



## Bachelor of Social Work Program

### SWKK 4301, Section 110 Social Work and Mental Health

<b>Semester:</b>	Fall 2017
<b>Meeting Time/Place:</b>	Mondays & Wednesdays, 9:30-10:45a.m., WH 304
<b>Instructor:</b>	Veronica Molina Assistant Lecturer & Assistant Field Coordinator & Title IV-E Director
<b>Office:</b>	FH 4th Floor, 420G
<b>Phone &amp; E-Mail:</b>	254-519-5747/ <a href="mailto:v.molina@tamuct.edu">v.molina@tamuct.edu</a>
<b>Office Hours:</b>	Monday & Wednesday 1:30-4p.m. Tuesday & Thursday 3-4p.m.

**Important Course Access Information:** Canvas  
Portions of this course are delivered via Canvas Online Learning at <https://tamuct.instructure.com/login/ldap>. Please ensure you have access to Canvas.

#### Email

The social work program, as well at TAMU-CT, corresponds frequently with students via email. In this regard, all students are required to have routine access to email. Personal email addresses should be connected to your A&M/Tarleton email address. For assistance, please contact Information Technology Services at 254-519-5426, [its@tamuct.edu](mailto:its@tamuct.edu), visit them in Founder's Hall room 113 or online at <http://www.ct.tamus.edu/departments/informationtechnology/contact.php>.

The following course has infused curriculum that prepares students with the necessary casework skills required by 45CFR1356.60 Title IV-E Training Program



**911 Shield: TAMUCT safety application links you directly to the campus safety forces. Download the App**

### **Course Description**

*Catalog Description:* This course provides students with knowledge of assessment based on the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, psychotropic medications, and social worker roles when interacting with people with mental health issues and interdisciplinary teams.

*Prerequisites:* Introduction to Social Work (SWKK 308) and Methods Skills of Social Work (SWKK 300) are highly recommended.

Note: The handouts for this course are delivered via the Blackboard Online Learning system, so please be sure you have access to Blackboard. If you have any problems, contact the Online Learning department.

### **Nature of Course**

Social Work and Mental Health provides students with knowledge of assessment based on the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, psychotropic medications, and social worker roles when interacting with people with mental health issues and interdisciplinary teams. The course gives students the opportunity to explore and understand their perceptions and beliefs about mental illness, separating fact from fiction with a focus on the incidence, etiology, and assessment of mental health issues with children, adolescents, adults, and families. The framework of the course is based on social work values and the ethical decision making process, as illuminated by the NASW Code of Ethics. The course also covers major classification systems, such as Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and other schemes for assessing and understanding human behavior and human functioning throughout the lifecycle. A bio-psycho-social, spiritual and cultural emphasis is applied to the diagnostic categories within the DSM. Students examine the myths and realities of mental illness and critically analyze works of literature and film in terms of the perpetuation of stereotypes and misconceptions in society. Students develop an advanced understanding of people from diverse backgrounds, affirming and respecting their strengths and differences.

### **Teaching Method**

The primary teaching approach in this course will be collaborative and active learning. Material in the course will be presented through readings, class discussions, movies and case analyses.



## Program Mission

The mission of the Texas A&M University-Central Texas (TAMUCT) Bachelor of Social Work Program is to provide a high quality, rigorous and innovative learning experience that helps students develop the knowledge, professional behaviors, and values that are essential in a generalist social work practitioner. The Program aims to achieve this by:

1. Responding to the needs of the local community, including the military and non-traditional students.
2. Providing a student-centered education that fosters personal and professional responsibility.
3. Providing compassionate mentorship that models the core values of the social work profession.
4. Fostering commitment to Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity and Competence.

## Program Framework

The Social Work Program curriculum is rooted in a framework established by the Council on Social Work Education (CSWE). Specifically, the program endeavors to develop social workers who promote human and community well-being by being able to demonstrate the following 9 core competencies upon graduation:

1. Demonstrate ethical and professional behavior
2. Engage diversity and difference in practice
3. Advance human rights and social, economic, and environmental justice
4. Engage in practice-informed research and research-informed practice
5. Engage in policy practice
6. Engage with individuals, families, groups, organizations, and communities
7. Assess individuals, families, groups, organizations, and communities
8. Intervene with individuals, families, groups, organizations and communities
9. Evaluate practice with individuals, families, groups, organizations, and communities

Each core competency has specific, measurable practice behaviors that help students and their professors determine if the competency has been achieved. There are 31 total practice behaviors. The complete list of practice behaviors can be found at the end of this syllabus or by reviewing the student handbook.

## Course Objectives & Related CSWE Practice Behaviors

This course provides content that helps to prepare you, the generalist social work student, to engage in the following CSWE competencies and related practice behaviors:



- 1.1 Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context
- 1.2 Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations
- 1.3 Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication
- 2.3 Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies
- 4.1 Use practice experience and theory to inform scientific inquiry and research
- 6.1, 7.2, 8.2, 9.2 Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and
- 6.2 Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies
- 7.3 Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges with in the clients and constituencies; and
- 7.4, Select appropriate interventions strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies

The objectives for this course, that support the CSWE related practice behaviors, are:

1. Students will be able to understand the role of social workers in applying skills in using the DSM and International Statistical Classification of Diseases (ICD) and Related Health Problems systems to classify various mental health issues.
2. Students will be able apply knowledge from readings and films to conduct critical analysis and evaluate their own strengths and limitations in social work skill practice.
3. Students will be able to demonstrate the ability to document client assessments, strengths and limitations, possible diagnoses, potential treatment and/or referral strategies.
4. Students will be able to understand the extent to which various ethnic, cultural, religious and spiritual practices may or may not impact diagnostic criteria.



5. Students will be able to demonstrate an understanding of their own strengths and limitations in terms of conducting micro-social work practice with diverse types of client populations, identifying ways they can reduce their own biases and other barriers to being effective with all types of clients with all types of mental health issues.

The following table shows the relationship between: A) the course objectives, B) the CSWE related practice behaviors, and C) the assignments used to assess your ability to fulfill the objective related to the practice behavior:

<b>A. Objectives</b> <i>(By the completion of the course, it is expected that you will be able to...)</i>	<b>B. CSWE Related Practice Behaviors</b> <i>(This is the practice behavior that objective supports)</i>	<b>C. Course Assignments</b> <i>(This is the assignment used to assess your ability to fulfill the objective related to the practice behavior)</i>
1. Understand the role of social workers in applying skills in using the DSM and ICD systems to classify various mental health issues.	1.1, 1.2, 1.3	<ul style="list-style-type: none"> <li>• Critical analysis papers</li> <li>• Case write ups</li> <li>• Exam</li> <li>• Counseling center presentation</li> </ul>
2. Apply knowledge from readings and films to conduct critical analysis and evaluate their own strengths and limitations in social work skill practice.	2.3, 4.1, 6.1, 7.2, 8.2, 9.2	<ul style="list-style-type: none"> <li>• Critical analysis papers</li> <li>• Case write ups</li> <li>• Exam</li> <li>• Counseling center presentation</li> </ul>
3. Demonstrate the ability to document client assessments, strengths and limitations, possible diagnoses, potential treatment and/or referral strategies.	6.2, 7.3, 7.4	<ul style="list-style-type: none"> <li>• Critical analysis papers</li> <li>• Case write ups</li> <li>• Exam</li> <li>• Counseling center presentation</li> </ul>
4. Understand the extent to which various ethnic, cultural, religious and spiritual	2.3, 7.3, 7.4	<ul style="list-style-type: none"> <li>• Class discussion</li> <li>• Critical analysis papers</li> <li>• Case write ups</li> <li>• Exam</li> </ul>



practices may or may not impact diagnostic criteria.		<ul style="list-style-type: none"><li>• Counseling Center Presentation</li></ul>
5. Demonstrate an understanding of their own strengths and limitations in terms of conducting micro-social work practice with diverse types of client populations, identifying ways they can reduce their own biases and other barriers to being effective with all types of clients with all types of mental health issues.	1.1, 1.2, 1.3	<ul style="list-style-type: none"><li>• Critical analysis papers</li><li>• Case write ups</li><li>• Counseling Center Presentation</li></ul>



