

**Department of Couple and Family Therapy
Student Handbook**

**Jefferson School of Health Professions
Thomas Jefferson University
2012-2013**

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I. Introduction

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

II. Mission of Thomas Jefferson University

Thomas Jefferson University (TJU) is a private, nonsectarian, not-for-profit academic health center located in Philadelphia, Pennsylvania. Founded in 1824 as the Jefferson Medical School (JMC), the institution was granted full university rights and privileges in 1838. Thomas Jefferson University was established on July 1, 1969.

As an integral component of Thomas Jefferson University, the School shares the institutional mission and vision of the University:

Thomas Jefferson University is dedicated to the health sciences. We are committed to:

- Educating professionals in a variety of disciplines who will form and lead the integrated healthcare delivery and research teams of tomorrow.
- Discovering new knowledge that will define the future of clinical care through investigation from the laboratory to the bedside, and into the community.
- Setting the standard for quality, compassionate and efficient patient care for our community and for the nation.

We accomplish our mission in partnership with Thomas Jefferson University Hospital, our education and clinical care affiliate.

Notice of Equal Opportunity

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

III. Mission of Jefferson School Of Health Professions

The Jefferson School of Health Professions is committed to educating healthcare professionals of the highest quality and ethical standards for contemporary practice in the global community. By promoting faculty excellence in teaching, research and service, we prepare caring professionals who are competent in the use of evidence-based practice, critical in their thinking, committed to life-long learning and prepared to be leaders in diverse healthcare settings. In keeping with the mission of the University and the future of healthcare delivery, the Jefferson School of Health Professions is committed to interdisciplinary education and technologies that draw upon the strengths of all disciplines.

IV. Departmental Mission Statement, Philosophy, and Curriculum Design

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

The curriculum is designed around two major foci, the nature of couple and family relationships in all of their diversity and the importance of the therapeutic relationship and its role in the change process. The goals and objectives of the Department of Couple and Family Therapy are to prepare students through the use of didactic, experiential and clinical learning modalities – to be able to understand, to describe and to integrate foundational and higher level theoretical concepts, key empirical findings and therapeutic techniques into a working clinical model of couple and family therapy.

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

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

Key to the philosophy and curriculum design of the Department of Couple and Family Therapy are seven guiding assumptions:

1. Humans are social beings who seek relationships and that these relationships are constantly evolving in response to changes in the larger culture, as well as in response to internal changes in their structure, composition and dynamics. This relational capacity, along with the ability to change and adapt to new circumstances, provides the framework for couple and family therapy.

2. Human behavior is best understood in the context in which it occurs and therefore is best assessed in that context. For most individuals the family is a primary context, but other contexts of significance-such as, school, workplace, medical setting and community must be considered.

3. Human diversity in all of forms impacts family functioning and the therapeutic process and therapists must be sensitive to and aware of the implications of this in their clinical work.

4. Human behavior must also be understood within a biopsychosocial framework. The behavior of individuals, couples, families and larger systems is viewed as a result of a complex interaction of biological, psychological and social factors linked by feedback loops. Family therapists must understand the relative contributions of each of these factors and how they influence each other in any given clinical situation and know how and when to address them.

5. Families and larger social systems develop and differentiate over time and family therapists must take account of these developmental issues in planning and executing effective clinical interventions.

6. Couples, families and individuals must be treated in a therapeutic environment, that not only seeks to address pathological factors that may be inhibiting their growth and development, but one that also seeks to identify and build on the inherent strengths and capacities already available to the clients. Therapists therefore must be equally as adept at finding client's strengths as they are at identifying problems.

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

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

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

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

The history of the relationship between Thomas Jefferson University and Council for Relationships dates to February 2, 2000 when an Affiliation agreement was signed between Jefferson Medical College and Council for Relationships to establish a cooperative academic program of medical education and training at Jefferson in the Department of Psychiatry and Human Behavior. During this time Council for Relationship faculty have held clinical appointment to the Department of Psychiatry and have participated in teaching and training psychiatry residents in couple and family therapy. It was this relationship that became the springboard for the development of the Master's program in couple and family therapy. The Master's program matriculated its first class in 2007, who then went on to become the first graduating class in 2009.

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

VI. Curriculum

First Year	Credits
<i>Fall Semester</i>	
CFTP 501 Theory & Practice of Family Therapy I	3
CFTP 503 Foundations of Systemic Practice	3
CFTP 509 Theory and Practice of Couple Therapy	3
CFTP 505 Life Span Development from a Systemic Perspective	3
CFTP 506 Practicum I	<u>3</u>
	15
<i>Spring Semester</i>	
CFTP 502 Theory & Practice of Family Therapy II	3
CFTP 504 Psychopathology in Socio-cultural Context	3
CFTP 510 Assessment in Couple & Family Therapy	3
CFTP 511 Introduction to Sex Therapy: Concepts in Human Sexuality	3
CFTP 507 Practicum II	<u>3</u>
	15
<i>Summer Semester</i>	
CFTP 512 Live Supervision I	3
CFTP 508 Practicum III	<u>3</u>
	6
Second Year	
<i>Fall Semester</i>	
CFTP 601 Implications for Diversity in Practice	3
CFTP 602 Research in Couple and Family Therapy	3
CFTP 603 Advanced Sex Therapy I*	3
or	
CFTP 605 Issues of Violence and Abuse in the Family **	3
CFTP 606 Live Supervision II	3
CFTP 607 Practicum IV	<u>3</u>
	15
<i>Spring Semester</i>	
CFTP 610 Professional, Ethical, and Legal Issues in Couple and Family Therapy	3
CFTP 611 Medical Family Therapy**	3
CFTP 604 Advanced Sex Therapy II (Sex Therapy track)*	3
or	
CFTP 612 Families in Transition	3
CFTP 613 Masters Project	3
CFTP 608 Practicum V	<u>3</u>
	15
<i>Summer Session</i>	
CFTP 608 Practicum V (continued, if needed)***	

*Sex Therapy Track Course

**Couple and Family Therapy Track Course

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

VII. Specialized Track Selection Process

In the second semester of each student's first year in the program, that student will select which track he or she wishes to join in the second year of the program. The following tracks are currently available for students to choose from:

A. Couple and Family Therapy Track

This track was designed for students wishing to gain advanced in training in the theory and practice of family/couple therapy during their second year of the program. Students who elect to take this track will participate in two specialized courses in the areas of medical family therapy and family violence in addition to the required courses. Students in this track will also have opportunities as part of their course work and community placements to participate in related clinical experiences. For example students will participate in Behavioral Rounds in the Department of Community and Family Medicine and may get placements in agencies such My Sister's Place and Women Against Abuse or other similar community partners. Additional offsite placements may be available in schools or other institutions allowing students to work with couples and families in a variety of settings.

Students wishing to pursue this track will be asked to declare their intent towards the end of the second semester of the first year of the program. Students should submit a formal letter of intent to the Department Chair by the end of the second semester of their first year.

B. Sex therapy Track

The Sex Therapy Track was developed for students wishing to gain advanced training in the theory and practice of Sex Therapy during the second year of their Couple and Family Therapy program. Students who elect this track will participate in two additional courses (Advanced Sex Therapy I & II) and advanced full day Sexuality Attitude Reassessment (SAR) experiential activity (mandatory) as well as be offered additional training opportunities throughout the year. These may include workshops, interdisciplinary case conferences and activities, and national conference participation. In addition students will be placed at a site in which they will see clients with sexuality related issues. Additional offsite clinical opportunities may be available for more specific training which may include issues of sexual orientation, sexually compulsive behavior and gender (students are not guaranteed placement at these sites and will be required to go through additional interviews for placement).

This specialized track is highly competitive and is only available to a limited number of students each year. Students will be offered an opportunity to elect placement in the Sex Therapy Track during their second semester of their first year in the Couple and Family Therapy program (Students are not automatically guaranteed a spot in this specialized track). Students must meet the following requirements in order to qualify for participation in this specialized track:

- 1) Formally apply for the track by submitting a letter of intent to the Director of Sex Therapy Training no later than by the end of the second semester of the first year of classes. This should include any proof of specialized training, workshop presentations, classes or any other experience that would demonstrate additional skills/knowledge in the field of sexuality.

- 2) Receive a grade of an A or higher in the Concepts in Sex Therapy course. Please note that a student receiving a grade of an A- may be asked to remediate in order to qualify for participation in this track.
- 3) Schedule an interview with the Director of Sex Therapy Training (or approved substitute) before the end of the second semester of the first year in the program.

Participation in the specialized Sex Therapy track is at the sole discretion of the Director of Sex Therapy Training on a space available basis. Decisions of acceptance will be completed once final grades are submitted at the end of the second semester of the first year.

VIII. 2010-2011 Faculty

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IX. List of Offices and Directors

Bryn Mawr – Ruthy Kaiser, RN, LMFT.
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Bryn Mawr, PA 19010
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Concordville – Nancy Depaul, MSW, LMFT, LCSW
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Doylestown – Lucy Raizman, MSW, LCSW, LMFT
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Oxford Valley –Elyse Batoff, MA, LMFT
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Philadelphia (Avenue of the Arts) – Edd Conboy, MS, MFT
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Philadelphia (Center City) – Michele Marsh, PhD
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Philadelphia (Institute for Sex Therapy) – Kenneth Maguire, PsyD
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Spring House – Linda Abrams, PhD
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(215) 628-4620

Voorhees – Wanda Sevey, MDiv, LMFT
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Wynnewood, PA 19096
(610) 642-2648

X. Graduate Assistantship

Each year a number of Graduate Assistantships are made available to students in the Department of Couple and Family Therapy. These positions are part of the Federal Work Study Program and are intended to provide students with work experience in the field beyond direct client care. The number of hours worked by each student in an academic year will depend on their Assistantship Award, although the hourly rate that each student works is the same.

