Clinical Practice with Individuals

CP 770

Spring 2013

Mondays (10-12pm) and Wednesdays (9-12pm), SSW 121

https://lms.bu.edu

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COURSE DESCRIPTION

CONTENT: This required advanced course for clinical majors builds on the knowledge and skills of the foundation clinical course, CP759, Introduction to Clinical Practice, and on Introduction to Human Behavior, which teach students about human development and the social contexts in which it occurs. This course introduces students to three theoretical frameworks for clinical social work practice with individuals that are useful in work with urban populations at risk: cognitive (focus on how thoughts shape feelings and behavior), behavioral (focus on monitoring and reinforcing positive behavior), and psychodynamic (focus on dysfunctional childhood patterns that get repeated in the present). Principles, values, and goals of the models are compared and contrasted, as are their approaches to assessment, service planning, intervention, termination and evaluation. Students examine how each model addresses interaction in the therapeutic relationship (e.g., power sharing, communication, transference and counter-transference, joining). Students view the clinical relationship as a microcosm of the client’s functioning in the broader society. The worker-client relationship itself is seen as an interpersonal context where clients can gain insights about themselves, and as an opportunity for mutual influence and
change. The uses and critiques of DSM-IV-TR as an assessment tool are also reviewed. Finally, the course emphasizes the critical importance of research findings in the selection of approaches to inform clinical practice with individuals. This course notes the influence of racism and oppression on people and systems, including the potential for it to emerge in the worker-client relationship, the agency, and the interdisciplinary team context. The course encourages students to contribute to the client’s social awareness through naming and discussion of abuses of power in client’s history that may have contributed to current anger, despair, passivity, and hopelessness.

**URBAN CONTEXT OF PRACTICE:** BUSSW’s urban mission provides the context for clinical practice taught in this course, regardless of theoretical orientation. Urban environments represent a rich cultural mosaic of people and social institutions, but also generate complex social problems that have been in existence since the emergence of cities. Since its inception, the social work profession has focused on providing clinical services to urban dwellers. Starting with the Industrial Revolution, work with urban populations has influenced the mission, values, and direction of social work and remains central to our practice today. Work for social change is mandated by the social work code of ethics, and clinical social workers are committed to working with client strengths to address the bio-psycho-social problems endemic to city living.

**TEACHING METHODS:** Assignments and class activities provide numerous opportunities to consolidate theoretical understanding and apply it to case assessment, formulation and intervention. Readings, class discussion and cases from the field explicate theory and promote discussion of differential use of these three approaches. Videos and role play simulations demonstrate the three approaches, as well as techniques to elicit and utilize client strengths in collaborative problem solving. Students will also be introduced to the Diagnostic and Statistical Manual of Mental Disorders.
Social Work Competencies

THIS COURSE SUPPORTS THE ATTAINMENT OF COMPETENCY IN:

- Human Rights and Justice
- Practice

Specific assignments in this course will assess your attainment of this competency.

Information about the specific competencies and related practice behaviors addressed in this course and your other MSW courses can be found at SSWLINK.

COURSE OBJECTIVES

By the end of the course, students will be able to:

1. Describe and apply the major principles of three models of clinical practice: cognitive, behavioral, and psychodynamic.
2. Discuss each model's values and assumptions regarding what constitutes client's problems and what brings about change.

3. Describe the place of assessment, diagnosis, and intervention within each model, including how clients' strengths and vulnerabilities are labeled and considered, and the extent to which clients are explicitly informed about the methods being used.

4. Demonstrate assessment, formulation, and intervention skills within each model.

5. Explain the practitioner's varied roles and use of self within each model.

6. Demonstrate the ability to apply each model differentially in response to diverse client needs.

7. Illustrate methods for measuring client progress within each model.

8. Identify strengths and limitations of research evidence for each model, and relevance of the evidence to clinical practice.

9. Consider each model's strengths and limitations regarding multicultural and ethical practice.

Roles and Responsibilities in Learning

Faculty and students share responsibility for this course.

Faculty members are responsible for establishing the competencies to be achieved; setting the course objectives; choosing the framework, assignments and readings; and creating the overall learning contract. Faculty present core content and guide students in the selection, presentation and study of major issues; they promote class discussion and provide opportunities for small and large group learning. Faculty may share their own experiences and emphasize particular areas of specialization; they may bring in experts from the field to lecture on particular topics. Faculty are responsible for evaluation, feedback and grading of students.