## COURSE REQUIREMENTS

### **REQUIRED TEXTS:**

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition* (DSM-5). Arlington, VA: American Psychiatric Association. ISBN 978-0-89042-554-1.
- Bentley, Kia J.; and J. Walsh (2014). *The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Clients, Families, and Providers, 4<sup>th</sup> edition*. Belmont, CA: Brooks/Cole, Cengage Learning. ISBN 978-1-285-41900-8.
- National Association of Social Workers. (2008). *Code of ethics of the national association of social workers*. Retrieved from <https://www.socialworkers.org/pubs/code/code>
- National Association of Social Workers. (2009). Mental Health. In *Social Work Speaks: National Association of Social Workers Policy Statements*. (8<sup>th</sup> ed.). Washington, DC: NASW Press  
Retrieved from  
<https://www.socialworkers.org/pressroom/swMonth/2012/toolkit/standards/Mental%20Health.PDF>
- Texas State Board of Social Work Examiners. (2011). *Code of conduct*. Retrieved from  
[http://www.dshs.state.tx.us/socialwork/sw\\_conduct.shtm](http://www.dshs.state.tx.us/socialwork/sw_conduct.shtm)

### **Informational Text (not required):**

- World Health Organisation. (1992). *International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision (ICD-10)*. Geneva: World Health Organisation. ISBN-10: 1622024044
- DSM-5 Quick Study Overview



**FINAL GRADES**

A total of 600 points can be earned from the course assignments, as follows:

Course Assignment	Percentage of final grade	Total possible points
Concept Mastery Reflection Quizzes (10)	20%	100
Client Assessment & Record	20%	100
Drafts of Client Assessment & Record	20%	100
Mental Health Presentation	10%	100
Counseling Center Presentation	10%	50
Final Exam	10%	50
Attendance	5%	50
Participation	5%	50
<b>Totals</b>	<b>100%</b>	<b>600 points</b>

**Final Points & Percentages\* and Corresponding Grades are based on the following:**

A = 90% to 100% (540 points)

B = 89% to 80% (480 points)

C = 79% to 70% ( 420points)

D = 69% to 60% (360 points)

F = 59% or less (300 points or less)

*\*Note: Final grade percentages are rounded to the next highest value (ex: 79.5% = 80%)*





### **COURSE ASSIGNMENTS**

The following activities will be completed during the semester:

#### **1. *Client Psychosocial Assessment and Record***

On the first day of class, students will be assigned a particular DSM diagnosis for which he/she will be responsible (some of these assignments may give the student a choice from multiple diagnoses). Many class sessions will include a discussion regarding a portion of the DSM-5. Whichever student was assigned that diagnosis will co-lead the class discussion with Ms. Molina. This includes presenting a client scenario the student has created to illustrate one of the assigned DSM-5 diagnoses. The client scenario should reflect an understanding of the diagnosis and should illustrate the student's understanding of the information presented in the DSM-5 for such diagnosis. By the end of the course, each student will turn in a Client Assessment and Case Record illustrating the imagined work done with this fictional client. The record will include a comprehensive narrative presenting the client's story (psychosocial assessment), a list of service goals the student created for the work with that client, and "progress notes" documenting a minimum of 4 visits with the fictional client.

**The psychosocial assessment template can be found at the end of syllabus and will be thoroughly reviewed in class. It is expected that all students will use this template when completing the psychosocial portion of the assignment.**

**Client and Family Service Goals :** Using the Partnership Model, list service goals that could be used to address challenges that exist in the client's/family's story or that could be used to further strengthen positive aspects that already exist in their story. This list should address all possible services that could be offered to help the client/ family. This section should reflect your assessment of the client and family's current situation and should be comprehensive.

**Treatment Plan :** After identifying a comprehensive list of service goals using the Shared Decision Making Model, prioritize the goals and identifying 2-3 long term treatment goals that will be the focus of work with the client/ client's family. Identify short term goals/ objectives that will allow the client to work towards the longer term goals. Identify who will be responsible for each goal, and set specific time lines for accomplishment. Remember that service goals should be concrete and clearly stated (the exact kind of assistance/referrals to be provided within the local community), behavioral (what you and/or the client/family will do), feasible (within what is realistic for the client/family to accomplish), positively stated (what will be done, not what the client/family will STOP doing), and measurable (the client/family and you can know when the goal has been achieved).



**Minimum of Four Case Notes:** The student will write at least 4 case notes summarizing fictitious contacts they had with the client. These notes reflect meetings after the assessment was completed. The notes will be written in SOAP note format.

Those notes will specify:

1. What was done with the client/family today to work on one or more of the service goals. What was the nature of the contact (office visit, home visit, phone call, etc.)?
2. What progress is the client/family making toward improving their situation?
3. What community resources was the client/family referred to, for what purpose, and what was the outcome of the referral?
4. What significant things changed in the client's/family's situation (e.g., they lost their job, their parent/caregiver died, they decided to stop taking their psychotropic medication, their partner broke up with them, they were arrested, etc.), and how did you have to change existing or add new service goals because of this new situation. **NOTE: Every client record has to document at least one such significant change.**
5. There should be a continuous focus on documenting progress being made in terms of the client's and family's outcomes.
6. It is important that you make your work with the client realistic, but I also encourage you to use creativity and imagination in developing your client story and case record, and have fun with the assignment.
7. At least some of your progress notes must address the client's unwillingness to take (or continue taking) (Medication Adherence) psychotropic medications, showing appropriate methods/intervention of handling this issue.

**Interventions should reflect an understanding and adherence to the specific interventions discussed in class and referred to in the text and the student should demonstrate an understanding of practicing with the framework of the Partnership Model.**

See the grading matrix at the end of this syllabus. Periodically the student will turn in the work he/she has done on the assignment in order to receive feedback that will enable the student to make revisions to what has been written before the final paper actually is submitted for grading. **Papers must be in APA format typed and double-spaced. Papers that are single-spaced will NOT be graded (i.e., they will receive a grade of 0).** Because the professor will make corrections to the record entries as they are turned in throughout the semester, it is expected that the final, graded client records will be professional in appearance and largely error-free.

75% of the grade on the final client record will be based on content of the information, how well the student followed instructions regarding what to cover in the entries, and the students' creativity in developing the client's story and information about their activities and interventions. 25% of the grade on the final client record will be based on the number of errors in punctuation, spelling, and grammar, based on the following:



## **2. Mental Health Presentation (10% of final grade)**

The student will present a mental health disorder of the client he/she is developing in the Psychosocial Assessment and Client Record. The student will present the case to the class as though the class were members of the treatment team. Thus, following the presentation of the case, the student must be prepared to discuss questions and concerns from classmates and professor. The student may not always have answers and may pose questions of concern to classmates for feedback. It is expected that the case presentation will take 5-8 minutes, with an additional 10-15 minutes allotted to process the case. The student who presented will co-lead this discussion with the professor.