If you wish to apply for a graduate assistantship, please contact the departmental Director of the Graduate Assistantship Program (William Coffey, MSS, LCSW, William.Coffey@jefferson.edu). You will receive further instructions on the application process.

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

XI. Student Services

A number of services are available for students in the Department of Couple and Family Therapy. A full listing of these services can be found in the Jefferson School of Health Professions Catalog (viewable online at www.jefferson.edu/jchp/studentlife/cat.cfm). These services include but are not limited to the following:

Student Personal Counseling Center (SPCC)

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

HOURS

Monday–Friday 9:00 am–5:00 pm

The SPCC offers crisis consultation, individual counseling, couples counseling, group therapy, and psychiatric consultation for students.

There are many concerns that may lead a student to seek counseling including stress, anxiety, depressed mood, relationship problems, and academic issues. The SPCC staff encourages students to come in and talk even if they are not sure that counseling is what they need.

All Thomas Jefferson University students are eligible for three visits without charge at the SPCC. Some students may resolve their concerns during the initial three sessions and decide that no further sessions are required. Some students decide to see a SPCC counselor on an ongoing basis. For students who desire or need ongoing support, SPCC counselors are in network with a limited number of insurance providers.

Students interested in making an appointment should call and leave a confidential voicemail with their name and contact number. A SPCC counselor will conduct a brief and confidential telephone screen to gather some basic information that will allow for a timely matching of services, based upon a student's individual needs. All information shared during counseling is confidential. No one outside the SPCC may have access to the specifics of counseling sessions without the prior written permission of the student, except in situations where there is a threat or danger to life.

Urgent Situations: SPCC counselors and psychiatrists are available for in-person crisis intervention between 9:00 a.m. and 5:00 p.m.. After hours, all students experiencing an emergency should call 911 or go to the nearest emergency room. On-campus students should go to the Thomas Jefferson University Hospital Emergency Room, located in the Main Hospital Building at 10th and Sansom (215-955-6060) and ask to speak to the Psychiatry Resident On-Call. Dr. Nobleza is also available after hours for urgent phone consultations for students by calling the SPCC phone number at 215-503-2817 and then dialing '1' and then '0.'

THE STAFF

Director
Psychologist

Deanna Nobleza, MD
Shawn Blue, PsyD

Career Development Services

Edison Building, Room 707

Hours: Monday-Friday, 8:00AM-5:00PM

The Career Development Center provides a number of valuable services to Jefferson students including employer directories, workshops, job fairs, one-on-one counseling, mock interviews and more. We highly recommend that our students get in contact with the Career Development Center in order to begin the job search early in the program. Questions can be sent to Career.Development@jefferson.edu

Writing Center

The Writing Center provides extensive one-on-one writing consultation services for Jefferson students. Additionally, the Writing Center facilitates group writing workshops to help participants further develop good writing skills. Appointments are required and can be made via telephone at (215) 503-2787.

XII. General Policies and Procedures

Academic Performance Policies

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

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

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

Questions about policies can be discussed with the student's faculty advisor or the department chair. Specific course requirements as described in course syllabi take precedence over general policies.

Clinical Probation Policies

Students can be placed on clinical probation for failure to demonstrate sufficient progress in the technical competencies required by the program (as determined by their clinical supervisors), for violations of the AAMFT ethical code, for failure to comply with practicum policies and procedures, and/or jeopardizing client welfare in other ways. Ethical violations or jeopardizing client welfare deemed extremely dangerous by the department faculty and department chair may result in immediate dismissal.

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

Standards of Student Conduct

The Department of Couple and Family Therapy adheres to the standards of conduct for students as described in the Student Handbook of the School of Health Professions, but is not

limited by those standards. The Department in addition reserves the right to reprimand, suspend, place on disciplinary probation or dismiss those students whose behavior is insubordinate toward faculty, supervisors, or administrative staff, or whose behavior violates professional codes of conduct in a manner deemed to be detrimental to the department.

School of Health Professions Medical Leave of Absence Policy

For medical leaves of absence, student must proceed through University Health Services, which will notify the office of the Dean of its recommendation regarding a medical leave. No medical leaves will be reviewed or received without the endorsement of the Director of University Health Services, or other physicians designated by the Director of University Health Services.

Medical leaves will be for a period of up to one year. A leave of more than one year's duration will be granted only under the most extraordinary circumstances and only after review by the Office of the Dean. Prior to reentry, which may be applied for prior to the one year anniversary, appropriate medical screening will be arranged by the Director of University Health Services with consultation, if necessary, to provide assurance of the student's fitness to return to class.

University Social Media Policy

_____ Social media websites are used increasingly by University departments, students and employees, and these communications tools have the potential to create a significant impact on professional and organizational reputations. In light of this, it is important that you are familiar with the University's Social Media Policy, which is printed below:

_____ Thomas Jefferson University and its affiliated entities ("Jefferson") respects the rights of its students, faculty, staff, employees, contractors, consultants, temporary employees, guests, volunteers and other members of the Jefferson community ("Jefferson Users") to use social networking sites (e.g., Face Book, My Space, and You Tube), personal Web sites, Weblogs, and Wikis such as Wikipedia and any other site where text can be posted ("Social Media").

Use of Jefferson owned or provided computer hardware, software and other equipment which support and facilitate voice mail, electronic mail, and access to the internet ("Electronic Communications") are the property of Jefferson. Accordingly, Jefferson Users must adhere to the Electronic Communications and Information Policy, Number 102.27, when using Electronic Communications to post text on social networking sites.

If a Jefferson User chooses to identify himself or herself as an employee/student/faculty/guest/volunteer/temporary employee/or other member of the Jefferson community when using Social Media for personal use, others may view the Jefferson User as a representative or spokesperson of Jefferson. In light of this possibility, Jefferson recommends that Jefferson users not refer to Jefferson.

If the use of Social Media by a Jefferson User relates to the business/mission of Jefferson, this Policy requires the Jefferson User to observe the following guidelines.

- To create Social Media related to the business/mission of Jefferson, please obtain prior written approval from your Dean, JUP Executive Director, Hospital Senior Vice President, or Kimmel Cancer Center Director. Please be aware that this type of Social Media is not an open forum and postings must be related to Jefferson's mission. Assign one or more administrator(s) who are the only person(s) in charge of reviewing and approving content to be posted to the Social Media. To obtain approval for use of the Jefferson name or logo on Social Media, follow the Trademark Policy and include the name(s) of the administrator(s) for the Social Media on the Trademark Request Form.
- Jefferson Users should be respectful in all communications related to or referencing Jefferson and its community. Be clear in any references to Jefferson that you are speaking for yourself and not on behalf of Jefferson, unless it is Jefferson created Social Media.
- If not otherwise publicly available, obtain the prior written approval of others of whom you wish to cite, reference and/or post a picture.
- Jefferson Users should discuss internal matters directly with a manager, Human Resources, or through other appropriate, internal channels, such as the University Ombudsman, or Office of Student Affairs.
- Remember that all Jefferson Policies apply to the use of Social Media. Jefferson Users should review the appropriate Code of Conduct, Student Handbook, Operating Policy, Hospital Procedure, and/or School/College Bylaw to ensure the use of Social Media is compliant.
- Remember that all applicable federal, state or local laws, such as (but not limited to) patient privacy laws or copyright laws, apply to the use of Social Media.
- Jefferson Users may not post or disclose confidential or other proprietary information of Jefferson.
- Jefferson Users who are contacted by a Social Media page/channel/site for comments or authorization to use Jefferson owned or controlled material, must: (i) contact Public Relations at 5-6300, (ii) follow Public Relations' policies and (iii) secure the necessary approvals for comments and/or Authorization to use Jefferson owned or controlled material.

Any Jefferson User found to have violated this Policy may be subject to appropriate disciplinary action, up to and including dismissal.

Jefferson reserves the right to revise this Policy at any time.

The Office of University Counsel shall be responsible for the interpretation of this Policy and the Office of the University President and the Office of the Director of Communications shall be responsible for the administration of this Policy.

Advisers

Every student will be assigned to an adviser who will assist the student with academic issues, departmental issues, and other issues pertinent to their progress through the program.

Students can initiate meetings with their adviser as needed and will also be expected to meet with their adviser on a schedule determined by the adviser.

Eligibility for Licensure

Eligibility for licensure is determined on a state by state basis and students are encouraged to communicate with the state licensing board in the state in which they intend to practice to determine eligibility requirements. The curriculum of The Couple and Family Therapy Department at Thomas Jefferson University was designed to meet the academic requirements of all state licensing boards at the time of its design. Additional post-graduate clinical and supervision hours are usually required for licensing. The Pennsylvania State Board of Social Workers, Marriage and Family Students and Professional Counselors can be contacted at P. O. Box 2469, Harrisburg, PA 17105-2649 or on-line at www.ST-SOCIALWORK@state.pa.us. Information on other state's requirements can be found at the American Marriage and Family Therapy Regulatory Board's website www.amftrb.org.

Professional Organizations

Students are encouraged to participate in the state professional marriage and therapy organization, Pennsylvania Association of Marriage and Family Therapy (PAMFT) and the national organization, the American Association of Marriage and Family Therapy (AAMFT), as student members.

