hrs.
Clinical Supervision. 2 per wk
Professional Activities: PAMET President / PACP President/HAMET Site visitor/
Instructor AAMFT Approved Supervision Course
Speaking Engagements: Presenter AMMYT Annual Contevence (PAMFT Contevence)
Hohnemann U. Keinete Socaker/Various Colleges+Unicosities
throughout PA re: Licensure / Testify before PA Senale + House
Committees re: Ucensure

ARENTING QUESTIONNAIRE SPRINGFIELD City/Zip <u>Thank</u> you for This Sarvey- Your Thoughts fit my Jescription let me know if I can held Professional Certification/Membership/Licensure: Clinical Member of AAMFT since AAMFT approved Supervisor since Other: Associate member Since 1998, Soon To be Clinical Member R **B.** Education: 1885/45N- Villanova - 45 credita Masters degree in <u>NUrsing</u> with <u>69</u> (credits, <u>1985</u><u>M</u>5N-Villznoue-45 erede (major) (semester/quarter) (year) Clinical Psychiatric Nurse Specialist - Univ. of PA-JU Doctoral degree in (year) J toval (major) I have completed 12 credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Clinical Psychology - Psy, D. at Widener University I have taken 100 hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework. C. Experience in the Mental Health Field: years of fulltime work in the mental health field. years of part-time work in the mental health field. I have worked part-time in the field because: I Terch Part-Time During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 7 hours per week, with 5 of those hours in direct service (5 hours of therapy, hours of clinical supervision, and 4 hours of teaching per week). D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): Speaking engracements - 1999-Dubont Hospital 3000 O Integvating There InTO Vour nursma olescence 2 DING The Survive Inversite/ hours FSNCho - Sociz choo .7(1 You, Jo Door in ADVANCE for Nurses ublished

PLEASE TURN THE PAGE Article Titled "What every Nurse

Should Know about Depression

GRANDPARENTING QUESTIONNAIRE Beth lehem 18017 Professional Certification/Membership/Licensure: Clinical Member of AAMFT since 87 AAMFT approved Supervisor since Other: Member American Association of Pastoral Conselvers Fellow Ievel A. A.P.C. 1998 1986 **B.** Education: Masters degree in Divinity with the credits, <u>79</u>. (3 yr. degree) (major) (semester/quarter) (year) Doctoral degree in (year) (major) I have completed ______ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Certificate from Nestchecker Institute for Training in Psychoanalysis + Psycho thompy I have taken ___hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework. C. Experience in the Mental Health Field: years of <u>fulltime</u> work in the mental health field. 1986-89 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Also work As pastor if a church. During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $\frac{\mathcal{F}-10}{10}$ hours per week, with of those hours in direct service (____ hours of therapy, ____ hours of clinical supervision, and ____ hours of teaching per week). 8-10 D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): Ical Mansor.p COPIES Institute an antin heitchester Inchi the it the approved repadrate catagonie: ov. + 1: ne She ncc of t

エットろんん brander andih ence reensed isa m PANET will be able Shouldn 7 State evan MFT and can 4 have the draftin 14 the inpit inh Shake <u>legisi</u> the privide such you do. Simery, Cent Kemmeren PLEASE TURN THE PAGE

3.1 1	GRANDPARENTING QUESTIONNAIRE
City/Zip 4/lentown	18104

11/30/00

Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since <u>1993</u>.
- AAMFT approved Supervisor since _____.
- Other: NBCC Sinde 1990.