\*The student is allowed to use pinterest to locate an Infograph/App/Therapeutic Interventions for the disorder  
\*See grading rubric in end of syllabus

## **3. Concept Mastery Quizzes/ In-Class Movie Assignments (30% of final grade)**

Some class periods will include a take-home quiz to help students solidify their understanding of the concepts presented in the course material and how to apply them. At times, students will be given client scenarios that apply some of the material being covered by the course in terms of how social workers would provide services to the person whose story is told in the scenario. Some of these case scenarios will be based on movies we watch in class that illustrate experiences of people who have mental health disorders. **Late quizzes will NOT be accepted.**

**Note: Take-home quizzes must be completed by each student alone. There is to be NO sharing of quiz answers with other students; this constitutes cheating. If a student shares their quiz answers with another student, BOTH students will receive a grade of 0 (zero) on that quiz and will fail the class. Students will also be reported for concerns of academic integrity.**

**ASSIGNMENTS MUST BE IN APA FORMAT, TYPED AND DOUBLE-SPACED, OR THEY WILL NOT BE GRADED.**

## **4. Counseling Center Presentation**

Each student will research and locate a Licensed Clinical Social Worker (LCSW) at a counseling center that addresses mental health issues outlined in the DSM-V and provide a presentation on their visit. This assignment is aimed at informing students on how to address the stigma about seeking mental health services.

- The student will visit the agency and ask what services they provide and gather any flyers from the agency to share with the class.
- The student will further interview a LCSW at the agency and provide a class presentation about their interview



- Agency Name, location, Hours, contact information, Name of LCSW and how long in practice
- What does your work day look like for you
  - What happens in a counseling session? How long? How often?
  - What psychotherapeutic approaches and tools do you use?
  - How do you assess how well treatment is working?
- What are positives about your job
- What are the negatives about your job
- Have you ever experienced a crisis situation/emergency with a client or dangerous situation? What occurred and how did you handle it
- What recommendation would you have for someone who wants to become a counselor?
- What would you tell someone who is hesitant about seeking counseling
- For the presentation, the student will then address what their feelings were before visiting the center and after. The student will also discuss what their approach would be to recommending counseling for someone in need.

## 5. Final Exams

There will be one final exam. See the Course Schedule in this syllabus for exam dates. The final exam will be completed in class on the final day of the course. These exams will not be the type of exams students may be used to (such as multiple choice, true-false, matching, and short essay questions). Instead, the final exam will ask a few large questions that expect the student to demonstrate their ability to integrate the learning they have done in the class (from reading, class discussions, watching movies in class, etc.) and show how they can APPLY that knowledge in performing social work functions with people who have mental health disorders and their families. At the final exam, students will be allowed to bring with them all of the textbooks for the class and use them while completing their exam for the last half hour of class. No other materials can be used during the testing. **No technology, including cell phones, can be visible while students are taking any exam.**

**Note: In an emergency that keeps a student from being able to attend class on the day the final is given, the student is responsible for contacting the professor in advance to see what arrangements, if any, can be made to make up the exam before the day it is actually being given. Since the final exam is being given on the final day of class, it will NOT be possible for a student to make up the exam AFTER the date it is given in class.**

## 6. Class Attendance & Participation (10% of final grade)

Attendance: Students are expected to be present for every scheduled class session to enrich the learning experience. Students receive a zero (0) for an unexcused absence, tardiness, or early departure from class without prior discussion and approval by the instructor. If you are unable to avoid missing a class, you



must notify the professor via email before the class period to explain the absence. It is up to the discretion of the professor if the absence will be excused (i.e., will not count against your attendance grade).

Further, students are expected to actively engage in the learning during class. This includes engaging in discussion, activities, and actively listening to discussions and lectures taking place in class. The professor assumes that attendance will yield positive and active engagement as outlined above. Failure to attend or to actively engage in positive ways as outlined above and in accordance with the class policies, university code of conduct, and school behavioral expectations (see professional behavior rubric attached to this syllabus) will yield a zero (0) for attendance/participation. Hence, it is important to be aware that unexcused absences and failure to adhere to class policies while in class can and will impact this portion of your grade. *Please note: If your schedule is such that you find it consistently difficult to arrive to class on time, remain for the full class, or arrive to class at all, it is best that you find a course that would best meet your scheduling needs.*



## CODE OF CONDUCT FOR CLASSROOMS

### Class Policies

The following policies apply to all students enrolled in this course:

1. Students are not permitted to enter class more than ten (10) minutes late. Exceptions will be made with prior discussion and approval by the professor only.
2. Once class has begun, students are expected to remain for the duration of the class. It is expected that all students will take care of personal affairs (i.e., get beverages, take care of phone calls, meeting with students and other professors, use the restroom, etc.) before class begins. Students who have a medical/physical condition for which they need to request an exception to this policy are advised to speak with the Disability Services Coordinator and/or discuss this with the professor to see if an exception can be granted. Students leaving the class outside of these parameters should not attempt to re-enter the class and will receive a 0 for class participation and/or attendance that day. **Please note:** *During the summer when classes are 2 hours and 30 minutes in length, the instructor will have a minimal 10 minute break built into each scheduled learning period to support student needs.*
3. Students are expected to display professional decorum at all times. This includes, but is not limited to, respecting classmates and the instructor. In this regard, it is expected that students will not speak to/hold conversations with/pass notes to other students, use cell phones, or engage in other types of unprofessional behaviors once class has begun. Talking during lecture, out of turn, or while other students are talking is disruptive to the learning environment, disrespectful to peers, and unprofessional in demeanor. Students are strongly encouraged to engage in discussion in a respectful and appropriate manner; hence, it is expected that students apply classroom etiquette and raise a hand if there is something to share or to answer a question. It is also expected that students will display patience in raising a hand and recognize that the professor will eventually call on the student and/or may attempt to vary responses from peers **and not call on the student in an effort to do so**. Shouting out answers, making loud noises, and/or waving a hand vigorously to capture attention is unprofessional and inappropriate behavior. Consistent display of such behavior will result in consultation by the professor and can potentially impact the attendance/participation grade. Students are encouraged to use a "parking lot" to for questions that may be better to address after class with the professor.

**Please note:** *This professor will NOT assign seats to students. If behavior accelerates to such a need, a meeting will be requested with the student, the instructor and potentially the department to address appropriateness to be able to continue with the course. If it is determined that the behavior significantly impacts/impairs learning for other students, the student may be asked to leave the class permanently, resulting in an F for the course.*



4. To support the academic learning environment, students are asked to refrain from sharing personal information in class that will not support/add significantly to the class discussion. Sharing of personal stories and/or issues that are not related to the topic can distract class learning and limit knowledge sharing by the professor and other students. In this regard, please note that the professor reserves the right to redirect/limit such conversations in class unless students are expressly asked to share such information by the instructor.
5. **NO TECHNOLOGY IS PERMITTED DURING IN CLASS EXAMS, QUIZZES, OR OTHER TYPES OF ASSIGNMENTS AS DEFINED BY THE PROFESSOR, UNLESS GIVEN SPECIFIC PERMISSION BY THE PROFESSOR.** During such assignments, students may be asked to turn in cell phones to the professor, place bags beneath desk or to the side of class, or other request to minimize use of such technology. Students discovered to be using cell phones, ipads, e-readers, recording devices, etc. during assignments without expressed, written approval by the professor to do so will receive a zero (0) for the assignment and referred to Student Affairs for academic integrity concerns. Students warned against doing so once and found to do so again in this or any subsequent course will receive an F for the course in which the behavior was identified and referred to Student Affairs.
6. Students are **NOT** permitted to work collaboratively (together) on *any* assignment unless given EXPRESSED permission by the instructor to do so. This includes homework, take home quizzes, papers, etc. Failure to adhere to this policy can result in a zero (0) on the assignment and referral to Student Affairs for academic integrity concerns.
7. **All assignments must be turned in at the beginning of class on the day they are due** unless indicated otherwise by the professor. The professor will explain to you when the beginning of class is for the course (*for example*: 10 minutes after the start of class, following the class greeting by the instructor, etc.). Late work **will not** be accepted or graded unless this has been discussed with and approved by the professor **BEFORE** the due date (not the due time) of the assignment. Being absent from class on a day when an assignment is due does NOT grant a student an extension to the due date; the student must still arrange to get that assignment turned in to the professor before class starts. Allowing students to turn in assignments late for a grade is not fair to other students who get their work done on time, disrupts the grading process for the professors, and sends a message that such behavior is professionally “okay,” which it is not. This, as well as all other policies, will be held to strict code, and failure to adhere to this policy will result in a zero (0) for the assignment. This is inclusive of all assignments.