Transfer of Graduate Credits

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

Criminal Background Check and Child Abuse Check

Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies. Clinical rotation and fieldwork sites may require a criminal background check and/or child abuse check in order to permit participation in the clinical experience, rotation or fieldwork. Participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation. Clinical rotation and fieldwork sites may deny a student's participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction, failure of a required drug test, or inability to produce an appropriate health clearance, which would result in delayed graduation or in the inability to graduate from the program.

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

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

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

XIII. Practicum Policies and Procedures

Practicum Requirements for the Couple and Family Therapy Program

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

1. Students must be enrolled as full time students in good standing in the Jefferson Department of Couple and Family Therapy and participating in on-going clinical supervision as assigned.
2. Students must be screened by two faculty members in a pre-practicum interview with the aim of assessing their readiness for clinical work, which includes personal maturity, self- awareness, interpersonal comfort, problem-solving ability and communication skills.
3. Students are required to complete a set of basic readings in couple and family therapy to acquaint them with basic concepts.
4. Students must complete the practicum orientation program which provides didactic information, role plays, readings, and experiential learning on the initial stages of couple and family therapy. Topics covered will include how to structure initial sessions, how to begin couple and family assessments, and how to contract with clients. In addition, the orientation may include presentations on clinical issues such as suicide, affairs, addictions, diversity and person of the therapist issues. Students are observed during the orientation to identify anyone who displays signs they may need more preparation before beginning to see cases. Excessive anxiety, poor affect regulation or extreme cognitive or behavioral rigidity are some indicators that may suggest that a student needs further preparation before beginning a practicum. A decision to slow or postpone assignment of cases can be made by the department chair or the therapist's supervisor based on these observations.
5. Subsequent to the orientation, students must meet with their assigned supervisors to process their experience and review administrative procedures before cases are assigned. The ability to function effectively as a clinician requires both skill and personal functioning which is relatively free from anxieties and psychopathology. The clinical student is expected to obtain personal therapy outside of the Council for individual problems which would adversely affect the ability to function well with clients.

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

7. Students will be expected to be familiar with and adhere to the Ethical Code of the American Association of Marriage and Family Therapy (AAMFT), failure to so may result in probation or dismissal from the program

Basic Learning Objectives

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

1. Engagement Competencies

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

2. Problem Identification/Assessment Competencies

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

3. Case Formulation and Goal Setting Competencies

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

e) Change goals as a function of stage of therapy and needs of the client(s).

4. Change/ Facilitation Competencies

a) Modify maladaptive interaction patterns using appropriate therapeutic techniques including-pacing, boundary modification, reframing, clarifying cognitive distortions, unbalancing, structuring, creating therapeutic focus and themes, creating enactments, affect regulation, assigning tasks and therapeutic homework, confront or work with resistance, etc.

b) Clarify how actions may lead to consequences which constitute problems for the client(s).

c) Help the client(s) to identify alter emotional factors that may block attempts to achieve better functioning.

d) Alter cognitive factors that may block the client(s) attempts to achieve better functioning.

e) Help the client(s) implement new, adaptive patterns of interaction.

f) Helping the client(s) mobilize outside resources.

g) Identify and build on client strengths in the service of change

5. Termination Competencies

a) Assess the situation when a client(s) initiates the termination process.

b) Assess the need for termination and initiating termination when this is appropriate.

c) Concluding treatment constructively.

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

General Clinical Policies and Procedures

A. Supervision

All students will be assigned a supervisor prior to beginning clinical work and assigned a new supervisor at the beginning of each new semester. Supervision groups during the academic year will consist of one to two students per supervisor. Students are expected to meet with their supervisors on a weekly basis for two hours. While the exact process of supervision will vary from supervisor to supervisor, students will be expected to present cases and discuss their clinical work in this setting. Attendance of supervision is mandatory and students will be required to maintain a ratio of not less than one supervision hour per five clinical hours in order to graduate from the program. Supervision during the summer will be provided in a group format

with rotating supervisors. Note that no less than half of all supervision hours must be conducted using raw clinical data (audio, video, or live).

Supervision Attendance Policy: Students are allowed two excused supervisee absences. More than two absences may result in the student failing the practicum unless a plan to make up these missed supervisions is approved and carried out with the supervisor. When a supervisor misses more than two supervisions, the supervisor and student should make up the missed sessions at a time that is mutually agreeable.

B. Student Weekly Availability Sheet

Students must submit their schedules to the Intake Department weekly, indicating appointments scheduled and open hours for new client assignments. The Clinical Intake Coordinator will forward the schedule to the Receptionist to record your appointments on the Master Schedule each day. Include the following on your weekly availability sheet:

- Client's Name- indicates a follow-up appointment
- Client's Name and "Intake"- indicates an intake appointment
- Supervision- indicates you are in supervision
- Break- indicates you are taking a break (to get work done or to eat a meal)
- Available- indicates you are available to take new clients

Students must provide their schedule for the following week to the Intake Department on your last day in the office during the previous week or earlier. If you would like to be scheduled for new clients on the following Monday, provide the schedule to the Intake Department earlier in the week. You can submit an updated schedule (noting it is an update) on your last day in the office to reflect any changes that have been made. Providing your schedule in a timely fashion is useful for several reasons:

1. It provides advance notice of client appointments for the purpose of creating fee slips and new client folders.
2. In case of an emergency the Receptionist is able to interact efficiently with your clients.
3. It increases the likelihood that you will be scheduled with new clients.

Please fill these Schedule Sheets legibly (print all names) and give both the first and last names of your clients. Forms are available in the photocopy area or via electronic mail. If you have an update to your schedule after you have already submitted the weekly availability sheet, resubmit the form indicating it is an update as soon as possible. Repeated failure to turn in weekly availability sheets in a timely fashion will result in a student being placed on clinical probation.

C. Student Monthly Supervision Report

Each month, students must fill out the 3-page monthly supervision report indicating on-site clients, off-site clients and supervision hours. These forms are available in Shirley Jacoby's office.

Submit these reports directly to the Intake Assistant or place them in the box labeled "Student Hours" located next to office #130. Students must turn in these reports by the 10th of the month. You will receive an update of your completed hours after the 15th of the month so that you can track your progress through the program. A copy will be placed in your University City mailbox and one will be provided to your supervisor, as well.

Before turning in your report be sure the form has been completely filled out and your supervisor has signed off on it.

A few things to remember about these reports:

- Indicate if your supervision was individual (i.e., 1 or 2 supervisees) or with a group (3-6 supervisees).
- Confirm that the number of on-site and off-site sessions total up correctly at the bottom of each page.
- On the supervision page, each supervision session is considered 2 hours in length. The number of cases you reviewed or the number of audio/video/live cases that were reviews is not what is being tracked, rather it is the amount of time spent in supervision. Again, be sure that the total case review hours and raw data hours add up and match "Total Hours" at the bottom of the last page.

On-time submission of this form on a Monthly basis to the client care is mandatory. Failure to submit this form on time will result in a one month suspension of a student's ability to receive new clinical cases. Failure to submit this form on time twice during the same practicum will result in clinical probation. Note that even if you think you are on track to finish your hours on time you must still submit this form.

D. Screening of Cases

The following guidelines have been developed to ensure you are working within ethical and legal requirements. Adherence to these guidelines is a vital part training process. Please discuss these issues with your supervisor immediately if they are pertinent to your situation.

During the initial intake call the Intake Coordinator asks specific questions to determine if the Council for Relationships' services are appropriate for the interested client. Clients who present the following will be referred to other service providers:

1. Severe, non-medicated chronic psychopathology
2. Ongoing alcohol or substance abuse
3. Active physical violence/domestic abuse

Due to the limitations of self disclosure, it is not always possible to identify individuals, couples, and families who fit into these categories over the initial phone interview. Should you be assigned clients who exhibit any of the above, please notify your supervisor immediately. You will be assisted in making the appropriate decisions in the best interest of yourself and the client, and an appropriate referral will be made by the Office Director.

1. Council for Relationships has a policy of not treating severely disturbed and suicidal individuals because of the lack of psychiatric backup and 24 hour coverage.
2. If you are seeing clients in an outside agency, they should be similarly screened. There is a form available requiring your signature which provides an outline of the criteria necessary for “off-site” clients so that they can be used for credit toward your hours. Be sure to review your outside clients with your supervisor in addition to your on-site clients.
3. Certain situations may arise which will require immediate notification, in writing, to your supervisor and the Director of the office in which you see clients. An incident report should be sent immediately for the following situations: 1) a client who threatens suicide or homicide, 2) a client involved or potentially involved in litigation which might concern the Council, 3) a client threatening to sue his or her insurance carrier, and 4) a case involving physical violence.
4. Cases involving litigation will not be assigned if it involves the student making any judgments regarding child custody, or the fitness of either parent. We do expect students to provide counseling to individuals and couples who have been referred by a judge or lawyer for the purposes of developing co-parenting skills.
5. Should you accept a case and one of the above emerges during the course of treatment, it is required that you notify your supervisor and the appropriate Office Director immediately so they can suggest an appropriate referral.

E. General Procedures for Client Intake

1. General Intake Scheduling

The Intake Coordinators will schedule intake appointments based on your availability.