Students are responsible for their participation in the course and for achieving the competencies set forth in the syllabus. Students participate through classroom discussion and by actively working together in small groups and the larger group. Students are responsible for reading and articulating learning from required readings, for grappling with clinical dilemmas in class, and for reflection on their personal/professional values and ethics. Additional expectations include the following:

- Punctuality: When students come to class on time, they demonstrate positive participation.
Attendance: Attending all assigned class sessions is a visible marker of a student's investment and good participation. Conversely, repeat absences, even for other professional events or trips home, signals disengagement and lack of interest. Conversely, repeat absences, even for other professional events or trips home, signals disengagement. Moreover, absences hurt your command of the subject matter and detract from others' learning. Naturally, there are times when people are sick or have family emergencies; in these cases, please let the instructors know, arrange to cover assignments, and get notes from class members.

Class preparation: Class participation is often contingent upon having done the preparation. Reading the assigned material and completing the assigned exercises demonstrates planning ahead and an investment in the work of the course. It is also essential for informed classroom discussion.

Participating in classroom discussion: The classroom is a laboratory for the building of future professional skills and competencies. Being able to speak responsibly, clearly and appropriately in a group context is both an academic and professional requirement. Therefore, the classroom is a perfect environment for students to hone their “speaking aloud” skills. Students are expected to move outside their comfort zone and take risks on behalf of strengthening this important competency. They are expected to show respect for fellow students.

TEXTS & READINGS

Required Texts:

We will also use the DSM-IV-TR for one class. You are not required to purchase this book, but some of you in mental health settings may choose to do so. Others may borrow a copy from your agency. FYI, if you are planning to take HB723 (Adult Psychopathology) at some point, you'll be required to purchase a DSM for that course. (Please keep in mind that the new DSM-5 is scheduled to be released in May 2013.)

Required Readings:
All other required readings are available on e-reserves at Mugar library.

How to Access On-Line Electronic Reserve Articles: SSW, Fall 2011
1) From your chosen browser [Microsoft Internet Explorer is recommended] go to the following URL: http://library.bu.edu - This will take you to the Boston University Library Web Catalog.
2) Click on “Course Services” in the upper menu
3) Click on “By Course Number.” In the course number search box, type “SSW.”
- This will take you to a page listing only the School of Social Work courses
  which have online, electronic copies of required articles have attached.
4) Click on your course number to view the available articles. The password is
   **ssw. It should be typed in lowercase letters with no spacing included.**
5) Once you are viewing the article listings, you can sort the list of available
  articles. The default setting sorts the list alphabetical by title, but by clicking on
  the “Author” button, the list will sort itself by the author’s last name. Be aware that
  if the article’s citation is incomplete, and there is no author associated with the
  given article, such “no author” articles will be at the very end of the sorted list.
6) When you have found the article to view or print, click on the title.

7) One of two things will happen at this point: either Adobe’s Acrobat Reader will
  immediately engage, and the PDF of the article will appear on your screen – or
  you will be shown a page of bibliographic information that lists the available
  items. From this bibliographic page all you need to do is click on the underlined
  title [in capitalized letters] of the article to call up the PDF. If you do not have
8) Besides being able to read the article on-line, you can also make a print or
  disc copy for yourself. To do either of these you must use the Adobe Reader
  command bar, which is the bar located immediately above the article’s text,
  rather than the Microsoft bar (which is located at the top of the screen). To save
  the article, click the disk icon on the Adobe Reader command bar.
9) When you are finished viewing an article, you may exit by clicking the “Back”
   button two or three times to go back to the SSW course listings.
   *Note – To print articles, you may use your own computer OR a computer at the
   BU Academic Computer Center. You can either print the article immediately or
   save it to your hard drive or a disk/CD-Rom for printing later. Remember that the
   Academic Computing Center allows students to print 1,000 pages of text each
   semester for free.

**COURSE OUTLINE**

**Class #1  Wednesday, January 9, 2013  9 am to 12 noon: Introduction to
  course; cognitive theory**

**Objectives**

Upon completion of this session, students will be able to:

1. Articulate the role of theory and the relationship between research and
   practice in clinical assessment, formulation, and intervention
2. Identify components of CBT triangle and discuss the interaction of cognitions,
   emotions, physical sensations, and behavior
3. Describe the influence of social learning and socio-cultural factors on self-definition, worldview, and vision/hope of the future.