**Please note:** *This professor considers it unprofessional and unacceptable to run into class with a newly printed paper and attempt to assemble the paper at the professor’s desk/podium (getting pages together, stapling, etc.) prior to turning the paper/assignment in. This shows failure to effectively plan and take initiative to get assignments turned in on time. **Two (2) points will be deducted from any***



***paper/assignment (even if turned in before class) that is prepared and submitted in such a manner; hence, it is advisable to appropriately assemble papers for submission BEFORE entering class.***

8. Unless otherwise noted, hard copies of papers must be submitted. Students should be prepared to submit electronic copies of any paper for class at the discretion of the instructor.
9. All papers submitted for grading MUST adhere to APA 6<sup>th</sup> edition standards unless otherwise stated by the professor. This means that all papers must, *minimally*, be: 1) typed, 2) double spaced, 3) use Times New Roman font, 4) use 12 point font, 5) include an APA style cover page, and 6) include in-text citations AND a reference page for ANY SOURCED INFORMATION (this includes information learned in current or previous classes, read online, learned during a personal communication, reviewed over email, read in a text-book, etc.). Further, all typed papers submitted in class MUST be stapled or clipped together (if too large for staple). It is not acceptable, nor professional, to hand in a paper that is not professionally bound (in academia, professionally bound means stapled or securely clipped together). Unless instructed to do so, submitting papers in folders, binders, etc. are not required and should be limited in use.
10. TAMU-CT expects all students to maintain high standards of personal and scholarly conduct and avoid any form of academic dishonesty. Academic dishonesty includes, but is not limited to, plagiarism (intentional or unintentional), copying another person's work, turning in someone else's work as your own, downloading material from the internet and inserting it into a paper as if it was your own work, taking ideas from classes or readings and putting them in a paper without citations/references, cheating on an examination or other academic work, collusion, and the abuse of resource materials. Any idea, even paraphrased ideas, used or borrowed must be given credit by showing the source with an appropriate citation and reference. **Any student who violates class and/or university policies regarding Academic Honesty will be sanctioned according to the University and program guidelines.** More information on university policies can be found at [www.ct.tamus.edu/studentconduct](http://www.ct.tamus.edu/studentconduct). A copy of the University's policy is also located at the end of this syllabus.
11. **Additional & Important Note on Writing Assignments:** All written assignments are expected to be the original work of the student. While paraphrasing and some direct quotations are permitted, it is expected this will be done within the context of your own analysis and synthesis of the information read. Paraphrasing is a skill of reading information and, using your own thoughts, summarizing the information in a way that supports the topic discussed. While the paraphrase involves your own thoughts, it originates from a source and that source is cited. Quoting is a matter of taking words, verbatim, from another source and restating them without, or with minimal, manipulation. Quotations are placed in quotation marks (" ") or placed in a block format within the text. Quoting does not involve analysis and synthesizing and, therefore, does not require critical thinking except when used appropriately to support (not substitute) an idea. Because of this, students are discouraged from using significant quotations as this limits your learning experience. Students found to excessively quote will be penalized. Students using words as their own without appropriately citing will be penalized –





including failing the assignment and up to failing the course. Students found to have plagiarized (using words as your own without giving **proper credit**, whether paraphrasing or directly quoting) will also be referred to the Student Affairs. Therefore, it is **VERY** important that students take academic integrity in writing very seriously. If you are in doubt, it is always best to cite your source and/or speak with your professor for more guidance. The Writing Center, Library, and Owl Purdue are also resources that can help you. ***A copy of this statement is located at the end of this syllabus. You are required to acknowledge receipt and understanding regarding the policy for academic integrity in this course by signing and submitting the acknowledgement statement no later than the second (2<sup>nd</sup>) week of class. Failure to do so will result in consultation with the professor, program faculty and/or Student Affairs and could limit your successful continuation in this course.***

12. Class discussions, oral presentations, and written materials must adhere to professional standards of expression and conform to the style described by the American Psychological Association (APA, 2009). This includes avoidance of the use of language that degrades women, people of color, gays, lesbians, bisexuals, transgendered, and other diverse and at-risk populations. All students are expected to display the utmost respect for all people, regardless of differences.

### ***Final Note Regarding Class Policies***

*The aforementioned policies are designed to create and foster a positive and rewarding learning environment for all students. Failure to adhere to the aforementioned class policies, as well as university policies, demonstrates a potential inability to conduct oneself professionally in the field of study. These policies are applicable throughout the program and, as such, students who consistently fail to comply with these policies will be considered inappropriate candidates for field placement and/or the degree of Bachelor of Social Work at TAMU-CT, as their behavior is considered inappropriate for a social work practitioner.*

*An assessment of student behavior as it relates to class policies, and overall decorum required throughout the TAMU-CT social work program and the University, is provided via the “Rubric for Assessing Professional Behaviors” (attached to this syllabus). Any student in this course found to perform below the standard requirements will be provided with a rubric outlining areas for concern. Failure to obtain scores of 3 or 4 in any of the 15 professional behavior areas listed in the rubric will limit a student’s ability to be assigned a field placement and/or can result in removal from a field placement. These behaviors, which align with the National Association of Social Workers (NASWs) core values and ethics, TAMU-CTs Code of Conduct, and the Social Work Program class policies, are considered the expected professional behaviors of social work interns and future generalist social workers and, therefore, are held to the strictest code.*



## University Policies

### 1. **Drop Policy**

If you discover that you need to drop this class, you must go to the Records Office and ask for the necessary paperwork. Professors cannot drop students; this is always the responsibility of the student. The records office will give a deadline for which the form must be completed, returned, and signed. Once you return the signed form to the records office and wait 24 hours, you must go into Duck Trax and confirm that you are no longer enrolled. If you are still enrolled, FOLLOW-UP with the records office immediately. You are to attend class until the procedure is complete to avoid penalty for absence. Should you miss the deadline or fail to follow the procedure, you will receive an F in the course.

### 2. **Academic Integrity**

Texas A&M University - Central Texas expects all students to maintain high standards of personal and scholarly conduct. Students guilty of academic dishonesty are subject to disciplinary action. Academic dishonesty includes, but is not limited to, cheating on an examination or other academic work, plagiarism, collusion, and the abuse of resource materials. The faculty member is responsible for initiating action for each case of academic dishonesty. More information can be found at [www.tamuct.org/studentconduct](http://www.tamuct.org/studentconduct).

### 3. **Access and Inclusion**

It is the policy of Texas A & M University – Central Texas to comply with the American with Disabilities Act. If you have or believe you have a disability, you may wish to self-identify. You can do so by providing documentation to the Access and Inclusion Support Coordinator, Gail Johnson. Students are encouraged to seek information about accommodations to help ensure success in this class. Additional information can be found at <http://www.tamuct.org/StudentAffairs>.

### 4. **Library Services**

INFORMATION LITERACY focuses on research skills which prepare individuals to live and work in an information-centered society. Librarians will work with students in the development of critical reasoning, ethical use of information, and the appropriate use of secondary research techniques. Help may include, yet is not limited to: exploration of information resources such as library collections and services, identification of subject databases and scholarly journals, and execution of effective search strategies. Library Resources are outlined and accessed at <http://www.tarleton.edu/centraltexas/departments/library/>.