- You will receive a voicemail on your CFR extension with details about the client, as well as their contact information.
- A hardcopy of the intake will be left in your University City mailbox or faxed to your studentship office location.
- Before the day of the appointment, contact the client to confirm the appointment. Be sure to make a note if the hardcopy intake indicates that your client’s partner is unaware of their appointment, or if you are requested to use discretion unless you know you are speaking directly to your client. Do not identify yourself as a therapist in any way unless you are sure that you are speaking directly to the person who placed the initial call or

permission was given to leave a message with another person, as noted on the intake sheet.

-The client has been given your contact number at the time of scheduling for any changes or questions regarding their appointment.

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

- If you have notified the Intake Department of a time which you are available, and then schedule a client in that slot, please notify the Intake Department as soon as possible. If the Intake Department has already scheduled an appointment at that time, we ask that you contact the new client and reschedule their appointment.

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

2. Intake Appointment

During the client's initial conversation with the Intake Coordinator it is suggested that they arrive 5-10 minutes before the beginning of their appointment to allow enough time to complete the required forms given to them by the receptionist (if you are in the University City office). If you are performing an intake at a satellite office, be sure to follow that office's procedures regarding client intake.

At the Intake Appointment, your client should complete the Client Registration/Demographic Form in the waiting area. Please review to ensure that the office portion of the form has been completed. This information is required and should be complete; this includes Office location, Student name, fee, session type, date of appointment, and client name and contact information. Please encourage clients to complete all items on the demographic questionnaire.

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

3. Fee Slip

At the end of the appointment, complete the Fee Slip, indicating the following:

Client/Partner's first initial and last name (double check spelling)

Your name

Therapeutic Modality (Individual, Couple, or Family)

Office Location

Length of session

Fee amount (determined prior to appointment)

Amount paid, and form of payment (cash, check, or credit card)

-We cannot give change. If the client does not have the exact amount they can either apply the remainder to the next session, or make up for it at the next appointment.

Next scheduled appointment date and time

Provide your client with the PINK layer of the fee slip so they have the next appointment time. Return the remaining white layers of the fee slip to the receptionist along with any client payment. Keep the yellow layer for your own records. The yellow slip should be treated with the same security measures as client files and must be stored in a secure location.

If the Intake was a no show or a cancellation there is no charge. Return the Fee Slip (or inform the Receptionist directly) and she will record it as a “VOID” appointment.

4. Direct Intake Scheduling

If you receive a direct referral, please review with your supervisor the appropriateness of the referral. If you are going to take the case, please contact the Intake Department to let them know the date and time of the appointment. They will create a client number after the intake appointment.

F. Development of Client Numbers

Our system keeps track of clients through the use of client numbers created after the initial intake appointment. After the first session, return to the Receptionist your client’s fee slip and payment along with the YELLOW copy of the Client Registration/Demographic Form. Be sure that the writing is legible.

This will be provided to the Intake Assistant who will create the client number. Intakes are generated post-first visit. Once a number is created the Intake Assistant will leave you a voicemail on your extension with the client’s name, how it has been spelled (double check that this is correct otherwise it may cause problems in the future trying to locate the client in the system), and the assigned client number. Once you have received this number be sure to record it on the client’s file, the WHITE Demographic form, the intake evaluation, and all future fee slips.

G. Fees

At the time of the intake call, the Intake Department will set a fee for the client using a sliding scale. The fee is based on the clients’ household income, taking into consideration any additional financial strains (e.g. number of children). The client will be informed of the fee at the time of scheduling and the fee will be listed on the intake sheet you receive. The fee should be collected at the time of the office visit.

If you need to change the fee that your client(s) is paying for the session, you must first discuss it with your supervisor. Furthermore, the Request for Fee Reduction form must be filled out by the student, signed by the student, and countersigned by the supervisor. This form should be kept in the client’s record folder. If it has been decided to change the fee, please complete the Client Number/Record Update Form (Light Green Form in the client file, extra copies located in the Photocopy area), providing the new fee, and submit to the Intake Department. Make sure to indicate the new fee on the Fee Slip.

H. Updates to Client Contact Information

If your client’s contact information needs to be updated, please complete the Client Number/Record Update Form (Light Green Form in the client file, extra copies located in the

Photocopy area), providing the new address and/or phone number(s), and submit it to the Intake Department.

I. Continuing Cases

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

J. Contact with Clients Between Sessions

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

K. Recording Sessions

Students are encouraged to record clinical sessions using audiovisual equipment provided by each office or with their own video equipment. However, before recording any session students must first obtain informed consent from their clients using the Audiovisual Consent form. Consent must be obtained from all participants in the session. Recordings are to be used for personal review and supervision purposes only and should be kept with the same security as client files. If a student wishes to record sessions using his or her own equipment, then all resulting recordings must be kept according to the same security regulations as recording produced on Council for Relationships equipment. Recordings should not be stored on personal computers. Recordings should be erased following review in supervision, unless specifically requested to be held by the supervisor or student with the supervisor's approval. If this is the case, direct written permission must be obtained from the client.

L. Cancellations and No Shows

Intakes:

If an intake is a no show for the first appointment, call them within the hour of their scheduled appointment to check on their situation. If you do not reach the client, leave a

message. Return the intake sheet noting the dates you called and “No Show” to the Intake Coordinator.

If an intake cancels their appointment and wants to reschedule, you are responsible for doing so and informing the receptionist of the change. Do not reschedule in the event of a second missed intake appointment. Return the intake sheet to the Intake Department.

If an intake cancels their appointment or does not show up, they will not be billed. **Do not attempt to reschedule.**

Existing Clients:

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

M. Transferring a Client and Termination

Students who believe that they are approaching an appropriate termination point with a client must discuss this with their supervisor before initiating termination with a client. Termination is an important part of the clinical process and should not be neglected. If clients cancel appointments repeatedly and you are unsure whether or not they have decided to stop therapy, discuss the situation with your supervisor to determine when it is suitable to produce a follow-up call or a letter.

After terminating with a client you should complete all necessary paperwork and mark the outside of that client’s case folder with the closing date of the case. At the end of each semester, each student should notify the Assistant to the Department Chair of any closed case files so that those files may be checked for completeness and then send to the Client Care Office for appropriate filing.

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

1. First, the student must decide in consultation with the supervisor whether or not the client is an appropriate candidate for transfer. This process should focus **only** on whether the client is appropriate for transfer and **not** on who the client should be transferred to.
2. When a case is designated for transfer, the student must fill out the Jefferson/CFR Student Clinician Transfer form and then the form must be signed by the supervisor. This form is then to be given to the Client Care Coordinator who will then, in consultation with the Director of

Supervision, reassign the case accordingly. Case reassignment will be first based on the needs of the client and second on the student's need for cases.

3. If appropriate, termination should be considered for all cases. Only those cases clearly in crisis or those having serious clinical issues should be transferred. This is particularly true for cases which have had multiple student clinicians in the past. Supervisors must carefully review each case and decide on the need to transfer or terminate

4. Student clinicians must begin the process of termination or transfer several weeks before he or she is planning to leave. They must allow enough time to discuss the cases with their supervisors and to implement termination/transfer discussions with their clients following these supervisory reviews.

5. All termination paperwork (discharge plans) and transfer documents must be signed by both student clinicians and clinical supervisors and hard copies must be in the case files before being given to the Client Care Coordinator for transfer or closing.

6. All student files must include all appropriate documentation for the case including-initial summary, progress notes, closing and transfer summaries and any other appropriate forms or information-and must be reviewed by the Dept.'s Administrative Assistant for completeness and approved by the Director of Supervision, before students will receive credit for their clinical hours.

7. Once a new therapist as been assigned to the transferred client by the Client Care Coordinator, the current therapist and the new therapist should consult each other with the support of all involved supervisors in order to coordinate the actual transfer of the client. It is recommended that the current therapist introduce the client to the new therapist at a minimum, and in many cases some period of co-therapy may be appropriate to maximize the chance of successful transfer.

Client Transfer Form

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

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

Client Number: _____

Name of Transferring Therapist: _____

Date of Transfer: _____

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

Signature of Transferring Therapist: _____ **Date:** _____

Signature of New Therapist: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

FOR OFFICE USE ONLY

Name of New Therapist: _____

Signature of Client Care Coordinator: _____ **Date:** _____

N. Emergency Coverage

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

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

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

An emergency situation may involve potential or actual acute threat if someone's life or safety, including but not limited to suicidal thoughts or actions, homicidal threats, threats of violence or actual violence, acute and evident intoxication, or acute psychosis. Psychiatric or medical evaluation or hospitalization may be needed, or intervention by police may be needed. If such a situation arises, follow the procedures listed below and as detailed in the Appendix.

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

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

O. Referrals and Consultations

Before any case is referred out of the office to which you are assigned, it is mandatory to first discuss the referral with both your supervisor and the Office Director, after which the case(s) may be referred within the agency to another student who may be better suited for their treatment. If the client wishes to change students (which happens occasionally), the procedure is to have the Office Director confer with both the client and student to see if the problems can be worked out.

P. Release of Information

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

1. In an emergency - for instance, when a client is actively suicidal or has a severe medication reaction.
2. When a client expresses a preference for an informal verbal type of communication to avoid the sending of written material. In such cases, the client should be apprised of what will be said and sign appropriate releases.

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

B) Written Reports

1. The student should be made aware that information has been requested and is being sent out and should review the agency's response.
2. The student must carefully review the release-of-information authorization to make sure it has been filled out properly and completely.
3. All written reports by students must be reviewed and co-signed by their supervisor.