**Required readings:**


**Recommended:**


**Class # 2   Monday, January 14, 2013   10 am to 12 noon: Cognitive assessment/formulation and intervention**

**Objectives**

Upon completion of this session, students will be able to:

1. Assess automatic thoughts or images, intermediate beliefs, and core beliefs (schemas) and identify their influence on emotions and behavior as well as relationships, and overall optimal functioning.
2. Demonstrate cognitive assessment methods such as keeping a log or thought record of unhelpful thoughts, cognitive distortions, and negative emotions.
3. Identify key elements of a cognitive formulation and develop one from case material.
4. Apply evidence-based and culturally and developmentally congruent cognitive interventions (e.g., downward arrow technique, Socratic questioning, examining the evidence, and cognitive restructuring).

**Required readings:**


Also, choose ONE of the following two readings:


**Recommended:**


***************NO CLASS on Wednesday, January 16, 2013***************

***************NO CLASS on Monday, January 21, 2013***************

Class #3 (Wednesday, January 23, 2013 9 am to 12 noon) AND Class #4, (Monday, January 28, 2013 10 am to 12 noon) Cognitive interventions,
Behavior therapy: operant theory, assessment/formulation, intervention

Objectives

Upon completion of this session, students will be able to:

1. Describe the theoretical basis for operant conditioning (e.g., influence of context, antecedents, and consequences on behavior) in contrast to respondent conditioning.
2. Explain how socio-cultural influences (e.g., ethnicity, class, spirituality) affect beliefs and attitudes about acceptable methods for behavior change.
3. Demonstrate assessment methods for operant conditioning (e.g., functional analysis).
4. Describe relevant variables in the success or failure of behavior change (e.g., timing, desirability, consistency and effect of reinforcers, and environmental influences).
5. Develop a behavioral formulation from case material.
6. Discuss and demonstrate specific evidence-based methods of behavior change (e.g., behavioral activation for depression, child behavior management).

Required Readings:


Also, choose ONE of the following two readings:


therapies with older adults (pp. 200-218). New York, NY: Springer Science + Business Media, LLC.

Recommended:


**Class #5  Wednesday, January 30, 2013, 9 am to 12 noon: Psychodynamic theory; assessment and intervention with adults**

**Objectives**

Upon completion of this session, students will be able to:

1. Articulate key psychodynamic concepts, including emphasis on developmental history; the impact of the past on current functioning; how feelings and needs from early childhood are reactivated and reenacted in adult life; transference and counter-transference; and ego functions (defenses and adaptive strategies)

2. Conduct a psychodynamic assessment, e.g.,
   
   1. Gather information on early developmental history, attachment styles
   2. Assess relational dynamics, ego strengths, defenses, vulnerabilities, and their historic precursors; family, spiritual, cultural supports
   3. Note critical unresolved issues including traumatic events and their sequelae)

3. Identify key elements of a psychodynamic formulation (summary of developmental issues and clinical hypotheses about internal, interpersonal, and inter-systemic dynamics affecting a person’s well being).

4. Develop a psychodynamic formulation from case material.

**Required readings:**


Also, choose **ONE** of the following five readings:


**Class #6  Monday, February 4, 2013  10 am to 12 noon: Psychodynamic assessment and intervention with children**

**Objectives**

Upon completion of this session, students will be able to:

1. Respond to transference/counter-transference developments or other signal events in the helping relationship.

2. Demonstrate ways the clinician can address with their client their racial or ethno-cultural similarities and differences and their impact on the relationship.

3. Demonstrate psychodynamic goal setting and evidence-based intervention techniques, including
   a. Creating a holding environment and corrective emotional experiences
   b. Being empathically attuned; engaging in mirroring and validating
4. Discuss the purpose and function of ego defenses; describe ways to address defenses

5. Demonstrate the clinician’s use of play therapy methods and other activities to encourage children’s symbolic expression of conflicts and inner dynamics

6. Engage parents as collaborators and introduce them to the value and uses of play therapy

**Required readings:**


Hughes, D. (2006). Ruth Daley (Foster Home #1). In Hughes, D. (2nd ed.), *Building the bonds of attachment: Awakening the love of a deeply troubled child* (pp. 25-40). Lanham, Maryland: Jason Aronson