### 5. **Tutoring Services**

TAMUCT offers its students tutoring, both on-campus and online. Subjects tutored include: Accounting, Finance, Statistics, Mathematics, and Writing (MLA and APA). For hours, or if you're interested in becoming a tutor, contact Academic Support Programs at (254) 501-5830 or by



emailing [cecilia.morales@ct.tamus.edu](mailto:cecilia.morales@ct.tamus.edu). In addition, students desiring assistance with academic writing can receive online support by visiting Tutor.com. Support can be located at <http://www.ct.tamus.edu/departments/academicsupport/tutoring-services.php>.

6. **The University Writing Center**

The University Writing Center at Texas A&M University-Central Texas is a free workspace open to all TAMUCT students. The UWC is located in 416 Warrior Hall. The center is open 11am-6pm Monday-Thursday during the spring semester. Students may work independently in the UWC by checking out a laptop that runs Microsoft Office suite and connects to WIFI, or by consulting our resources on writing, including all of the relevant style guides. Students may also arrange a one-on-one session with a trained and experienced writing tutor. Tutorials can be arranged by visiting the UWC. Tutors are prepared to help writers of all levels and abilities at any stage of the writing process. Sessions typically last between 20-30 minutes. While tutors will not write, edit, or grade papers, they will help students develop more effective invention and revision strategies.


7. **Textbook Purchasing**

A student of this institution is not under any obligation to purchase a textbook from a university-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.



**COURSE SCHEDULE**



**Note: The professor reserves the right to amend the schedule and syllabus at any time.**

Date	Description	Text / Readings/Assignments Due
8/29/17	Introductions Review of syllabus Assignment expectations Receive Assigned Diagnosis	
8/31/17	Bentley & Walsh Ch. 1 NASW Social Work Speaks on Mental Health	
9/5/17	Bentley & Walsh Ch. 2 BioPsychosocial-Spiritual Assessment	
9/7/17	Bentley & Walsh Ch. 3 Mental Status Exam	<b>Quiz 1</b>
9/12/17	Bentley & Walsh Ch. 4 S.O.A. P. Notes <i>U.S. Department of Health and Human Services</i> <i>Mentalhealth.gov</i>	<b>Draft 1 due</b> 
9/14/17	Bentley & Walsh Ch. 4 <i>Mental Health Apps</i>	
9/19/17	Bentley & Walsh Ch. 5 NASW Social Work Practice in Health Care Settings <i>Samhsa.gov</i>	<b>Quiz 2</b> Substance Abuse and Mental Health Services Administration 
9/21/17	No Class Work on Client Assessment/Counseling Center Presentation	
9/26/17	No class Work on Client Assessment/Counseling Center Presentation	
9/28/17	Bentley & Walsh Ch. 6 TAMUCT Counseling Center	<b>Quiz 3</b> <b>Draft 2 due</b>
10/3/17	Bentley & Walsh Ch. <i>Centralcountiesservices.org</i>	
10/5/17	Bentley & Walsh Ch.8	<b>Quiz 4</b>



	Quick Reference to Psychotropic medication: psyD-FX.com Presentation Review	
10/10/17	Bentley & Walsh Ch. 9 Clinical Social Work in Social work Practice <i>Bbtrails.org</i> Bentley & Walsh Ch. 10 Theoretical Frameworks/Research Informed Practice/Practice Informed Research	<b>Draft 3 due</b> 
10/12/17	<b>Counseling Center Presentation</b>	<b>Quiz 5</b>
10/17/17	<b>Counseling Center Presentation</b>	<b>Draft 4 due</b>
10/19/17	DSM-5 Preface, Introduction, Use of the Manual, Cautionary Statement for Forensic Use of the DMS-5 Highlights of Changes from DSM-IV-TR to DSM-5	
10/24/17	<b>NO CLASS PROFESSOR AT CONFERENCE</b> Complete Client Assessment & Record	<b>Prepare for your presentations</b>
10/26/17	Neurodevelopmental Disorders Schizophrenia Spectrum and Other Psychotic Disorders Movie clips <b>Student Presentation</b> Anxiety Disorders Obsessive-Compulsive and Related Disorders	<b>Quiz 6, Draft 5 due</b> 
10/31/17	<b>No Class</b> Complete Client Assessment & Record	
11/2/17	Bipolar and Related Disorders Depressive Disorders Suicide Prevention: Role Play Movie clips	<b>Client Assessment &amp; Record due</b>
11/7/17	Trauma and Stressor Related Disorders Dissociative Disorders Movie clips <b>Student Presentation</b>	<b>Quiz 7</b>



11/9/17	Somatic Symptom and Related Disorders Feeding and Eating Disorders Movie clips <b>Student Presentation</b>	
11/14/17	Elimination Disorders Sleep-Wake Disorders Movie clips <b>Student P11/16/17resentation</b>	
11/16/17	Sexual Dysfunctions Gender Dysphoria Movie clips <b>Student Presentation</b>	<b>Quiz 8</b>
11/21/17	Disruptive, Impulse Control, and Conduct Disorders Substance Related and Addictive Disorders NASW Social Work Practice with Clients with Substance Use Disorders Movie clips <b>Student Presentation</b>	
11/23/17	<b>No Class</b> <b>Review for your final exam</b>	
11/28/17	Neurocognitive Disorders Personality Disorders Movie clips <b>Student Presentation</b>	<b>Quiz 9</b>
11/30/17	Personality Disorders Paraphilic Disorders Movie clips <b>Student Presentation</b>	
12/5/17	Assessment Measures, Cultural Formulation Social Work & Self-Care In Class Evaluations	<b>Quiz 10</b>
12/7/17	<b>Final Exam</b>	

\*Professor reserves the right to amend the syllabus at any time.



## BIBLIOGRAPHY

*The following resources were used in developing handouts for this class and/or can be used by students to provide further information on the topics covered by the course:*

- Aisenberg, E. (2008). Evidence-Based practice in mental health care to ethnic minority communities: Has practice fallen short of its evidence? *Social Work, 53*(4), 297-306.
- Aust, P.H. (1994). What the problem is not the problem: Understanding attention deficit disorder with and without hyperactivity. *Child Welfare, 73*, 215-227.
- Baethge, C., Baldessarini, R.J., Hari-Mandir Kaur, K., Hennen, J., Salvatore, P., & Tohen, M. (2005). Substance abuse in first-episode bipolar I disorder: Indications for early intervention, *American Journal of Psychiatry, 162*, 1008-1010
- Barkley, R. A. (1998). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (2nd ed.). New York, NY: Guilford
- Barlow, D.H., Brown, T.A., & Craske, M. G. (1994). Definitions of panic attacks and panic disorder in the DSM-IV: Implications for research. *Journal of Abnormal Psychology, 103*, 553-564.
- Beck, A. T., Brown, G., Berchick, R. J., Stewart, B. L., & Steer, R. A. (2006). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *Focus, 4*, 291-296.
- Chu, J.A. (2011). *Rebuilding shattered lives: Treating complex PTSD and dissociative disorders*, 2<sup>nd</sup> edition. Hoboken, NJ: Wiley.
- Durand, M. V. & Barlow, D. H. (2013). *Essentials of abnormal psychology*, 4<sup>th</sup> edition. Belmont, CA: Cengage.
- Dziegielewska, S.F. (2010). *DSM-I V-TR in action* (2<sup>nd</sup> edition). Hoboken, NJ: Wiley.
- Edmond, T., Rubin, A., & Wambach, K. (1999). The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Social Work Research, 23*, 103-116.
- Garcia-Lopez, L., Olivares, J., Beidel, D., Albano, A., Turner, S., & Rosa, A. I. (2006) Efficacy of three treatment protocols for adolescents with social anxiety disorder: A 5-year follow-up assessment. *Journal of Anxiety Disorders, 20*(2), 175-191.
- Gray, S.W. (2011). *Competency-based assessments in mental health practice*. Hoboken, NJ: Wiley.
- Greenwald, R., & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. *Research on Social Work Practice, 9*(1), 61-75.
- Holderness, C.C. Broosgunn, J., & Warren, M.P. (1994). Co-morbidity of eating disorders and substance abuse: A literature review. *International Journal of Eating Disorders, 16*, 1-34.
- Johnson, E.D. (2000). Differences among families coping with serious mental illness: A qualitative analysis. *American Journal of Orthopsychiatry 70*(1), 126-134.
- Kirmayer, L., & J; Groleau, D. (2001). Affective disorders in cultural context. *Psychiatric Clinics of North America, 24*(3), 465-478.
- Kirmayer, L.J. & Young, A. (1999). Culture and context in the evolutionary concept of mental disorder. *Journal of Abnormal Psychology 108*,446-452.
- Lahey, B., Loeber, R., Burke, J., & Applegate, B. (2005). Predicting future antisocial personality