C) Insurance Carriers

Even with the client's consent, the information released to insurance companies should be limited to client name(s), address(es), dates, type of therapy session (individual or family), costs of services, and provider of services. Information is to be released to insurance companies only upon written request and with the client's consent.

D) Clients in Drug and Alcohol Programs

If there are clients who are also in drug or alcohol rehabilitation programs, do not release any information about them without consulting the Office Director, who will confer with our agency attorney.

E) Duty to Report (child abuse, etc.)

There may occasionally be situations where Students have questions about their duty to report, as in suspected child abuse, violation of probation (especially when treatment is a condition of probation), or threats to commit a crime. No action should be taken on these without consulting your supervisor, Office Director or Director of Clinical Services. In

Pennsylvania, Students are to report instances of suspected child abuse through Childline: (800) 932-0313.

In such instances, the student must also fill out an Emergency Report Form and submit it to the Office Director within 24 hours.

F) Subpoena

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

1. The supervisor and/or Office Director will first review the subpoena with one of the Council's attorneys. The subpoena must be checked for technical points. For instance, whether it is signed and dated appropriately or authorized properly, since it could be contested on a technical basis.
2. The Student must first speak with his/her client(s) to see if they are aware of the issuance of the subpoena. When one partner of the couple has taken action to subpoena their records, the other partner should be notified, not only because he/she has a right to know, but also because his/her attorney may take the responsibility for contesting the subpoena. The attorney may also want to call the other side to find out exactly what is needed.
3. Subpoenas will generally be contested, if not only by the other partner's attorney, then by the agency on grounds such as privileged communications. Records should generally not be provided under subpoena but only under an actual order of the court.
4. Students are not permitted to testify in court without supervisory oversight and must not agree to do so without prior supervisory consultation.

G) Other Information Requests

Students must inform their supervisors' immediately upon receiving any requests for information on clients from courts, lawyers, schools, other professionals or client's family members. Students must not release information without written permission from clients and approval of their supervisor. In couples cases clinical information regarding the couple therapy cannot be released without written permission from both clients.

Q. Ethical Guidelines

Students are responsible for knowing and following the Ethical Code of the American Association of Marriage and Family Therapy.

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

R. Vacation Policies

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

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

- Complete the Vacation Form and submit it to Shirley Jacoby
- Inform your supervisor and the Office Director of your absence
- Note on the Student Weekly Availability Sheet that you will be out and when you will be available to see clients again. Submit this form to the Intake Department (copies are available electronically or in Form Bin in Photocopy Area)
- Prior to your departure, inform your clients of your absence and, if it applies, provide them with the name and office telephone number of the Student at the Council who will be covering for you in your absence
- Record an away message on your University City extension informing clients and CFR staff of your absence and expected date of return (See section II, 2. Telephones, for instructions).

Consider personalizing the following message:

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

Students are expected to continue seeing clients even when classes are not in session, however they are entitled to 10 days of vacation during the Winter Holiday break. Students must ensure that their supervisors are informed when they will be away and when they will return. Students must also insure that they have provided coverage for their cases in case of a clinical emergency. This requires that another student be available to provide coverage and that clients are aware of how to contact that student. Contact information must be left on the student’s voicemail box, as well as given directly to clients. The student’s supervisor must be made aware of who is providing coverage in the student’s absence.

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

During Spring Recess students are entitled to take time off with supervisor approval provided they can provide emergency coverage for their cases, following the above procedures.

S. Insurance Requests

You may be asked by clients if you or the Council for Relationships takes insurance. With the exception of the Penn Behavioral Health Program (see below), we do not bill insurance companies directly and are not considered “in-network”. Although some insurance plans will reimburse for “out-of-network” care, others will not. It is incumbent upon the client to find out the details of their own insurance plan. We will provide the client with a statement that THEY can submit to their insurance company for reimbursement. However, client fees are set at a level that is not dependent on insurance reimbursement and payment of that fee is expected at the time of service. If your client is interested in receiving insurance statements that THEY can submit to their insurance for reimbursement, complete the Client Number/Record Update Form (Light Green Form in the client file). If you have already used the copy provided in your file for other updates, additional copies of the Client/Record Update Form are available in the Photocopy area at University City, and are also available in satellite offices. Complete the top of the form with your name, your contact telephone number, client’s intake number and fee.

For new insurance statement requests, complete the full, formal name (First, Middle Initial, Last) for the person who will be receiving the statements. If session type is Couple/Family counseling, only ONE person can receive statements for an appointment

Provide the Intake Date, the Diagnosis, and select a CPT code for either Individual or Family therapy. Also provide the client contact information (address, phone number(s), etc). Be sure to inform the client that he/she will receive insurance statements after the 15th of the following month (usually about 6 weeks).

T. Dress Code

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

For men, please wear a shirt and tie or sweater, with neat trousers.

For women, please present a professional appearance, whether wearing skirts, dresses or pants. Jeans, shorts, sandals, sneakers, shoes without socks (for men), short hemlines, and tops that are sheer, low-cut, or otherwise revealing are not permitted.

Record Keeping Procedures at Council for Relationships

A. Record Keeping: General Guidelines

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

A legible record, maintained for each client must include:

1. Basic identifying information such as client's name, address and phone number; if the client is a minor, the names of parents or legal guardian and, if appropriate, information on custodial arrangements.
2. Dates and types of services provided.
3. Name and title of person who delivered each service session, and name of supervisor where appropriate.
4. Signed HIPAA forms.
5. An Intake Assessment, including a description of the presenting problem, diagnosis, relevant medical and family history, and provisional treatment plan with stated goals.
6. Progress Notes for each session including a description of the process, content, assessment, and plan for each session.
6. Reports of consultations with other professionals.
7. Authorization by the clients for release of records or information when indicated. (The Student shall inform the client of the limits of confidentiality at the beginning of service, and shall disclose who will have access to the record.)
8. A Discharge Plan, including the issues covered in therapy, progress toward goals, current relationship style of couple/family, and termination/transfer plans.

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

B. The Contents of Records

1. Client Registration/Demographic Form
2. Client Areas of Concern Questionnaire

3. HIPAA Form
4. Client Consent to Treatment
5. Audio/Video Consent Form
6. Intake Assessment
7. Progress Notes
8. Authorization for Release of Information
9. Medical Consult Form
10. Emergency Report Form
11. Discharge Plan
12. Client Number/Record Update Form

C. Record Keeping: Formal Procedures

The PRN system is a relatively new aspect of recordkeeping at the Council for Relationships. All new students will be oriented to these systems as a part of their practicum orientation.

The PRN System

The PRN System is the Department of Couple and Family Therapy's online record keeping database. PRN is currently accessed at jucft.clinicprn.org. The following procedures should be followed for all clients:

1. Add your client to the PRN system. It is recommended that this be done the day of the first session.
2. Within two weeks fill out an Intake Assessment, print it out, and submit it to your supervisor.
3. After each session, within one week fill out an Individual Progress Note for that session, print it out, and submit it to your supervisor.
4. After terminating with a client, within two weeks fill out a Discharge Plan, print it out, and submit it to your supervisor.
5. Keep a hard copy of each Intake Assessment, Individual Progress Note, and Discharge Plan, signed by the student and countersigned by the supervisor, in your client's case folder.

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

PLEASE NOTE: All Intake and Evaluation Summaries, Progress Notes and Closing Summaries must be signed by the Student and countersigned by the supervisor. This documents legally that the notes have been read by someone other than the student, and enables the supervisor to keep up with the student's work. These forms should not be countersigned unless the supervisor actually read the chart. Countersigning for the sake of the form is useless, and could be dangerous.

3. Privacy of Records

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

4. Evidence Based Practice and Routine Assessment

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

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

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

Session Helpfulness Scale – Administer to all clients at the end of each session.

Working Alliance Inventory (WAI-12) – Administer to all clients at the end of the session 4 and every 4 sessions afterward.

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

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

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

Transportation of videotapes, audiotapes and any other raw data and files from one site to another is to be done only for supervision purposes and must be done in accordance with the following guidelines:

- 1). No identifying information of the clients should appear on raw data.
- 2) The data must be transported in a locked non-transparent security pouch provided to each student.
- 3) Students are responsible for assuring the confidentiality of the material.

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

6. Closing Cases

After terminating with a client and completing the Discharge Plan (which must be signed by the Student and countersigned by the supervisor), submit the closed case folder to the client care office at University City for processing. Please remove all psychotherapy notes (which are different from progress notes) from the folder before submitting it to intake. Additionally, it is a good idea to ensure that all required documentation (Intake Evaluation, Progress Notes, Discharge Plan, and all files listed above) is present in the folder before submitting it for processing. Once you have submitted the closed folder to the client care office at University City, the folder will be checked for completeness. If any key documents are missing or unsigned, the folder will be returned for revision.

In order to complete the program, all clinical files **MUST** be submitted and reviewed prior to receipt of diploma. For students wishing to graduate at the end of Spring semester, **ALL** case folders must be submitted no later than May 1st. For students graduating at the end of the August semester, **ALL** case folders must be submitted no later than August 1st. The one exception to these dates are for cases that are currently active past the submission deadline. If a student is still actively working with a client after the May 1st or August 1st deadline, you must notify the Assistant to the Department Chair with the client numbers of the cases that are still active. Then, when those cases are terminated or transferred, the completed folders must be submitted within two weeks of the final session. Failure to follow these procedures will result in diplomas being withheld until the procedure is completed.