Hughes, D. (2006). Karen Miller (Foster Home #2). In Hughes, D. (2nd ed.), *Building the bonds of attachment: Awakening the love of a deeply troubled child* (pp. 41-48). Lanham, Maryland: Jason Aronson


**Recommended:**

Class #7   Wednesday, February 6, 2013    9 am to 12 noon:
Psychodynamic intervention with children, continued: introduction to the
DSM-IV-TR

Objectives

Upon completion of this session, students will be able to:

1. Describe (i) the overall organization of the DSM IV-TR, (ii) the content of the
   Appendix, (iii) the elements of the 5-axes diagnosis, and (iv) the purpose and
   value of the 5-axes diagnosis.

2. Locate and differentially apply selected diagnostic categories to case
   vignettes using all 5 axes.

3. Identify historic and current misapplication of diagnoses related to the client’s
   socioeconomic status, racial/ethnic/cultural background, sexual identity,
   gender, and other such characteristics.

4. Identify methods for culturally sensitive and/or culturally specific diagnostic
   decision making (e.g., review cultural formulations and culture bound
   syndromes; consider influence of the clinician’s demographic characteristics
   and role; maintain awareness that diagnoses are made in a hierarchical,
   racialized social system).

5. Identify factors involved in definitions of mental health (what is “normal”) vs.
   mental disorder (e.g., impaired functioning, client distress or dissatisfaction).

Required readings:

Crenshaw, D. A. (2010). “Stitches are stronger than glue”: A child directs the
healing of her shattered heart. In Gil, E., (Eds.), Working with children to
heal interpersonal trauma (pp. 200-219). New York, NY: Guilford.

with Hispanic children. In L. Vargas & J. Koss-Chioino (Eds.), Working

American Psychiatric Association (2000). Diagnostic and statistical manual of


Also, choose ONE of the following two readings:


Class # 8    Monday, February 11, 2013    10 am to 12 noon: Termination; comparison of models; course wrap up and evaluation

Objectives

Upon completion of this session, students will be able to:
1. Demonstrate competence in assessing a single case, “Rachel,” from cognitive, behavioral, and psychodynamic perspectives, and in naming treatment interventions from each model that would be clinically appropriate for this client.
2. Discuss how current loss (termination) can stimulate feelings, memories, and symbolic actions related to unresolved past losses of both the worker and the client.
3. Identify skills needed for proactive structuring of the termination process, including management of regression and boundary testing.

Required readings:


ASSIGNMENTS

Assignment #1 provides the opportunity for students to conduct a client assessment and intervention using one of two research-based practices, reflect on transference and countertransference in their clinical role, and discuss ways they could evaluate the impact of the intervention. Describing the client’s biopsychosocial history and examining environmental and cultural factors that influence client behaviors engages students in applying human behavior theory and considering diversity in practice (competencies: engages in self reflection, monitors responses to clients’ presentations, identifies, evaluates and integrates multiple sources of information, engages in research-informed practice, engages diversity and difference in practice, and assesses, intervenes and evaluates individuals). Assignment #2 provides an opportunity for students to apply theory in examining the development of a child over time, discuss the interventions used and their limitations, and examine personal responses to client situations (competencies: reflects on transference and countertransference, applies knowledge of human behavior). Assignment #3 offers students the chance to learn and critique a third intervention approach to guide assessment, intervention and evaluation (competencies: applies critical thinking to inform and communicate professional judgments; distinguishes, critiques and integrates multiple sources of knowledge, communicates an understanding of differences in shaping life experiences; and engages, assesses, intervenes and evaluates individuals).

Assignment #1:
Cognitive or Behavioral Assessment and Intervention with an Individual

Students will choose either the cognitive or the behavioral assignment, and will use one of their own cases from the field as the basis for the paper. (If you are unsure if/how to use of your own clients for this assignment, please discuss with professor. You must have permission from the instructor to use a standardized case instead of one of your own cases.).

Choose either option A (cognitive) or option B (behavioral). If you choose the cognitive assignment, your paper is due MONDAY, JANUARY 28, 2013. If you choose the behavioral assignment, your paper is due WEDNESDAY, JANUARY 30, 2013.