- disorder in males from a clinical assessment in childhood. *Journal of Consulting and Clinical Psychology*, 73(3), 389-399.
- Lee, C., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002). Treatment of post-traumatic stress disorder: A comparison of stress inoculation training with prolonged exposure and eye movement desensitization and reprocessing. *Journal of Clinical Psychology*, 58, 1071-1089.
- Lieberman, J. A. (2005). Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. *New England Journal of Medicine*, 353, 1209-1223.
- Nasrallah, H. A., Targum, S.D., Tandon, R., McCombs, J. S., & Ross, R. (2005). Defining and measuring clinical effectiveness in the treatment of schizophrenia, *Psychiatric Services* 56, 273-282.
- Pawlukewicz, J. (2003). World Trade Center trauma interventions: A clinical model for affected workers. *Psychoanalytic Social Work*, 79-88.
- Pelham, W. E., Fabiano, G.A. & Massetti, G. M. (2005). Evidence-based assessment of attention deficit hyperactivity disorder in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 34(3), 449-476.
- Portzky, G., Audenaert, K., Heeringen, K. (2005) Adjustment disorder and the course of the suicidal process in adolescents. *Journal of Affective Disorders*, 87(2-3), 265-270.
- Rappley, M.D. (2005). Attention deficit-hyperactivity disorder, *New England Journal of Medicine*, 352, 165-173.
- Rubin, A., Springer, D.W., & Trawver, K. (Eds.) (2011). *Psychosocial treatment of schizophrenia*. Hoboken, NJ: Wiley,
- Spitzer, R. L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. (2002). *DSM-IV-TR casebook: A learning companion to the diagnostic and statistical manual of mental disorders* (4<sup>th</sup> edition). Washington, DC: American Psychiatric Publishing
- Springer, D.W., Rubin, A., & Beevers, C.G.(Eds.) (2011). *Treatment of depression in adolescents and adults*. Hoboken, NJ: Wiley
- Taylor, C. B. (2006). Prevention of eating disorders in at-risk college-age women. *Archives of General Psychiatry*, 63(8), 881-888.
- Whaley, A.L. (2001). Cultural mistrust of white mental health clinicians among African Americans with severe mental illness. *American Journal of Orthopsychiatry* 71(2), 252-256.
- Wilson, G. T. (2005). Psychological treatment of eating disorders. *Annual Review of Clinical Psychology*, 1, 439-465





### Websites for Finding Evidenced-Based Assessment and Practice Information

- The American Academy of Child and Adolescent Psychiatry Practice Guidelines. Available on line with subscription to the journal "Journal of Child and Adolescent Psychiatry" [www.AACAP.org](http://www.AACAP.org)
- The American Psychological Association publishes Practice Guidelines and Guidelines for interpreting the Plethora of Guidelines that exist. [www.apa.org](http://www.apa.org)
- Campbell Collaboration [www.CampbellCollaboration.org](http://www.CampbellCollaboration.org)
- Cochrane Collaboration <http://www.cochrane.org/>
- DSMIVR: [www.DSMIV.org](http://www.DSMIV.org)
- International Center for the Study of Psychiatry and Psychology (Critiques of Psychiatric practice and drugs): [www.icspp.org](http://www.icspp.org)
- The Journal Clinical Evidence is an on-line journal that helps clinicians decide on what works for what disorder. [www.clinicalevidence.org/ceweb/conditions/index.jsp](http://www.clinicalevidence.org/ceweb/conditions/index.jsp)
- The Journal of Clinical Psychiatry Practice Guidelines: Available on-line with subscription to the journal. [www.psychiatrist.com](http://www.psychiatrist.com)
- The National Institute on Drug Abuse ( NIDA) <http://www.drugabuse.gov/>
- The National Institute of Mental Health (NIMH) [www.nimh.nih.gov/](http://www.nimh.nih.gov/)
- Practice Guidelines Available online [www.psychguides.com](http://www.psychguides.com)
- PSYWEB: [www.psyweb.com](http://www.psyweb.com)
- The Substance Abuse and Mental Health Services Administration (SAMSHA) [www.samhsa.gov/](http://www.samhsa.gov/)
- The Up-date, Clinical Update [www.uptodate.com](http://www.uptodate.com)



Grading Matrix Client Assessment/ Record  
(75% of the project grade based on this content)

Student's Name: \_\_\_\_\_

<i>Item</i>	<i>Possible Points</i>	<i>Points Earned</i>
Client assessment (including appropriate demographics and intake/ referral information)	20	
Comprehensive Service Goals	10	
Initial Service Plan/ Treatment Plan	10	
Progress Notes (4 Client Contacts)	4 x 10 =40	
Progress notes dealing effectively with lack of compliance on taking psychotropic medications	7	
One change in client's situation with resulting change in service plan	7	
Overall consistency, creativity, and quality of overall client record and progress notes	6	
Quality of Writing (punctuation, grammar, spelling)	10	
Total	110	



### Biopsychosocialspiritual Assessment Format

#### **I. Identifying Information**

- A. Demographic information: age, sex, ethnic group, current employment, marital status, physical environment/housing: nature of living circumstances (apartment, group home or other shared living arrangement, homeless); neighborhood.
- B. Referral information: referral source (self or other), reason for referral. Other professionals or indigenous helpers currently involved.
- C. Data sources used in writing this assessment: interviews with others involved (list dates and persons), tests performed, other data used.

#### **II. Presenting Problem**

- A. Description of the problem, and situation for which help is sought as presented by the client. Use the client's words. What precipitated the current difficulty? What feelings and thoughts have been aroused? How has the client coped so far?
- B. Who else is involved in the problem? How are they involved? How do they view the problem? How have they reacted? How have they contributed to the problem or solution?
- C. Past experiences related to current difficulty. Has something like this ever happened before? If so, how was it handled then? What were the consequences?