Extensions may be granted on a case by case basis. If you believe that you will be unable to submit your closed case files by the required date, please notify the Assistant to the Department Chair **BEFORE** the deadline with an explanation of the situation.

7. Record Storage

All formal clinical records must be retained in their entirety for a period of seven years after the termination of treatment as required by law. After that time, selected information from the case file will be kept on record in an office to be designated. For children (under 18 years of age) when they are identified as client, records will be maintained for 7 years beyond the age of majority, age 18.

Council for Relationships' Community Partnership Initiative

A. Introduction

Couple and family therapists find employment in diverse settings, where relational and systemic approaches to therapeutic intervention are valued for their focus on building family and community resilience. Whether in tackling a health crisis, promoting educational achievement, addressing the root causes of homelessness or building emotional skills to reduce conflict and violence, the couple and family therapist brings expertise in engaging the system, evaluating strengths at multiple levels, and creating sustainable change in culturally diverse individuals, couples, families and communities. As part of its dual commitment to providing students with a rich training experience and reducing barriers to care for underserved populations, Council for Relationships established the Community Partnership Initiative. Through this initiative, CFR partners with a variety of organizations to provide on-site services to clients.

B. Student Placements

A community partnership placement is an expected aspect of training for all students in the CFR/Jefferson Masters in Couple and Family Therapy Program. These placements are for an average of 4-6 hours per week, but many can be extended. Please review the internships described below. Student preferences are taken into account when making assignments. All placements are appropriate for students in both the Family Therapy and the Sex Therapy track. These placements are appropriate for students in the sex therapy track as well.

C. School Placements

CFR partners with schools to provide therapeutic interventions on site, including individual and family counseling, classroom-based observations, teacher consultation, and psychosocial skills groups. You can choose to work with children as young as 4 or 5 or as old as graduating seniors. Intervening with a child and his/her family in connection with their school setting can have far-reaching impact. Not only is school-based family intervention associated with improved educational outcomes and increased family resilience for that one individual child, but for others in the classroom who benefit from the increased capacity of the teacher to address the educational needs of all, not just the behavioral struggles of a few.

The Community Partnership School (CPS) is an independent charter school for children in pre-K through 4th grade, located at 19th and Judson St. in North Philadelphia. It shares space with Project H.O.M.E. (see below), in the Honickman Learning Center. A member of the CFR clinical staff (Dorothy Thomas, MFT) works part-time at CPS to provide therapeutic services. CFR interns work on-site one day per week, with opportunities to observe children in the classroom, provide individual and family therapy, and develop group sessions for children and parents. Interns can co-lead groups and other therapy sessions with Dorothy Thomas.

The **Gesu School** is a pre-K through grade 8 school serving 450 children. It is an independent Catholic inner-city elementary school that educates truly disadvantaged non-Catholic children in North Philadelphia. It is located at 17th and Thompson St. The school is well-run, and has shown success in improving test scores, and placing children in competitive high school programs. More than 95% of Gesu school graduates earn their high school diploma, despite living in a neighborhood with a public school graduation rate under 50%. Gesu school has a full time and a part time counselor to provide support to students. Yet the need far outweighs the capacity, particularly in engaging families in the process of change. CFR interns work on-site one day per week, with opportunities to observe children in the classroom, provide individual and family therapy, and develop group sessions for children and parents.

The **Hope Partnership for Education** is an independent middle school (grades 5-8) and adult education center serving the very impoverished neighborhood of Eastern North Philadelphia. It is located at 1701 N. 8th St., where the population is 47% Latino, 45% African American, and 8% Caucasian. The school is committed to a class size of 15, with a total enrolment currently of 55 students. A part-time social work addresses counseling needs at present, but is aware of far more need than she can address. Particularly vulnerable are the Latino students who are struggling with language and cultural barriers and would benefit from a bilingual therapist.

The **Freire Charter School** provides a college-preparatory learning experience for high school students in grades 9 - 12. It has a focus on individual freedom, critical thinking and problem solving in an environment that emphasizes the values of community, teamwork, and nonviolence, located in Center City Philadelphia. This unique placement offers an opportunity to be involved with the academic development of the students and the role the family plays in support of the process. There is an opportunity to work with the teachers and other support staff to provide a holistic approach to the therapeutic process. On-site supervision is provided by a CFR-affiliated staff member, Alphonse Pignataro, LMFT.

D. Community Placements

Project H.O.M.E. (PH) and the St. Elizabeth's Wellness Collaborative (SEWC) work to combat homelessness through long-term supported housing for residents with serious mental illness and families with children, recovery houses for clients with addiction, transitional housing, temporary shelters, homeless "cafés" and educational programs for adults, adolescents and children to address the root causes of homelessness. CFR staff members Dr. Michael Keene and Dorothy Thomas, LMFT have established a therapeutic presence at PH and SEWC facilities near 19th and Judson St. in North Philadelphia. We offer individual, couple and family therapy to adults and children in the nearby community. We lead psychoeducational groups, consult to staff about the needs of participants, conduct staff training sessions and offer short-term counseling to staff to address issues such as burn-out and vicarious trauma. We also lead groups for boys aged 8-12, a grief group for boys and girls, and a parenting group for families living in residence. All of these training opportunities are open to interns working at PH/SEWC.

Broad Street Ministry is a non-profit organization established in 2005 as a faith community and mission emphasizing "hospitable outreach, passionate civic involvement, courageous discipleship, and creative expression," dedicated to inclusiveness and civic justice through direct

engagement with the community. Its core philosophy of spiritual openness is reflected in its location in the heart of Center City Philadelphia, where many divergent populations meet. The combination of location and philosophy of openness allows for meaningful dialogue across societal divides. Located nearby the University of the Arts, BSM also has a commitment to reaching out to and supporting young artists.

The Broad Street Ministry Counseling Center, in partnership with CFR and with staff member Edd Conboy, LMFT as its Program Director, offers therapeutic services on the Avenue of the Arts at 315 So. Broad St. to the following target populations:

- Young adults who are seeking counseling for concerns related to vocation, career, issues of individuation and separation from family, relationship issues and other psychological concerns.
- Students of limited means who attend colleges in the area, such as Jefferson, University of the Arts and Temple.
- Those who seek to marry or sanctify their union at BSM, to offer pre-union preparation through counseling and/or classes.
- BSM staff and volunteers who experience the emotional drain and vicarious trauma of helping.
- People who are homeless or at risk for homelessness due to poverty, unemployment, mental illness, substance abuse, familial or social alienation, etc.

CFR's Community-Based Family Support Services

CFR works with families in several Philadelphia locations through parenting support groups. Families, schools and neighborhoods are strengthened through parenting groups that enable parents to discuss their concerns in a supportive environment. As trust develops in the group, peer support increases. Participants who would benefit from family therapy can schedule sessions on the same day as the parenting group to work on issues more intensely. Interns co-lead the groups and work therapeutically with families needing additional help. Dorothy Thomas, LMFT, runs this program.

E. Structure of Supervision

All clinical cases are supervised by the CFR supervisor to whom you are assigned each semester. In addition, an on-site supervisor at each location offers support for working with the specific population at that site and may offer opportunities to co-lead groups, conduct co-therapy with clients and collaborate with agency staff.

Please contact Sara Corse with any questions about these opportunities. She will be able to answer your questions or put you in touch with students who have participated in a community partnership placement over the last year. She can be reached at sara.corse@jefferson.edu

Health Mentors Program Policy

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

University City Office Policies and Procedures

During the first year of the program, all students will be assigned practicum placements at the Council for Relationships University City Office. As the program progresses most if not all students will also apply for or be assigned practicum placements with community partnerships or other Council for Relationships offices. Students are expected to follow all policies and procedures mandated by the office in which they are working. If you have any questions about policies and procedures for a non-University City placement, please see the Director of the relevant placement.

A. University City Staff

Marketing and Development

Director of Communications	Irina Barinov
Director of Development	Scott Blacker
Marketing and Development Associate	Hilary Siegel

Training Program

Training Coordinator	Shirley Jacoby
Management, Education and Technology Assistant	Rebecca Wall

Administration`

Billing Coordinator	Teresa Dorsey
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Intake Calls

Liz Rhodes (part time)

Client Care Coordinator

Africa Jones
Christine Oluoch (part time)

Reception Desk (University City)

Receptionist
8:30 AM - 12:00 PM

Brenda Laventure

Night Receptionist
4:00 PM - 9:00 PM

Nicole Green

B. Office Hours

The office is open from 9:00 AM – 9:00 PM Monday through Thursday, from 9:00 am – 7:00 pm on Friday and from 9:00 am - 3 pm on Saturday. All interns must plan their time so as to be out of the building by closing time so that the receptionist can close and lock the offices.

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

1. New Year's Day
2. Martin Luther King Jr. Day
3. Memorial Day
4. July 4th (Independence Day)
5. Labor Day
6. Thanksgiving Day
7. Day after Thanksgiving
8. Christmas Day

Students will be informed at least a week in advance in the event of the office being closed on other dates, such as when holidays fall on the weekend.

C. Parking

On site parking is available under the building after 5:30 PM, for those who do not have a parking permit. If you and your clients are interested in using these spaces in the evening, please make sure to: tell the guard where you are parked, your license number, and where you can be reached. Please make sure you allow room for other cars to exit their spaces and the parking lot. Please follow these guidelines to avoid having your car towed. On-street parking is available on and around Chestnut Street. This parking is metered so be mindful of the 2 hour time limit.