B. Education:

Ø	Masters degree in <u>Pastoral Counschrith</u> 48 credits, 1990.
	(major) (semester/quarter) (year) Doctoral degree in,
	(major) (year)
9	I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Is credit Masters Degree in Spiritual Direction (Holistic Spirituality 9+ Chestruit Hill College.
	I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
<u>C.</u>	Experience in the Mental Health Field:
	years of fulltime work in the mental health field.
<u>/</u>	pyears of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: I was building a practice while a Hending School.
Du	ring 5 of the last 7 years, my practice of marriage and family therapy has consisted of $\frac{8-10}{12}$ hours per week, with $\frac{8-11}{12}$ of those hours in direct service ($\frac{8-10}{12}$ hours of therapy, $\frac{1}{12}$ hours of clinical supervision, andhours of teaching per week).
<u>D.</u>	Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

Member of	· NBCC Si	nce. 1990	Keeting require aust	M 2005 Contaci
hours of	continuing ed	lucation i	recting require auto	-0
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City/Zip	New Tripoli,	GRANDPARENTING	QUESTIONNAIRE		
Professi	onal Certification/Mem	bership/Licensure:			
_	al Member of AAMFT si FT approved Supervisor : 		· · · · ·		•
<u>B. Educati</u>	0 n:				
Doctora	(major) degree in (major) ompleted 8 credit ho	(year) urs of graduate level course	ear) - Anna Anna SAN . Anna Anna Anna Anna Anna Anna Anna Anna	ve degree(s) at the following	
courses	ken hours of cont	inuing education in the past practice building). At 15 (t 10 years which was of mas E hours per credit hour, the	ster's level difficulty (exclud	ing
<u>C.</u> Experie	nce in the Mental Heal	th Field:		•	
<u>7</u> years Co During 5 of	of <u>fulltime</u> work in the r of <u>part-time</u> work in the part-time work in the part-time work in the part-time work in the part-time work in the r part-time work in the part-time work i	mental health field. I have a nonservent could tice of marriage and family	worked part-time in the fit therapy has consisted of <u>G</u> ours of clinical supervision	eld because: Un 2001 in Ordained ministry <u>'l</u> -tiours per week, with , andhours of teaching per	+0 <u>5</u> 1/~ er
activitio		blications, workshops pres	ng education, clinical superv entations or speaking engag	vision of work, professional gements):	
·					

City/Zip_/houtgonenfielle, A
Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>1976</u>. AAMFT approved Supervisor since Other: <u>Fellow of AAMFT since</u> 1183
<u>B.</u> <u>Education:</u>
Masters degree in with credits, (major) (semester/quarter) (year) Doctoral degree in Judicius June 1972
 Doctoral degree in <u>hosticus</u>, <u>para 1/2</u> (major) (year) I have completed <u>N/A</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
 <u>C. Experience in the Mental Health Field:</u> years of <u>fulltime</u> work in the mental health field. years of <u>part-time</u> work in the mental health field.
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>2.3</u> hours per week, with <u>2.3</u> of those hours in direct service (<u>2.3</u> hours of therapy, <u>0.5</u> hours of clinical supervision, andhours of teaching per week).
 <u>D. Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): <u>i776 - 1980</u> Associat Influent of Peretatu, Divisio, of Emil, they, University of Reneyboan in a Mariney Council of Peretatu, Divisio, of Emil, they, University of Reneyboan in a Mariney Council of Peretatu, Divisio, of Emil, they, University of Reneyboan in a Mariney Council of Peretatus, Council of Peretatu

City/Zip Hamburg, PA 19526
Professional Certification/Membership/Licensure:
 Clinical Member of AAMFT since <u>1996</u>. AAMFT approved Supervisor since Other:
B. Education: Pastpral/. Act
Destoral/ Masters degree in <u>Indegical Educ</u> with credits, <u>96</u> (M.Div.) (major) (semester/quarter) fotal Master's fevel program
(maior) (vear)
I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Lerfificate Program in Marriage & Family Therapy (Graduated 1996) (approved by Applet) Penn Council for Relationships, Phila, PA (Then affiliated w/ Univ. of Penn - Now Jefferson)
□ I have taken <u>61,25</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>4.08</u> ? hours of graduate level coursework. Uncertain how to figure this - 15 if 61.25 ÷ 15 = 4.08 or ? My quees is 4.08 if
C. Experience in the Mental Health Field:
" 5 years of <u>fulltime</u> work in the mental health field, in addition to:
4 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: Combining counseling work for financial seasons & infusional situifaction
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>11-12</u> hours per week, with <u>5-8</u> of those hours in direct service (hours of therapy,hours of clinical supervision, andhours of teaching per week).
D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): See above for Control of Con
I weet periodically for clinical case conferencing & supervision w/ licensed therepistop Clinical Members, AtMFT.
I have offered the following workshops presentations: Dealing w/ Conflict, Change + Communication From Family Systems Perspective Family & Pelotionships: (several workshops on communication achograms) person
ality types, strengthening traily/relationship patterns/dynamics, staged of descelopingent (including tastel development)
Parenting Workshops/Support Group Womens Support George
Domestic Violence
Suicido/Loss + Brief Small groups - dynamics + leadership Style
TRANSIBIONS & Change

