**NEGATIVE BODY IMAGE ~ BREAKING FREE**

**PSYCHOTHERAPY GROUP**

**Support Groups Vs. Group Therapy:**

Many people think support groups and group therapy are the same thing, but other than including the word “group,” they are quite different. While both (or neither) may be just what you need to support and move forward towards positive and confident body image in the Negative Body Image ~ Breaking Free Psychotherapy Group, it’s important to know the differences between these two things in order to determine if this experience is right for you.

**What is a Support Group?**

A support group, simply stated, is a group of people that meets regularly to support one another through a difficult time or issue. Although support groups for addiction are probably the groups with which you are most personally familiar in your recovery journey, support groups exist for all kinds of things. There are support groups for addicts, alcoholics, friends and families of addicts and alcoholics, people suffering from all types of illnesses and diseases, single parents, people who have lost a loved one, victims of gun or domestic violence, people who have incarcerated family members, people with sick children, and so many more; the possibilities are endless, and there is likely a support group out there for any difficult situation you can imagine.

 In a support group, members often come and go in a rather fluid manner. Regular attendance is not mandatory nor expected, and some participants may attend for a few weeks, then not for a few weeks, then return later on when they need more support. Minimal commitment is required, and the group composition may be very different from week to week. Group size is usually rather small, in order to allow all who wish to participate to do so, but it fluctuates, and may be bigger for some sessions than others.

 Support group facilitators can be anyone, really; no special license or even training is required. The facilitator of a support group is there to do just that – facilitate. He or she will keep the group organized and the conversation moving forward and will seek out themes to help steer the group in a cohesive direction together.

 The simple purpose of a support group is right in the name – support groups exist to help support people in a group setting. It provides people with a support network, and a reminder that they are not alone. Meeting with likeminded people who have had similar experiences can help individuals to cope with their own struggles by seeing the ways other cope with theirs. Support groups help participants to identify healthy coping techniques and, with the support of others, helps them to move forward on their path or with their lives in general.

**What is Group Therapy or a Psychotherapy Group?**

Group therapy or psychotherapy group, on the other hand, offers more than just support. Although like support groups, ***group therapy involves a group of people meeting regularly, it also helps people work on their internal mental and emotional issues and helps them move towards change.*** Rather than just offering support, ***group therapy is true therapy, just in a group setting***. Group therapy is often more affordable than individual therapy, and studies show that it is in many ways just as effective, if not even more effective, as it would be individually.

 ***Group therapy also offers support to participants, but it is much more structured, and really focuses on the individual growth of each member with the help of the facilitator.*** ***While a support group’s aim is to help you cope, group therapy’s ultimate goal is to help you change.*** It is through group therapy that individuals are given the opportunity to work on their internal issues with others in a group setting, with the desired end result being deep personal change.

 Unlike support group facilitators, who are necessary for group flow and organization but are not specifically trained or licensed**, *group therapy facilitators are usually licensed or working towards a degree such as therapists, doctors, or psychologists*.** The leaders in therapy groups actually lead the group, rather than letting things unfold on their own as they would in a support group. Group therapy facilitators educate group members and use specific therapeutic interventions to help the group advance and grow as individuals, together.

 ***Since the goal of group therapy sessions is growth, it’s important that all members are committed to participation and attendance***. Most group therapy groups require individuals to sign on for at least three months initially, if not more. However, for Breaking Free therapy group is set for five sessions with each lasting two hours with the possibility of a sixth session as part of a celebratory part of the therapeutic process such as a picnic or party which unfortunately do to the pandemic we cannot participate in direct contact. Because this is an intensive five-week group there is NO MISSED MEETING SESSIONS PERIOD! It normally takes time for participants to get to know one another, and it is once everyone is comfortable that the most effective work takes place, which means attendance is critical. Thus, arriving 5 to 10 minutes before the scheduled start is necessary just to get settled in and being fully mindful of the healing work that needs to be present if we are to have a much greater investment in changing our lives as to how we view ourselves. Also, if there is some way to create your sanctuary area as you join the group on Zoom, it will help you to be more present with your own journey of healing. Maybe you want to light a candle, smudge with sweetgrass, and/or light incense lit but make it as something distinct that helps the mind to find that space of healing. Also, therapy groups tend to be a bit smaller than support groups simply so everyone has a chance to participate and can really have the opportunity to dig deep with just a few other people that they will come to know extremely well.

**Which is Right for You?**

It’s possible either a support group and group therapy is right for you, or perhaps neither is appropriate for your situation. If you are someone who feels very uncomfortable in a group setting, you may benefit more from online support groups or individualized therapy, one on one with a therapist. However, many people – even very shy people – report that they have been greatly helped by one or both types of group meetings. Support groups can be helpful for almost anyone. It is helpful to know that other people are going through similar struggles, and we can all benefit from hearing others’ strategies for coping. Group therapy, though, may be challenging for some; the level of commitment and the intensity of the work may not work for everyone. You are welcome to set up a time with me to talk about which would be best for you (free of charge of course). There is also that chance that Breaking Free therapy group will move into a support group format in which many therapy groups often do. This depends on the level of how many individuals want to continue. This is the second time that Jennifer Cox has done Breaking Free of Negative Body Image Therapy Group, so it is very possible that other people would be willing to create a support group of the same ideas or background.