Option A: Cognitive
This paper should not exceed 7 pages (double-spaced, 12 point font, 1 inch margins). In addition to your 7 page paper, attach a one page case summary that provides identifying information, chief complaint/reason for referral, and a brief summary of relevant biopsychosocial history on your client. (If your instructor has given you permission to use a standardized case, you do not need to include this
additional one page case summary.) Include at least 6 citations, APA style, from relevant readings.

1. Identify the client’s maladaptive and adaptive automatic thoughts, intermediate beliefs, and core beliefs about him/her self, other people, and the future. How do environmental/cultural factors influence the client’s cognitions? Write out your response in paragraph form. Additionally, complete and append the case conceptualization worksheet.

2. Referring to David Burns' "cognitive distortions" in the syllabus, give examples of how negative, faulty, or catastrophic thinking or beliefs contribute to the client’s negative feelings (depression, anxiety, guilt, shame, frustration, etc.).

3. Outline ways you use, or could use, specific cognitive techniques to help the client replace limiting thinking patterns and beliefs with more empowering, positive ones. From the cognitive literature, name the techniques you have in mind and describe how they are applied.

4. Provide sample dialogue, actual or imagined, in which you show yourself trying to implement one cognitive technique with a client. Show, or imagine, their effects. The dialogue should be ½ page, single spaced.

5. Clinicians’ feelings, behaviors, and relationships are also affected by their guiding ideas. Discuss any instances in which your own beliefs or attitudes may have negatively impacted treatment. Why did that happen? Were you able to alter your own thinking in a constructive way? How?

6. How would you attempt to assess the impact of your intervention?

**Option B: Behavioral**

This paper should not exceed 7 pages (double-spaced, 12 point font, 1 inch margins). In addition to your 7 page paper, also attach a one page case summary that provides identifying information, chief complaint/reason for referral, and a brief summary of relevant biopsychosocial history on your client. (If your instructor has given you permission to use a standardized case, you do not need to include this additional one page case summary.) Include at least 6 citations, APA style, from relevant readings.

1. Describe antecedents that appear to trigger the client’s problem behavior(s). How do environmental/cultural factors influence the client's behaviors?

2. Identify reinforcers or consequences that maintain the problem behavior(s). Does the client engage in avoidance behavior and if so, what impact does this have on the problem? Indicate how the behaviors of those in the immediate environment (such as family members, teachers, friends, neighbors, people in positions of power, etc.) affect the client’s behavior.
3. (a) Write out a dialogue of you working with a client to complete a functional analysis for a client’s specific problematic behavior. Append the functional analysis worksheet. Assess the client’s desire/motivation to change. (The dialogue should be 2 pages double spaced.)

OR
(b) Write out a dialogue of you working with a client to develop a behavioral activation plan for a specific goal. Append the behavioral scheduling/ activity worksheet. Assess the client’s desire/motivation to change. (The dialogue should be 2 pages double spaced.)

OR
(c) Write out a dialogue of you working with the client and parent/caregiver to develop a behavioral management plan for specific goals. Append the behavioral chart worksheet and include a reinforcement schedule. Assess the client’s desire/motivation to change. (The dialogue should be 2 pages double spaced.)

4. What challenges do you anticipate carrying out this intervention? How might you address these?

5. How would you attempt to assess the impact of your intervention?

Assignment #2:
Psychodynamic Theory and Practice: Assessment and Intervention

Part I: Attachment theory and its clinical application—UNGRADED—GRADED AS CLASS PARTICIPATION

This is a three page paper based on the D. Hughes book, Building the bonds of attachment, and does not require citations. It is due any time before MONDAY, FEBRUARY 4, 2013. Students will also be expected to demonstrate their understanding of this model by active class participation in discussion of the Hughes book.

Provide short responses to four of the following eight questions, all based on the Hughes book, Building the bonds of attachment.

1. On page 21, Hughes writes: “Katie’s first five years of life featured specific incidents of physical abuse, verbal and emotional abuse, and long periods of emotional neglect. The endless acts of emotional violation to Katie’s heart and soul through looks of disgust, screams of rejection, and the deadly silence of indifference were what led to her losing her desire to form a secure attachment with her parents.” Given these traumatic
experiences, how would you describe Katie’s attachment style (e.g. avoidant, disorganized, secure, insecure)? How would you describe Katie’s “Internal Working Model” of what close relationships are like? (See Shilkret & Shilkret) Please explain.