D. Public Transportation

The University City office is easily accessible by Septa buses and the subway. The office is two blocks from the 40th Street Market Frankford Subway stop. Bus routes that are also convenient to the University City office location include the 21, 30, and 40 and LUCY schedules can be obtained from Septa stations or www.septa.org.

E. Security

The building which we occupy is a public building; it is difficult to monitor the many people who enter our doors. A security guard is provided in the lobby, both day and night, for your protection. Get to know our personnel and report any suspicious activity to security. Never leave money, purses, or valuable personal items in or on desks or other places which are not attended. Please report incidents of security violations that come to your attention to the Receptionist, who will inform the appropriate people.

The back door (located by the Administrative offices) is locked at 6:15 PM on week nights, therefore please use the door by the Reception Area in the evenings.

F. Telephones

Telephones are available for Council for Relationships business matters. If you need to make a personal long distance call (any call with an area code that is not 215 or 610 is considered a long distance call), please either use a calling card or charge the call to your credit card or home number. Please limit your cell phone usage to your office, and not in the hallway or front desk area

Checking your Voicemail

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

1. To set up your voicemail:

1. Dial 2500
2. When greeting starts, press *
3. Enter your mailbox number
4. Enter your password, followed by #
5. At the next series of options, select option 4 - "Personal Options"
6. Select 1 for "Change Personal Greeting"
7. Select 1 for "Primary Greeting"
8. The old greeting will play. After it is finished playing, select option 3 for "Erase and Re-Record"
9. Record your new greeting and then press #

10. To accept your recording, press #
11. To erase and re-record your greeting, select option 3 and follow prompts

2. To set up your name in the directory:

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

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

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

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

To set up an alternative greeting:

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

Upon your return you can change your greeting back to the original recorded message by:

1. Dial 2500
2. When greeting starts, press *
3. Enter your mailbox number
4. Enter your password, followed by #
5. At the next series of options, select option 4 - "Personal Options"
6. Select 1 for "Change Personal Greeting"
7. Select 1 for "Primary Greeting"

Sending Messages and Making Calls

1. To send a message to another University City CFR Staff Person:

If you wish to leave a message -Dial 2500, dial the extension number of the person you wish to call and leave a message at the tone.

2. To make an outgoing call, pick up the receiver and push the button for any open line, dial area code and number (dialing '1' is not necessary)

G. Office Assignments

All students will be assigned office space at one or more CFR office locations. For the first year, your assignment will be at the University City Office. You will be given a schedule for office use in November when you are ready to begin seeing clients. Temporary changes in the schedule should be negotiated with the Receptionist. If you are in need of a permanent change, please contact the UC Clinical Office Director for approval.

Office space is limited at all CFR office locations, and therefore requires professional etiquette. All offices at University City are subject to sharing. This means that you will be using offices that are primarily occupied by a full-time clinical or administrative staff member, when that staff member is not in need of the office. Please be acutely sensitive to the needs of the primary occupant of any office you use. Respect the privacy of documents, computers, books and other equipment in the room you are using. If you rearrange chairs to accommodate your clients, please return them to their original location at the end of your time in the office. Remove any trash or other items you may have brought into the room. Report any irregularities to the receptionist. Any violation of professional sharing etiquette will lead to a one week suspension of office use privileges.

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

H. Audio-Visual Equipment Control System

Audio-Visual Equipment is available to students and is used for supervision purposes. Most rooms are equipped with a TV/VCR available for your use.

Camcorders

Use of the Training Program camcorders is offered to all students and externs. We ask that you reserve these items prior to the date and time you are intending on using them. A sign-up sheet is posted on a bulletin board in Shirley Jacoby's office room #121. There is a separate sheet for each day of the week, and blocks of time that you can reserve a camcorder. Be sure to indicate the number corresponding to the camcorder that you are requesting to use. The equipment user is responsible for picking up and returning the equipment.

It is important that all damage to equipment is reported to Shirley Jacoby as soon as possible so that the appropriate repairs can be made.

Films and Video Tape Library

Films and video tapes are stored in a locked cabinet in the Administrative Office. If you are interested in viewing the available films and tapes please see Shirley Jacoby to set up a reservation. After you are finished viewing the items you have signed out, please return them back to Shirley Jacoby.

Access and Use of Equipment On and Off Premises

1. Films, tapes, slides and camcorders may be signed out, by reservation, by the clinical staff for educational purposes connected with the Council. It is important to remember that the use of these provided materials is a courtesy to you for educational reasons and should not be used by the borrower in private practice. The person who must approve such use is Bea Hollander.
2. Videotapes of clients are to be shown only for supervision.
3. All agreed-on off premises use must be listed as such on the reservation form and signed by the person in charge.

Guidelines for Reserving Equipment

- A. There is very heavy request for and use of the audio-visual equipment. Therefore, video equipment may be reserved for no more than two (2) hours at any time – in any given day or evening. Please respect the sign-out sheet for equipment, taking only the corresponding number listed on the equipment for which you have signed up for.
- B. Reservations should be made close to the time of usage and the equipment should be returned at the end of the reservation time. If you make a reservation and no longer need the equipment, please make sure to update the sign-up sheet. Please return camcorders in their case to prevent damage and insure the next user has all necessary parts.

I. Use of Computers

One of the computers in the reception area is available for your use in completing intake, progress and discharge notes, writing letters to clients and other contacts. Documents will print at the main printer/copier (see below).

J. Photocopy Area

Photocopying, scanning and faxing

Please use the copier for clinically-related items only. The copier is not to be used for printing course material provided to you on-line by faculty or for printing out papers for classes. You can feel free to use the scanning and faxing functions for clinical or course-related matters.

K. Kitchen Area

For your convenience, a small kitchen is available which includes a refrigerator, microwave oven and toaster. Due to limited space, we ask that you bring in food for only one day at a time. On Thursdays, our refrigerator is emptied and all unlabelled contents are disposed of. Please be sure to remove any items you wish to keep. When possible, please refrain from

cooking fish or other odorous foods, since our office is a public area. Please help us keep our kitchen area clean by washing any dishes, containers and utensils you use and not leaving them in the sink. Please also clean up any spills or other messes as our cleaning service is not contracted for our kitchen area. A Keurig machine is available for use in making beverages. See the receptionist to purchase coffee, tea, etc for \$1.00 each, or bring your own Keurig-compatible cups.

L. CFR Marketing Materials

Council for Relationships has many ways to keep our clients up to date with activities at CFR and other helpful information which supports their work in counseling. At the intake appointment, clients are asked on the Client Registration/Demographic Form if they are interested in receiving:

- Tip of the Week E-mail
- Connections Newsletter
- Relationship Classes Information
- Professional Training Events

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

XIV. Departmental Governance

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

Student Participation in Governance

Students will have two primary ways to participate in the development and governance of the program. The first method is committee membership. Thomas Jefferson University and the Jefferson School of Health Professions organize and support regular committees on a wide variety of topics relevant to students, for example the Grade Appeals Committee, and the Judicial Affairs Committee. Please refer to the JSHP Handbook for the description of the function of many of these committees. The Department of Couple and Family Therapy encourages students to volunteer to sit on these committees and will facilitate this process. Specific committee participation varies from year to year. If you are interested in opportunities to participate in departmental, school or university committees, please contact the Department Chair for further information.

The second method is through the student representative system. At the beginning of each academic year, each class of students (eg: class of 2013 and class of 2014) will elect one representative and one altermate. These representatives will be invited to participate in one to two faculty meetings per semester in a non-voting capacity to both represent the interests of their class and to formally present student concerns to the faculty.

Additionally, each the lunch period on the last Wednesday of each month will be reserved for departmental student meetings. During some of these meetings, the students may have opportunities to add agenda items or raise topics for discussion. If you are interested in discussing a specific topic at a student meeting, please contact Priscilla Singleton and Sara Corse at Priscilla.Singleton@jefferson.edu and Sara.Corse@jefferson.edu respectively