**Orientation to Therapy:** Therapy is a collaborative working relationship between the client and the therapist. In group therapy we are all working in a collaboratively relationship. In the beginning of therapy, the co-therapist (Jennifer Cox and Kara Collins) will help you assess your problems/concerns focused around poor body image and together we create a formal treatment plan which outlines specific goals and tasks to work through as a part of group therapy. Each client is given an individualized treatment plan. Types of therapeutic tasks on the treatment plan may include skill building, reading material, conflict resolution skills, sexual health education, and homework assignments.

 At the beginning of each meeting, we will check in with you on progress towards these goals in order to decide how best to serve your needs. It is important to understand that at times, client problems get more difficult before things start to improve. Please be honest about challenges you may experience during therapy so that you and I as your therapist can work through those issues together.

 In the first hour of each group meeting will include: A check-in at the beginning of sessions and psychoeducation. For the second hour, we will utilize psychoeducational research and the narrative therapy model towards teasing out those things in which need exploring to better help you on your journey towards positive and confident self-body image. Will you ever relapse? Yes, you will! But don’t beat up yourself and focus on the homework that you will be given for you to fall back on. This is where taking notes or requesting my notes and writing down ideas that have helped other people in the group to move forward when they get stuck. If you think of something important that you feel that you need to tell Kara or Jennifer or discuss with it with one of us after meetings, or email one of us any time. Ultimately, therapy will seem to make matters worse at first because it is emotional processing things that have been difficult to allow yourself to really go deep and feel things that most people never want to process in the first place so I am only your guide but the work is yours which only you can do for yourself and it is controlled by you alone.

**Negative Body Image ~ Breaking Free Psychotherapy Group**

* This therapy group is for women between the ages of 18 and above who have been struggling with poor or negative body image.
* Because of limited space, only 10 women will be pre-approved. No guests are allowed to the sessions. If quests come, they will be asked to wait outside for the duration of the meeting.
* For “Breaking Free” there will be 5, 2-hour consecutive sessions so please note this before signing up.
* The sessions are free but if you would like to give a donation to Walter’s Walk a non-profit counseling organization, this is most welcome. See the Walter’s Walk website for more information.
* No children allowed so plan for a sitter [and no pets].
* Must sign the confidentiality and telehealth acknowledgement consent form. [This document in its entirety.
* Must commit to the dates and times to attend this therapy group.

**What’s next?** After you fill out the intake-questionnaire IN IT’S COMPLETION you can email it back to me, drop it off at Walter’s Walk mail slot, or snail mail it to Walter’s Walk. One of us will send you an email letting you know the link to the first Zoom meeting. All intake-questionnaires must be in our hands in physical form before August 12, 2020! Jennifer Cox’s email is jennifer@elderwoodgrove.org; Cell phone (I’m often with clients and phone is on mute so please leave a message or text and I can get back to you) 636-328-6533; and snail mail is Walter’s Walk 737 Dunn Road Hazelwood, MO 63042.

**Basic Group Rules**

* Be on time. A 10-minute grace period is allowed for clients who are late. If you know you are going to be late for a session/meeting, then let one of us know beforehand.
* Since there are only five sessions, no absences are allowed. There are exceptions to this rule, such as for catastrophic illness.
* Turn off cell phones.
* Try to avoid bathroom breaks during group.
* No cross talk. Side conversations detract from the focus of the group.
* Be respectful to other group members and facilitators.
* Respect confidentiality: “What is said in the group stays in the group.” (This is an important rule that helps everyone feel comfortable in the group.)
* Bring a notebook/folder to keep these information documents among other things in so that you know what is expected of you to be a better group member who is serious about your work towards positive and confident self-body image. We will review the rules every week for the sake of keeping what is said in the group in confidence.

**INFORMED CONSENT & CONFIDENTIALITY AGREEMENT**

**Limitations to Confidentiality:**

All information disclosed during group sessions is confidential! However, complete and total confidentiality cannot be guaranteed because confidentiality and telehealth communications in a group like setting is problematic since discretion of every member or client is critical. Please note that confidentiality cannot be obtained like it is under normal therapeutic sessions, where what is disclosed during sessions cannot be revealed to anyone without your written consent (requiring a release of information). The exceptions to these rules that are required by Federal and or Missouri laws include for group and or individual therapy:

1. As therapists, we are legally mandated to report to the Division of Social Services, Children’s Division of suspected or reported child abuse or neglect, and or any suspected or reported elder abuse and/or neglect.
2. In the event of a medical emergency.
3. If there is a severe threat to self and/or others.
4. For the sake of supervision, training, and higher quality of care for clients, information will be shared between our supervisors accordingly.