2. What does the author mean by the term “intersubjectivity?” How is this experience critical to the developing infant? How does a failure in the intersubjective experience between Katie and her parents lead to feelings of pervasive shame (versus guilt) within her? What are some examples of this?

3. How do you explain Katie’s lack of sadness or grief as she was moved from foster home to foster home?

4. Why did traditional play therapy have so little impact on facilitating Katie’s attachment to caregivers? Why would behavioral therapy alone be a poor fit for a child like Katie?

5. What were the greatest challenges for each of Katie’s first three foster parents in dealing with her? What do you imagine would be the greatest challenges to you in working for a child like Katie?

6. How would you describe the key components of the therapy that Allison conducted with Katie? How was Allison’s treatment of Katie different from traditional play therapy?

7. What most struck you about Jackie’s care giving of Katie? What were some of the key elements of their relationship that were very different from Katie’s previous foster parents? How did you feel about Jackie’s methods of intervening when Katie became enraged?

8. What did you learn from this book that will be immediately useful in your clinical practice with clients of all ages?

Assignment #2:
Part 2: Ego Psychology: Assessment and Intervention

This paper will be based on a video clip of a client interview. Papers should be no more than 5 pages, double spaced, 12 point font, with one inch margins. Do not include a summary of the client’s identifying information or history; instead, begin
directly with question #1 below. Include at least 4 citations, APA style, from relevant readings. This paper is due **MONDAY, FEBRUARY 11, 2013**.

As a class, view part of the taped interview with “Bruce.”

1. Assess this client’s prominent ego defenses and at least two other noteworthy aspects of ego functioning.

2. Create a ½ page of dialogue (single spaced), imagining “Bruce” as your client, and in which you demonstrate a psychodynamic intervention (eg: expressing empathic attunement; connecting of here-and-now patterns with earlier developmental experiences/events; positive validation and mirroring). Explain how your assessment of his ego functioning (in at least one realm) informs your decision to use this specific intervention. Reflect on how you would attempt to assess the impact of your intervention.

3. How do you anticipate the client’s early history might show up in her/his working relationship with you, the team, etc.? Anticipate transference and counter-transference responses and how they might impact your interactions with this client. (This section should be brief--one paragraph is sufficient).

**COURSE GRADING CRITERIA**

Assignment #1--Cognitive /behavioral paper: **40%** of grade;

Assignment #2---Responses to question on Hughes book: **10%** of grade;

Assignment #3---Psychodynamic paper based on video clip: **40%** of grade;
Class participation: **10%** of grade.

**If students who are Clinical majors receive a grade of C+ or lower in this course, the instructor may contact the student’s faculty advisor to request that a Problem Resolution be held.**

**COURSE POLICIES**

**Attendance:**
Students are expected to attend all class sessions and to inform the instructor in advance of any absences. Failure to attend class sessions is likely to have a negative effect on your course grade.

**Academic honesty:**
Papers and presentations in the School of Social Work must meet standards of academic honesty and integrity, avoiding any possibility of plagiarism or other forms of academic misconduct. For specific information about the BUSSW policy

**Writing style and references:**

**Students with disabilities:**
If you have a disability and want to request reasonable accommodation, the University requires that you consult with Boston University's Office of Disability Services for information regarding this process (http://www.bu.edu/disability/).

**Academic writing assistance:**
If you would like academic writing assistance, information can be found at http://www.bu.edu/ssw/current/academic/assistance/index.shtml or contact the BUSSW Office of Student Services.

**Electronic devices in the classroom:**
Computers may be used to support the learning activities in the classroom, with permission of your instructor. These include such activities as taking notes and accessing course readings under discussion. However, non-academic use of laptops and other devices are distracting and seriously disrupt the learning process for everyone. Neither computers nor other electronic devices are to be used in the classroom for non-academic reasons. This includes e-mailing, texting, social networking, and use of the Internet. The use of cell phones during class time is prohibited. Please turn off cell phones and refrain from taking calls unless you are “on call” and have cleared this with the instructor prior to class. Under such circumstances, please put your phone on vibrate, sit close to a door, and step out of the room to take the call.

**Religious holidays:**
The school, in scheduling classes on religious holiday, intends that students observing those holidays be given ample opportunity to make up work. Faculty members who wish to observe religious holidays will arrange for another faculty member to meet their classes or for canceled classes to be reschedule.