City/Zip PITSBURGH 15102
A. Professional Certification/Membership/Licensure: J Clinical Member of AAMFT since AAMFT approved Supervisor since Ø Other:
B. Education:
 Masters degree in <u>Child Develor with 6/ credits, 1972</u> (major) (semester/quarter) (year) Doctoral degree in (major) (year) I have completed 31 credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: CERTIFICATE OF ADVAnced Study in Fam.cy + Marital Therapy - 6/99 University OF P6H - Continuing Ed credits I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of
C. Experience in the Mental Health Field: 33 years of fulltime work in the mental health field Mostly with children and families.
years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: 375, 73 40 hrs
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>hours per week</u> , with
week). HAS varied from 5-10 his to 15-20 his Direct. 6-10 his clinical Supervision of work, professional <u>D. Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): Have participated in MFT related workshops — have no seconds for more
This is area of concern as during [Ast 5 of 7 yrs I have some postly Supervision W. direct practice hales reduced. In addition i had a year long medical leave during the 5/7 year period which city into that time. What allows the other 26 years experience - does this Not count for Something??

City/Zip_AKRON 17501
Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since AAMFT approved Supervisor since Other:
B. Education:
Masters degree in MFT with 20 credits, 1993
(major) (semester quarter) (year)
(major) (year) I have completed credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
years of <u>fulltime</u> work in the mental health field.
A years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: HAWING CHUQGEN (3 WHICH INCLUDES SUT OF TWINS NOW 2 YOD) And Chullery our Articlet Work While unlight During 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (5-25 hours of therapy, @ hours of clinical supervision, and @ hours of teaching per week). * Allow Sul altached NUCE.
D. <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
I do not have A ACCURATE UST by specific ellerts. However, IT have allended 1-2. Continuing education Seminars per war maverage.
I have given warships on mapital enorchment skill building, marinal communication, motherless Daughters, mothers and doughters making peace.
I have co-putnozed one apticle untitled "State is of the Union"
n' the Christian leader (1995) et: maerrai Belationships

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GRANDPARENTING QUESTIONNAIRE City/Zip_PHILADELPHIA, PA 19118

.]	Professional Certification/Membership/Licensure:
ভ	Clinical Member of AAMFT since <u>1999</u> .
	AAMFT approved Supervisor since
Ш	Other: <u>Ficensed</u> MFT in CA
<u>B.</u>	Education: A MFT 3/633
a	Masters degree in with credits,
	(major) (semester/quarter) (year) Doctoral degree in,
_	(major) (year)
	I have completedcredit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
	I have taken <u>45</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>3</u> hours of graduate level coursework.
<u>C.</u>	Experience in the Mental Health Field:
	years of <u>fulltime</u> work in the mental health field.
Y	
	years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
D	personal preference
Dui	ing 5 of the last 7 years, my practice of marriage and family therapy has consisted of hours per week, with of those hours in direct service (hours of therapy, hours of clinical supervision, and hours of teaching per
	week). Lyre - full time - 40 lyre / wk
-	Byrs - partime - 5 hrs/ we to 20 hrs/ we
<u>D.</u>	Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
	Currently and for the last yr - 3-5 clines her like
	is much as 25-30 clinical has loke when .
	emplayed full time
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