{In individual, couples, or family therapy the limits of confidentiality also include: By legitimate of court order and the minimal information necessary for billing purposes.}

**INTAKE QUESTIONNAIRE FORM**

**We need pages 5 through 9 returned. Pages 1 through 4, please keep in your group folder.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a person or persons in your circle of friends and/or family who are highly supportive in a positive way towards your journey towards positive self-body image and confidence? Yes \_\_\_\_\_ No \_\_\_\_\_\_; If so, please write down their names and how I can contact them either by email or by phone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address, City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you prefer messages sent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician (In case of an emergency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Breaking Free ~ Negative Body Image? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are 2-3 goals that you would like to work towards feeling better about how you view your body?

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Have you ever been in therapy before? If so, what was helpful? Not helpful?

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Have you ever been in therapy for poor or negative body image before? If so, what was helpful? Not helpful?

**Are you experiencing any of the following?**

1) Death of a loved one? Yes No

2) Medical illness, mental illness, or disability? Yes No

What illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Problems with drug use? Yes No

4) Problems with alcohol use? Yes No

5) Problems communicating with your partner? Yes No

6) Problems with sex and/or intimacy? Yes No

7) Problems with chores, division of household tasks, and/or division of childcare duties?

 Yes No

8) Feeling unheard or not understood by your partner? Yes No

9) Feeling restless or bored with your life? Yes No

10) Any recent life changes such as job loss, moving across country, contracting an illness or disability, or any other big change? Yes No

11) Have you been the victim of emotional abuse, physical abuse, neglect, or sexual abuse? Yes No

10) Has anyone in your family been the victim of emotional abuse, physical abuse, neglect, or sexual abuse? Yes No

11) Is infidelity an issue in the relationship you are in or have been an issue in your past?

 Yes No

12) If you have children, can you list their gender and ages?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13) Do you have any other concerns you would like to address that you feel might be connected to poor or negative body image?

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* As therapist, we are legally mandated to report to the Division of Social Services, Children’s Division of suspected or reported child abuse or neglect, and or any suspected or reported elder abuse and/or neglect.
* In the event of a medical emergency.
* In the event that there is a severe threat to self and/or others.
* For the sake of supervision, training, and higher quality of care for clients, information will be shared between supervisors and interns.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name) have reviewed this consent form and my therapist has answered all of my questions about treatment satisfactorily. If I have further questions, I understand that the group facilitators will answer them or find answers for me if I have further questions. I understand that I may leave therapy at any time, although I understand that this is best accomplished in consultation with my therapist. I hereby give Jennifer Cox under the supervision of Michael D. Richardson, EdD, ICADC, LPC and Kara Collins is under the supervision of Jean Moretto, PhD, LPC at Walter’s Walk 737 Dunn Road Hazelwood, MO 63042 to consent to treat me in therapy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR TELEHEALTH CONSULTATION**

1. I understand that Jennifer Cox and/or Kara Collins invited me to engage in a telehealth consultation.
2. Jennifer Cox and/or Kara Collins explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client visit due to the fact that I will not be in the same room as they are.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that Jennifer Cox and Kara Collins or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with Jennifer Cox and Kara Collins, during which I had the opportunity to ask questions in regard to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.

**CONSENT TO USE TELEHEALTH OPTION**

Telehealth through Zoom are technology services we will use to conduct telehealth videoconferencing appointments. They are simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by Zoom are NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though Jennifer Cox or Kara Collins and I may be in direct, virtual contact through this Telehealth Service, neither provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Zoom facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that Jennifer Cox or Kara Collins has access to any or all of the technical information in the Telehealth by Zoom – or that such information is current, accurate or up to date. I will not rely on Jennifer Cox or Kara Collins to have any of this information in the Telehealth by Zoom.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

* That I have read or had this form read and/or had this form explained to me.
* That I fully understand its contents including the risks and benefits of the procedure(s).
* That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**ATTENDANCE PLEDGE**

I (Your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that Breaking Free is NOT a support group in which offers very little obligation from those attending the group, but psychological therapy group, which helps people work on their internal mental and emotional issues and helps them move towards change rather than individuals only supporting each other. I understand that group therapy is professionally structured to a limited amount of group sessions, which for “Breaking Free” there will be 5, 2-hour consecutive sessions, IN WHICH I PLEDGE THAT I WILL BE ON TIME AND ATTEND.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After you fill out the intake-questionnaire IN IT’S COMPLETION you can email it back to me, drop it off at Walter’s Walk mail slot, or snail mail it to Walter’s Walk. One of us will send you an email letting you know the link to the first Zoom meeting. All intake-questionnaires must be in our hands in physical form before August 12, 2020! Jennifer Cox’s email is jennifer@elderwoodgrove.org; Cell phone (I’m often with clients and phone is on mute so please leave a message and I can get back to you) 636-328-6533; and snail mail is Walter’s Walk 737 Dunn Road Hazelwood, MO 63042.

FOR OFFICE USE ONLY:

JENNIFER COX AS THERAPIST SIGNATURE W/ CREDENTIALS AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DR. MICHAEL RICHARDSON’S LICENSED SUPERVISOR SIGNATURE W/ CREDENTIAL AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KARA COLLINS AS THERAPIST SIGNATURE W/ CREDENTIALS AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DR. JEAN MORETTO’S LICENSED SUPERVISOR SIGNATURE W/ CREDENTIAL AND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_