#### **III. Background History**

- A. Developmental history: from early life to present (if obtainable)
- B. Family background: description of family of origin and current family. Extent of support. Family perspective on client and client's perspective on family. Family communication patterns. Family's influence on client and intergenerational factors.
- C. Intimate relationship history
- D. Educational and/or vocational training
- E. Employment history
- F. Military history (if applicable)
- G. Use and abuse of alcohol or drugs, self and family
- H. Medical history: birth information, illnesses, accidents, surgery, allergies, disabilities, health problems in family, nutrition, exercise, sleep
- I. Mental Health history: previous mental health problems and treatment, hospitalizations, outcome of treatment, family mental health issues.
- J. Nodal events: deaths of significant others, serious losses or traumas, significant life achievements
- K. Cultural background: race/ethnicity, primary language/other languages spoken, significance of cultural identity, cultural strengths, experiences of discrimination or oppression, migration experience and impact of migration on individual and family life cycle.
- L. Religion: denomination, church membership, extent of involvement, spiritual perspective, special observances



**IV. Assessment**

- A. What is the key issue or problem from the client's perspective? From the worker's perspective?
- B. How effectively is the client functioning?
- C. What factors, including thoughts, behaviors, personality issues, environmental circumstances, stressors, vulnerabilities, and needs seem to be contributing to the problem(s)? Please use systems theory with the ecological perspective as a framework when identifying these factors.
- D. Identify the strengths, sources of meaning, coping ability, and resources that can be mobilized to help the client.
- E. Assess client's motivation and potential to benefit from intervention

**V. Recommendations/Proposed Intervention**

- A. Tentative Goals (with measurable objectives and tasks)
  - 1. One Short-term
  - 2. One Long-term
- B. Units of Attention
- C. Possible obstacles and tentative approach to obstacles



**MENTAL HEALTH CASE PRESENTATION GRADING RUBRIC**

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_/100

**Section I.**

Nonverbal Skills	5=Exceptional	4=Acceptable	3=Needs Improvement	1=Poor
<b>Eye Contact</b> Score:	Holds attention of entire audience with the use of direct eye contact, seldom looking at notes or slides.	Consistent use of direct eye contact with audience, but still returns to notes.	Displays minimal eye contact with audience, while reading mostly from notes.	No eye contact with audience. Entire report is read from note or slide.
<b>Body Language</b> Score:	Movements seem fluid and help the audience visualize.	Made movements or gestures that enhance articulation.	Very little movement or descriptive gestures or movements/gestures were out of place/distracting.	No movement or descriptive gestures or movements/gestures were out of place and very distracting.
<b>Poise</b> Score:	Displays relaxed, self-confident nature.	Displays little or no tension. Quickly recovers from mistakes professionally and without repeated apology.	Displays mild tension; has trouble recovering from mistakes.	Tension and nervousness is obvious; has significant trouble recovering from mistakes.
<b>Attire</b> Score:	Displays professional appearance and hygiene. It is evident that care, attention, and consideration was made for attire	Appearance and hygiene are acceptable.	Appearance and hygiene are noticeably unkempt.	Appearance and hygiene are significantly unkempt and disheveled.



	that was appropriate to the audience and information.			
--	---	--	--	--

Section Total: \_\_\_\_\_/30

**MENTAL HEALTH CASE PRESENTATION GRADING RUBRIC**

**Section II.**

Verbal & Timing Skills	5=Exceptional	4=Acceptable	2=Needs Improvement	1=Poor
<b>Speaking/Articulation &amp; Timing</b> Score:	Uses a clear voice and speaks at a good pace so audience members can hear presentation. Less than 5% of speaking is from notes. Did not exceed more than one minute of allotted time.	Presenter's voice is clear. The pace is a little slow or fast at times. Most audience members can hear presentation. 10% -15% of speaking is from notes. Was within two minutes of allotted time.	Presenter's voice is low. The pace is much too rapid/slow. Audience members have difficulty hearing presentation. 20% - 40% of speaking is from notes. Was more than 2 but less than 3 minutes over of allotted time.	Presenter mumbles, talks very fast, and/or speaks too quietly for a majority of students to hear and understand. 50% or more of speaking is from notes. Was significantly too long (3+ minutes above allotted time).

Section Total: \_\_\_\_\_/15



**MENTAL HEALTH CASE PRESENTATION GRADING RUBRIC**

**Section III.**

Content	10=Exceptional	5=Acceptable	3=Needs Improvement	1=Poor
<b>Inclusion of Required Information</b> Score:	All required information included and expanded upon in a way that is appropriate and significantly adds to the value of the information presented.	Most required information is included and elaborated upon in a way that adds general support to the information presented.	Only half of the required information is included.	Less than half of the required information is included.
<b>Knowledge</b> Score:	An abundance of material clearly related to the topic is presented and discussed. Points are clearly made and evidence is used to support claims.	Sufficient information with many good points made.	There is a great deal of information that is not clearly integrated or connected to the topic. Information presented is uneven and there is little consistency.	Purpose of provided information unclear. There is information included that does not support the topic in any way.
<b>Organization</b> Score:	Information is presented in a logical and interesting Sequence, which audience can follow. Flows well.	Information is presented in logical sequence, which audience can follow.	Audience has difficulty following presentation because the presentation jumps around and lacks clear transitions.	Audience cannot understand presentation because there is no sequence of information.
<b>Mechanics</b> Score:	Presentation has none to very minimal (2) misspellings or grammatical errors.	Presentation has no more than 3-4 misspellings and/or grammatical errors.	Presentation has 5-7 misspellings and/or grammatical errors.	Presentation has 8+ spelling and/or grammatical errors.

Section Total: \_\_\_\_\_/55

Total Presentation Score: \_\_\_\_\_/100      \_\_\_\_\_%      Grade: \_\_\_\_\_



## Bachelor of Social Work Program

### Rubric for Assessing Professional Behaviors (RAPB)

Students must demonstrate the ability to maintain scores of 3 or 4 in each of the following 15 professional behavior areas listed below to be considered for a field placement, as these are the expected professional behaviors of social work interns and professional social workers.

Professional Behaviors	1 Unacceptable	2 Needs Improvement	3 Acceptable	4 Outstanding
<b>1. Attendance:</b> Attends classes and related meetings	Student has missed a significant (more than 6) number of classes and/or a sufficient number of meetings to impair performance.	Student has missed several (4-5) classes and/or a moderate number of meetings such that it impacts performance.	Student attends almost all classes (missing no more than 3) and/or attends almost all meetings such that absence does not impact/impair performance.	Student attends all classes and/or meetings.
<b>2. Punctuality:</b> Is punctual and present	Student has been significantly late to class/meetings or left early from class/meetings 3 or more times in a semester.	Student has occasionally (no more than 2 times) been late to class/meetings or left early from class/meetings in a semester.	Student is on time to class/meetings and stays until the end except in truly rare or unusual circumstances that are considered excusable by the professor.	Student is always on time and stays until the end of class/meetings.





Professional Behaviors	1 Unacceptable	2 Needs Improvement	3 Acceptable	4 Outstanding
<b>3. Initiation of Communication:</b> Initiates communication with the professor/supervisor	Student rarely contacts the instructor/supervisor to inform of tardiness/absence, and/or student provides no reason for tardiness/absence.	Student may contact the professor/supervisor to inform of tardiness/absence, but generally does so after the occurrence.	Student almost always contacts the professor/supervisor prior to the occurrence to inform of tardiness/absence. In rare instances when this is not done prior, the student contacts the professor/supervisor immediately after.	Student always contacts the professor/supervisor prior to the beginning of class to inform of anticipated tardiness/absence except in an emergency, and then contacts the professor immediately thereafter.
<b>4. Respect:</b> Demonstrates respect and support in relationships	Student is frequently disrespectful to and non-supportive of classmates, staff, faculty, and/or community members.	Student is occasionally disrespectful to and non-supportive of classmates, staff, faculty, and/or community members.	Student is rarely disrespectful to classmates, staff, and/or faculty. Student almost always demonstrates support in these relationships/interactions.	Student is never disrespectful to classmates, staff, and/or faculty. Student always demonstrates support in these relationships/interactions.
<b>5. Self-Awareness:</b> Demonstrates self-awareness	Student rarely shows self-awareness about the impact of verbal and non-verbal communications.	Student occasionally shows self-awareness about the impact of verbal and non-verbal communications.	Student almost always maintains a high level of self-awareness about the impact of verbal and non-verbal communications.	Student always maintains a high level of self-awareness about the impact of verbal and non-verbal communications.