City/ZipGRANDPARENTING QUESTIONNAIRE
<u>Professional Certification/Membership/Licensure</u>
 Clinical Member of AAMFT since <u>1985</u>. AAMFT approved Supervisor since <u>1986</u>. Other:
B. Education:
$ \begin{array}{c} \square & \text{Masters degree in} & \begin{array}{c} M & F \\ \hline & \text{(major)} & \text{(semester/quarter)} & \text{(year)} \end{array} \end{array} $
Doctoral degree in,
(major) (year) I have completedcredit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
4 years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of the last 7 years, my practice of marriage and family therapy has consisted of the hours per week, with
D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
my major contribution the point 4 years have been in progra Development, precificable creating family therapy
- toxed programs for children - Then families among a low
income population. The family perspective siminates -
were the time of mark marked
what about the need to take the tral.

GRANDPARENTING QUESTIONNAIRE City/Zip Vywwewewe 19396			
	Professional Certification/Membership/Licensure:		
	Clinical Member of AAMFT since <u>/982</u> . AAMFT approved Supervisor since Other:		
<u>B.</u>	Education:		
X	Masters degree in <u>theology</u> with <u>16</u> credits, <u>1969</u> . (major) (semester/quarter) (year)		
	Doctoral degree in <u>Clin: al Prych</u> , <u>1980</u> . (major) (year)		
	I have completed 24 credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: Prince the Theological Leuris any - M.A. in New Testement Audies		
	S.O.N.Y 35 hrs. of massfers work is Perman Consults + Citerature. I have taken hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.		
<u>C.</u>	Experience in the Mental Health Field:		
	years of <u>fulltime</u> work in the mental health field.		
2	o years of part-time work in the mental health field. I have worked part-time in the field because: my full time		

- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>20</u> hours per week, with <u>/3</u> of those hours in direct service (<u>7</u> hours of therapy, <u>hours of clinical supervision, and <u>6</u> hours of teaching per week).</u>
- <u>D.</u> <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

- etter _t RAMFT <u>AANFT</u> www. Councie week charsehes Family Christia Thereny "Chriske DAR 6210 he incl D. His. program a year in Mirist testing

	A GRANDPARENTING OUESTIONNAIRE
City/Zip EASTON	GRANDPARENTING QUESTIONNAIRE

	Professional Certification/Membership/Licensure:
X	Clinical Member of AAMFT since <u>1986</u> .
_	
	Other:
R	<u>Education:</u>
<u>D</u> .	<u>Education:</u>
R	Masters degree in THEOLOGY with credits, 1?
•	(major) (semester/quarter) (
X	Doctoral degree in MARIAGEY, FAMILY (198
Γ	(major) (year)
X	I have completed $\frac{20}{20}$ credit hours of graduate level cours
	institutions: POST-GRADUATE CENT
Ż	I have taken $\frac{200}{200}$ hours of continuing education in the particular the particular terms of the second sec
	courses in office management or practice building). At 15
	hours of graduate level coursework.
	-
<u>C</u>	. Experience in the Mental Health Field:
	5
•	years of <u>fulltime</u> work in the mental health field.
1	0 years of sort time work in the martal health field. I have
-	years of <u>part-time</u> work in the mental health field. I hav
D	During 5 of the last 7 years, my practice of marriage and family
-	of those hours in direct service (hours of therapy,
	week).