**Thomas Jefferson University Department of Couple and
Family Therapy Student Handbook Appendices**

Peer to Peer File Sharing Using University Networks Policy

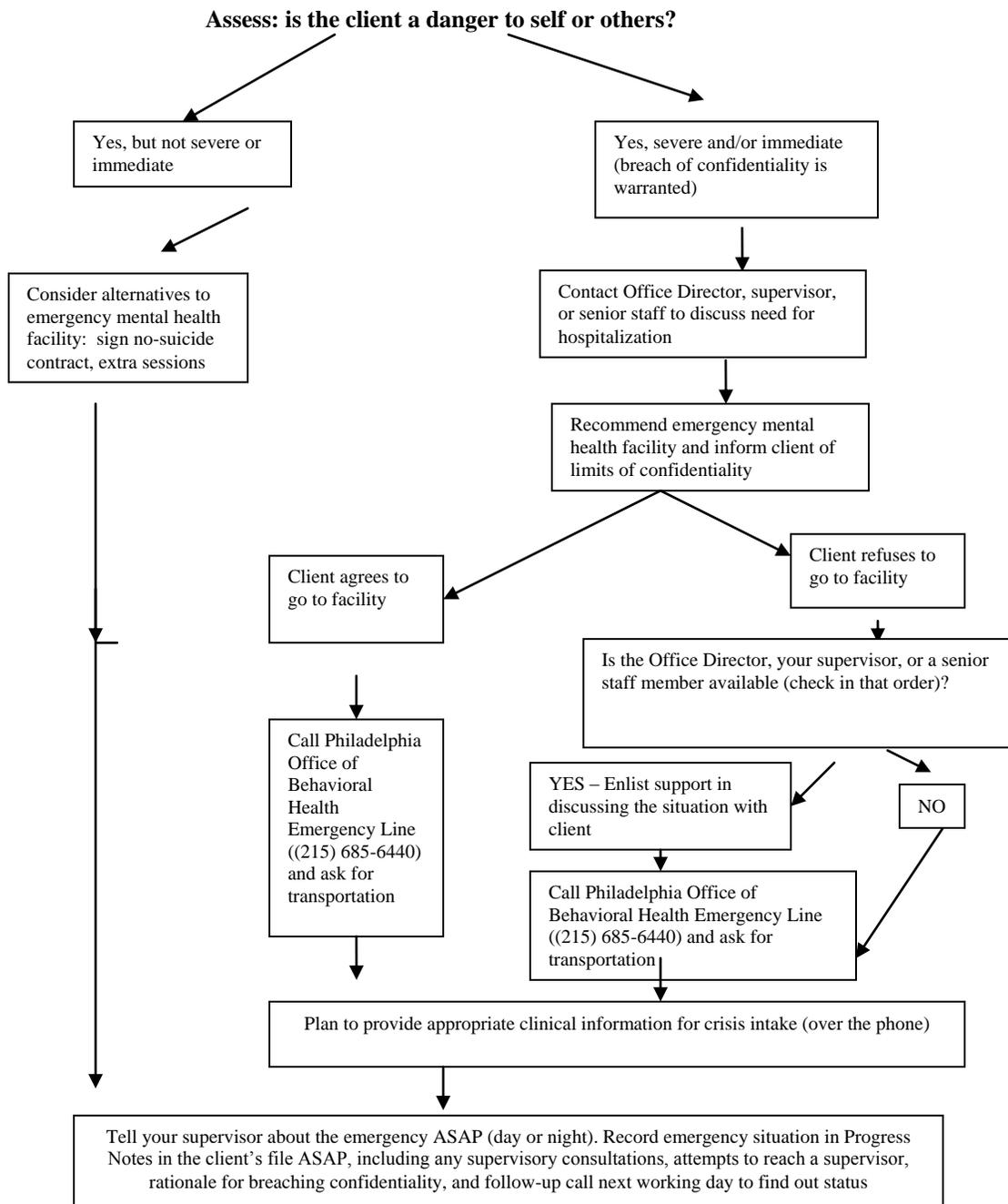
File sharing software that copies and distributes songs, videos, games and software without permission of the owner can create both criminal and civil liability for the user of the computer performing those functions. Content owners, such as the Recording Industry Association of America (RIAA), the Motion Picture Association of America (MPAA), and Home Box Office (HBO), use technological means to track file sharing of their intellectual property on the Internet. Recently, content owners have also pursued more aggressive legal strategies such as copyright infringement cases in federal court, as is their right under the law.

Providing or obtaining copyrighted material, e.g., music, movies, videos, or text, without permission from the rightful owner violates the United States Copyright Act and several University policies. While it is true that a number of artists have allowed their creative works to be freely copied, those artists remain the exception. You should assume that all works are copyright-protected except those that explicitly state otherwise. As an individual, you should also be aware that you face liability for damages of up to \$30,000 per infringement under the U.S. Copyright Act.

The use of file sharing programs has significant practical implications as well. File sharing is bandwidth-intensive and thus can significantly interfere with all users' ability to perform University-related work. In addition, the files available through file sharing are often infected with computer viruses.

The University has implemented technology that monitors for the unlawful use of file sharing software. If an artist, author, publisher, or law enforcement agency notifies the University that you are violating copyright laws then the University will investigate the complaint. If appropriate, action will be taken against you in accordance with University policy. In some cases, violations of University policy could result in suspending your network access privileges and/or criminal prosecution under state and federal statutes.

CRISIS SITUATION FLOWCHART



SADPERSONS Suicide Risk Assessment*

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

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

RUBRIC:

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

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

EMERGENCY PREPAREDNESS

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

Community Resources

Crisis Intervention Resources

215-686-4420	Suicide/Crisis Intervention Service (Philadelphia Department of Health) *Available 24/7 to anyone *Can provide transportation to nearest crisis center (Philly residents)
1-800-784-2433	Toll Free Crisis line *For anyone in emotional distress
610-645-3610	Addiction Hotline
215-685-6440	Philadelphia Office of Behavioral Health Emergency Line

Other Resources for Referrals

215-955-6940	Jefferson University Hospital Emergency Dept.
215-662-3920	Hospital of the University of Pennsylvania Emergency Dept.
215-590-3488	Children's Hospital of Philadelphia Emergency Dept.
215-662-8948	Presbyterian Hospital Emergency Dept.
215-829-3358	Pennsylvania Hospital Emergency Dept.
215-829-5249	Pennsylvania Hospital Psychiatric Emergency
215-762-7963	Hahnemann Hospital Emergency Dept.
1-800-533-3669	Jefferson University Hospital Inpatient Admissions
215-662-2121	Penn Health System Inpatient Admissions
866-381-4724	Penn Health System Psychiatric Evaluation
1-800-879-246	Children's Hospital of Philadelphia Inpatient Admissions
215-590-7555	Children's Hospital of Philadelphia Child Psychiatry
215-762-7422	Hahnemann Hospital Inpatient Admissions
215-707-2577	Temple Hospital Crisis Response Center for Adults
215-951-8300	Einstein Crisis Response Center for Children and Adults
215-707-3351	Temple Hospital Outpatient Psychiatry
215-823-5800	Veteran's Affairs Hospital
215-748-9525	Misericordia Hospital
215-831-4616	Friends Hospital

610-667-6490	Agoraphobia and Anxiety Treatment Center
215-204-1575	Adult Anxiety Clinic of Temple University (AACT)
215-204-7165	Child and Adolescent Anxiety Disorders Clinic (CAADC)
1-800-382-2377	Jefferson FirstCall (for students)
215-386-7777	Women Against Abuse Emergency Shelter
215-686-7082	Women Against Abuse Legal Center
866-723-3014	Philadelphia Domestic Abuse Hotline
215-922-7400	Women In Transition
215-985-3333	Women Organized Against Rape (WOAR)
215-893-0600	J.J. Peters Institute (Victims and Perpetrators of Sex Crimes)
1-800-932-313	ChildLine
215-365-5100	Rehab After Work
215-834-3944	Narcotics Anonymous
215-574-6900	Alcoholics Anonymous
215-222-5244	Al-Anon
215-563-652	Mazzoni Center (GLBT)
215-545-4331	The Attic Youth Center (GLBT)
215-546-7100	Gay Switchboard
215-222-5110	Lesbian Hotline
215-981-3700	Community Legal Services
215-981-0088	ActionAIDS

Crisis Response Centers (PA)

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

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

Northeast Philadelphia

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

West Philadelphia

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

Center City

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

North Philadelphia

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

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

Children's Crisis Treatment Center
417 N. Eighth Street - Suite 402
Philadelphia, PA 19123
215-496-0707

Contact Careline for Greater Philadelphia
(215) 877-9099
[Crisis Line] (215) 879-4402
P.O. Box 2516
Bala Cynwyd, PA 19004-6516

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

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

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

Chester County Mental Health Crisis
Intervention Service
(610) 918-2100
[Crisis Line] (877) 918-2100
(610) 918-2100
222 North Walnut St
West Chester, PA 19380

[A List of Crisis Lines in Pennsylvania listed by city or county can be found at](#)

<http://suicidehotlines.com/pennsylvania.html>

Crisis Response Centers (NJ)

Atlantic County

Primary Screening Center for Atlantic County

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

Camden County

Primary Screening Center for Camden County

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

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

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

<http://www.state.nj.us/humanservices/dmhs/MH-screeningcenters.html>

Academic Calendar

FALL SEMESTER	2012
Orientation/Registration (<i>Entering Class</i>)	Various
Labor Day Holiday	9/3, Mon.
Classes Begin	9/5, Wed.
Drop/Add Period Ends	9/19, Wed.
Last date to remove an "I" grade from previous term	9/25, Tues.
Last date to withdraw with a grade of "W"	10/24, Wed.
On-line Registration for Spring Semester begins (anticipated)	11/12, Mon.
Thanksgiving Holidays begin	11/21, Wed.
Thanksgiving Holidays end (Classes Resume)	11/24, Sat.
Classes end	12/14, Fri.
Final Examinations begin	12/15, Sat.
Final Examinations end	12/20, Thurs.
Grades due in Registrar's Office, 9:00 A.M.	12/27, Thurs.
On-line Registration for Spring Semester ends	12/31, Mon.
Last date to file Application for Graduation	12/31, Mon.
SPRING SEMESTER	2013
Classes Begin	1/14, Mon.
Drop/Add Period ends	1/28, Mon.
Last date to remove an "I" grade from previous term	2/1, Fri.
Last date to withdraw with a grade of "W"	3/1, Fri.
Spring Recess begins	3/4, Mon.
Spring Recess ends (Classes Resume)	3/11, Mon.
On-line Registration for Summer/Fall Semester begins (anticipated)	3/25, Mon.
Classes end	5/3, Fri.
Final Examinations begin	5/7, Mon.
Final Examinations end	5/11, Tues.
Senior Grades due in Registrar's Office, 9:00 A.M.	5/13, Mon.
On-line Registration for Summer Semester ends	5/7, Tues.
All other Grades due in Registrar's Office, 9:00 A.M.	5/15, Wed.
Commencement Exercises	TBA.