Professional Behaviors	1 Unacceptable	2 Needs Improvement	3 Acceptable	4 Outstanding
<b>6. Diversity Awareness:</b> Demonstrates awareness and responsiveness to diversity	Student's classroom or other student related interactions rarely reflect respect for and appreciation of diverse opinions, experiences, and/or people.	Student occasionally reflects respect for and appreciation of diverse opinions, experiences, and/or people in the classroom or during other student related interactions.	Student's classroom or other student related interactions almost always reflect respect for and appreciation of diverse opinions, experiences, and/or people.	Student's classroom or other student related interactions always reflect respect for and appreciation of diverse opinions, experiences, and/or people.
<b>7. Collegiality:</b> Demonstrates collegiality and collaborative interactions	Student rarely demonstrates collaborative skills in work with others, and/or student has poor relationships with classmates or others involved in student learning.	Student is occasionally reluctant to collaborate with others and/or struggles with maintaining positive relationships.	Student almost always works collaboratively with team members, and/or student almost always engages positively with others.	Student always works collaboratively with all team members, and/or student always engages positively with others.
<b>8. Course Engagement:</b> Demonstrates appropriate engagement in class activities/discussions	Student rarely engages in class activities/discussions and does not make an effort to do so following feedback. Or student frequently monopolizes the learning space, limiting others' engagement and/or inhibiting the learning environment.	Student occasionally engages in class activities/discussions and makes some effort to do so following feedback. Or student occasionally monopolizes the learning space, limiting others' engagement and/or inhibiting the learning environment.	Student almost always engages in class activities/discussions and rarely monopolizes the learning space in a way that it limits others' engagement and/or the learning environment.	Student always engages in class activities/discussions and never monopolizes the learning space in a way that it limits others' engagement and/or the learning environment.



Professional Behaviors	1 Unacceptable	2 Needs Improvement	3 Acceptable	4 Outstanding
<p><b>9. Written Expression:</b> Strives for a high level of written expression</p>	<p>Student's writing shows significant impairment in content, grammar, spelling, structure, and/or flow. Writing grades are/would be a D or F.</p>	<p>Student's writing shows moderate impairment in content, grammar, spelling, structure, and/or flow. Writing grades are/would be a <u>low</u> C.</p>	<p>Student's writing demonstrates good content, grammar, spelling, structure, and/or flow. Writing grades are/would be a <u>high</u> C.</p>	<p>Student's writing demonstrates very good to excellent content, grammar, spelling, structure, and/or flow. Writing grades are/would be a B or A.</p>
<p><b>10. Initiative &amp; Reliability:</b> Demonstrates initiative, reliability and dependability</p>	<p>Student rarely takes initiative to plan work and complete it in a timely manner, and/or student rarely gets assignments done and submitted on time.</p>	<p>Student only occasionally takes initiative to plan work and complete it in a timely manner, resulting in coming to class minimally prepared and occasionally missing assignment due dates.</p>	<p>Student almost always takes initiative to plan work and complete it in a timely manner, and/or work is almost always submitted on time.</p>	<p>Student always takes initiative to plan and complete work in a timely manner, and/or work is always submitted on time.</p>
<p><b>11. Responsiveness to Feedback:</b> Demonstrates evidence of motivation to improve oneself.</p>	<p>Student has not demonstrated receptiveness to suggestions and feedback from others and, therefore, makes no effort to adjust performance accordingly.</p>	<p>Student is usually receptive to suggestions and feedback but does not adjust performance accordingly.</p>	<p>Student is almost always receptive to suggestions or feedback and adjusts performance accordingly.</p>	<p>Student is always receptive to suggestions or feedback from others and adjusts performance accordingly.</p>



Professional Behaviors	1 Unacceptable	2 Needs Improvement	3 Acceptable	4 Outstanding
<b>12. Compliance with Professional Requirements:</b> Demonstrates compliance with the professional conduct policy in the BSW Program, Texas A&M University-Central Texas Code of Conduct, Field Education Manual, and, as applicable, Field Agency Policies	Student demonstrates significant problems in complying with Program requirements, University requirements, and/or the Field manual.	Student occasionally demonstrates non-compliance with the Program requirements, University requirements, and/or the Field manual.	Student almost always demonstrates compliance with the Program requirements, University requirements, and/or the Field manual.	Student always demonstrates compliance with the Program requirements, University requirements, and/or the Field manual.
<b>13. Compliance with the NASW Code of Ethics:</b> Demonstrates compliance with the Code of Ethics in its entirety	Student is consistently non-compliant with one or more components of the Code of Ethics.	Student is only moderately compliant with components of the Code of Ethics.	Student is almost always compliant with the Code of Ethics.	Student consistently demonstrates compliance with the Code of Ethics.
<b>14. Quality and Quantity of Work:</b> Strives for high quality work that meets assignment guidelines.	Student submits assignments that frequently lack neatness, accuracy, organization, and thoroughness, and/or the work submitted is incomplete.	Student submits assignments that occasionally lack neatness, accuracy, organization, and thoroughness, and/or the work submitted is somewhat incomplete.	Student rarely submits assignments that lack neatness, accuracy, organization, and thoroughness. The work submitted is generally complete.	Student always submits assignments that are neat, accurate, organized, and thorough. The work submitted is always complete.
<b>15. Professional Appearance:</b> Displays professional appearance that does not interfere with professional relationships/responsibilities.	Student's professional attire and presentation is consistently inappropriate for professional and classroom settings.	Student's professional attire and presentation is frequently inappropriate for professional and classroom settings.	Student's appearance is routinely appropriate for classroom and professional settings.	Student's appearance is consistently appropriate for classroom and professional settings.

(Adapted from the University of Vermont Department of Social Work, created 6/17/10)



TEXAS A&M  
UNIVERSITY  
CENTRAL TEXAS



Fall 2017

Professor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_



*TAMUCT Bachelor of Social Work Program*

**ACKNOWLEDGEMENT AND AGREEMENT FOR ACADEMIC INTEGRITY IN**  
*Social Work and Mental Health*

All written assignments are expected to be the original work of the student. While paraphrasing and some direct quotations are permitted, it is expected this will be done within the context of your own analysis and synthesis of the information read. Paraphrasing is a skill of reading information and, using your own thoughts, summarizing the information in a way that supports the topic discussed. While the paraphrase involves your own thoughts, it originates from a source and that source is cited. Quoting is a matter of taking words, verbatim, from another source and restating them without, or with minimal, manipulation. Quotations are placed in quotation marks (""") or placed in a block format within the text. Quoting does not involve analysis and synthesizing and, therefore, does not require critical thinking except when used appropriately to support (not substitute) an idea. Because of this, students are discouraged from using significant quotations as this limits your learning experience. Students found to excessively quote will be penalized. Students using words as their own without **appropriately** citing will be penalized – including failing the assigned project and up to failing the course. Students found to have plagiarized (using words as your own without giving **proper credit**, whether paraphrasing or directly quoting) will also be referred to the Student Affairs. Therefore, it is **VERY** important that students take academic integrity in writing very seriously. If you are in doubt, it is always best to cite your source and/or speak with your professor for more guidance. The Writing Center, Library, and Owl Purdue are also resources that can help you. *You are required to acknowledge receipt and understanding regarding the policy for academic integrity in this course by signing and submitting the acknowledgement statement no later than the second (2<sup>nd</sup>) week of class. Failure to do so will result in consultation with the professor, program faculty and/or Student Affairs and could limit your successful continuation in this course.*

My printed name and signature below confirms that I acknowledge the above mentioned Academic Integrity guidelines for this course. I willingly agree to participate in the class and abide by ALL academic integrity parameters for this course (including ALL university and class policies). I further understand that failure to do so can result in academic penalties including and leading up to failure of the course and referral to Student Affairs.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_