<u>D.</u> <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

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GRANDPARENTING QUESTIONNAIRE
City/Zip <u>MEAW/LLE</u> 16335
A. Professional Certification/Membership/Licensure:
Clinical Member of AAMFT since 1992.
Δ AAMFT approved Supervisor since 1991 .
Other:
B. Education:
Masters degree in Courseling with 36 credits 1982
Masters degree in <u>Courseling</u> with <u>36</u> credits, <u>1982</u> . (major) (semester/quarter) (year)
Doctoral degree in,
(major) (year) [X] I have completed <u>/</u> B credit hours of graduate level coursework in addition to the above degree(s) at the following
institutions: Atyzon University
Aryus university
I have taken $\frac{90}{1000}$ hours of continuing education in the past 10 years which was of master's level difficulty (excluding
courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of hours of graduate level coursework.
C. Experience in the Mental Health Field:
<u>17</u> years of <u>fulltime</u> work in the mental health field.
2_ years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:
Personal Reasons
During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 40 hours per week, with 22
of those hours in direct service (5 hours of therapy, 12 hours of clinical supervision, and 5 hours of teaching per week).
<u>D.</u> <u>Additional Professional MFT Involvement</u> (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):
Tout Bases Teause and have an Prediction Colling Dudiction
FAHILY BASED TRAINER W WESTERN BYCHIATRIC TRISTITUTE & CLINIC, Pittsburgh
Philadelphia Family Thomas Center - Harin Undblod (rold Berg,
WORKSHOPS IN ILUDIS RE: UTN HOME FRANCY THERAPY PROGRAMS
CASSP INSTITUTE - APPENED TRANSER
CHILDREN AT RISK D. LEE MCCOMBRICK GRAHAM WRITE CHAPTER 5
SEVERAL ARTICLES WRITTEN FOR THE PIN NEWS ETTER and the
CASSP NEWSLETTER

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GRANDPARENTING OUESTIONNAIRE City/Zip_ turlong Fred Kompass

A. Professional Certification/Membership/Licensure:

- M Clinical Member of AAMFT since 1972
- AAMFT approved Supervisor since 1979

Other: AFTA Member Since 1985

B. Education:

tors Ansters degree in Counseling with 60 credits, 1969 (major) (semester/quarter) Doctoral degree in Fan. Ther. . 1982

(major) (year)

- I have completed ______ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
- I have taken <u>150</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of 10 hours of graduate level coursework.

C. Experience in the Mental Health Field:

<u>30</u> years of fulltime work in the mental health field.

- 2. years of part-time work in the mental health field. I have worked part-time in the field because: Semi netrety
- During 5 of the last 7 years, my practice of marriage and family therapy has consisted of 1/5 hours per week, with 1/5 of those hours in direct service (S hours of therapy, A hours of clinical supervision, and S hours of teaching per week).

D. Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

Elect, thesident - PAMET - total of 8 veges VYParc took -every Dublishe presentations workstons & Seminars Numerous

Ciț	GRANDPARENTING QUESTIONNAIRE y/Zip <u>PHILADGLPHIG</u> - 19115
<u>A.</u>	Professional Certification/Membership/Licensure:
	Clinical Member of AAMFT since <u>12/91</u> . AAMFT approved Supervisor since Other:
<u>B.</u>	Education:
_	Masters degree in <u>Pastoral Course</u> With <u>54</u> credits, <u>1957</u> . (SPECIALIZATION - (major) (semester/quarter) (year) Doctoral degree in
Ø	(major) (year) I have completed <u>2</u> credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: LA SALLE UNIVERSITY
Ø	I have taken <u>I</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>I</u> hours of graduate level coursework.
<u>C.</u>	Experience in the Mental Health Field:
	years of <u>fulltime</u> work in the mental health field.
	years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: PRIMPRILY - RAISING FAMILY NOW - SEMI-RETIRED
Dı	of those hours in direct service (
<u>D.</u>	Additional Professional MFT Involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements): <u>PAMFT</u> - <u>CHAIR</u> - <u>ELECTIONE</u> Comm. 1996
	MEMBER OF ADVICORY COMP. HOLY FLAILY COLLEFE
	FIR DEVELOPMENT OF M.S. IN COUNSELING PSYCHOLOGY 1986 WORKSHOPS FOR ELDERLY - ST. ALREAT THE GREAT 1994
	NORHSHOPS FOR ELDERLY - ST. ALBERT THE GREAT 1994 PRMFT - STEERING COMMITTEE OF PHILADELPHIA CHAPTER - 1991

Central Gennsylvania Region City/Zip

A. Professional Certification/Membership/Licensure:

- Clinical Member of AAMFT since <u>1992</u>.
 AAMFT approved Supervisor since _____.
 - o Other: _____

B. Education:

Masters degree in <u>Counseling</u> with <u>45</u> credits, <u>1979</u>. (major) (year)

· · · · · · ·

- Doctoral degree in _____, ____, ____, ____, ____, ____, ____,
- I have completed ______ credit hours of graduate level coursework in addition to the above degree(s) at the following institutions:
- 1 have taken $\underline{141.50}$ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of $\underline{9.43}$ hours of graduate level coursework.

C. Experience in the Mental Health Field:

- _____ years of <u>fulltime</u> work in the mental health field.
- <u>12</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because:

· Because of family responsebilities · My case load has been negatively impacted because of the effects of managed care (i.e. they only want licensed providers)

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of ≈ 12 hours per week, with 5-7 of those hours in direct service.

D. Additional Professional MFT involvement (e.g. continuing education, clinical supervision of work, professional activities and responsibilities, publications, workshops presentations or speaking engagements):

E. Other Comments:

A feel the proposed regulation requiring 10 hours of direct service per week, creates a Catch -22 given the effects of managed care. Managed care companies only want to use managed care. Managed care companies only want to licensed providers. Consequently, many agencies only want to licensed providers. If a clinician's caseload is limited because hire licensed providers. If a clinician's caseload is limited because s/he is not licensed (because these has not feen licensus available for MFT's in Clennsylvania) and now that limited case load prevents a clinician from being eligible for licensus under the grandparenting Name______ Phone Phone_ provision, then these regulations serve to lock qualified MFT's out of the job market. At the very least these highly experienced MFT's Please return to: PAMIFT, P.O. Box 787 will ultomately the Spring House, Pa 19477-0787 at a disadvantage in the years ahead, as they compete with MFT's who are licensed.

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City/Zip Carlisto, PA 17013			
A. Professional Certification/Membership/Licensure:			
✓ Clinical Member of AAMFT since <u>1994</u> . □ AAMFT approved Supervisor since			
a Other:			
B. Education:			
 Masters degree in <u>Counseling</u> with <u>45</u> credits, <u>1980</u> (major) (semester/quarter) (year) Doctoral degree in <u>12 (major)</u>, <u>(year)</u> I have completed <u>12 (major)</u>, <u>(year)</u> I have completed <u>12 (credit hours of graduate level coursework in addition to the above degree(s) at the following institutions: 4 Courses The Marnage & Family Life Center - Shiremanstown, PA Temple University, Harrisburg, PA</u> I have taken <u>218</u> hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of <u>14.5</u> hours of graduate level coursework. 			
C. Experience in the Mental Health Field:			
years of <u>fulltime</u> work in the mental health field.			
<u>19</u> years of <u>part-time</u> work in the mental health field. I have worked part-time in the field because: raising a family			

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of $l_{\ell_{0}}$ hours per week, with $l_{\ell_{0}}$ of those hours in direct service.

City/Zip Wynnewood, PA 19096

A. Protossional Certification/Membership/Licensure:

- X Clinical Member of AAMFT since <u>1987</u>
 AAMFT approved Supervisor since
 Other: <u>Pennsylvania</u> <u>Elementary Counselor Certification</u>
 B. <u>Education:</u> postmasters <u>Braduated</u>
 MFT. Hahnemann Univ. 2 year full time program 1983
 X Masters degree in <u>with</u> <u>credits</u>
 MA: -Villanova Univer Elementary School Counseling 1973
 Discoral degree in <u>(mejor)</u> <u>(ven)</u>
 I have completed <u>Many</u> credit nours of graduate level coursework in addition to the above degree(s) at the following institutions: Family e Play Therapy Center - Mt Airy, Fhile. FA-See attached sheet.
 - I have taken _____ hours of continuing education in the past 10 years which was of master's level difficulty (excluding courses in office management or practice building). At 15 CE hours per credit hour, that is the equivalent of _____ nours of graduate level coursework.

C. Experience in the Mental Health Field:

b years of fulltime work in the mental health field.

18 years of <u>part-time</u> work in the mental health field. Thave worked part-time in the field because:

I was working full time in Lower Merion School District as a teacher & counselor while I had a part time private practice,

During 5 of the last 7 years, my practice of marriage and family therapy has consisted of <u>6</u> nours per week, with <u>all</u> of those hours in direct service.