

TEXAS A&M UNIVERSITY – CENTRAL TEXAS SOCIAL WORK DEPARTMENT

SOWK 4301 110: SOCIAL WORK AND MENTAL HEALTH

MONDAYS AND WEDNESDAYS, 2:00 TO 4:30 PM, ROOM ___ WARRIOR HALL

Semester: Summer 2018
Instructor's Name: Claudia Rappaport, PhD, ACSW, MSSW
Office Number: 420D Warrior Hall
Office Phone: (254) 519-5432
E-Mail: rappaport@tamuct.edu. **NOTE: ONLY USE THIS ADDRESS TO EMAIL ME; DO NOT TRY TO EMAIL ME THROUGH THE CANVAS SYSTEM! Emails are responded to as soon as possible, usually the same day (or the next day if sent very late at night). I do respond to emails at night if I am still up grading papers.**

Office Hours: Monday and Wednesday, 12:00 to 1:00 PM
Tuesdays and Thursdays, 1:00 to 4:30 PM

I. 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: There are no prerequisites to this course other than Introduction to Social Work (SWKK 308).

II. Nature of Course

This course will cover basic skills of working with individuals who require social work interventions because of a mental health diagnosis. Students will become familiar with mental health diagnoses as they exist in the DSM-5, issues regarding clients who are prescribed psychotropic medications to treat those diagnoses, and roles of social workers in providing services to those clients and their families.

This course has infused curriculum that prepares students with the necessary casework skills required by 45CFR 1356.60 Title IV-E Training Program.

This supports students' learning the model of **Generalist Social Work Practice:** Work with individuals, families, groups, communities and organizations in a variety of social work and host settings. Generalist practitioners view clients and client systems from a strengths perspective in order to recognize, support, and build upon the innate capabilities of all human beings. They use a professional problem-solving process to engage, assess, broker services, advocate, counsel, educate, and organize with and on behalf of clients and client systems. In addition, generalist practitioners engage in community and organizational development. Finally, generalist practitioners evaluate service outcomes in order to continually improve the provision and quality of services most appropriate to client needs. Generalist social work practice is guided by the NASW Code of Ethics and is committed to improving the well-being of individuals, families, groups, communities and organizations and furthering the goals of social justice. (From the website of the Association of Baccalaureate Social Work Program Directors, Inc.)

Teaching Method: The primary teaching approaches in this course will be collaborative and active learning. Material in the course will be presented through interactive class discussions based on reading assignments, analyses of case scenarios, videotapes, and written assignments.

Grading: As much as possible, Dr. Rappaport tries to return graded assignments the class after they were due. For longer assignments it may be the second class after they were due. Twice during the semester Dr. Rappaport will complete grade sheets to show each student where their course grade stands at that time.

Note: Handouts for the course will be available via the Canvas Online Learning System. Please ensure that you have access to it. For concerns, please contact the Help Desk Central, 24 hours a day, by emailing helpdesk@tam.u.edu, 254-519-5466. See tamuct.instructure.com. For help you can also call the Canvas support line at 1-844-757-0953.

III. Program Mission

The mission of the Texas A&M University-Central Texas Bachelor of Social Work Department (TAMUCT BSW Department) 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 Department aims to achieve its mission by

- responding to the needs of the local community, including the military and non-traditional students,
- providing a student-centered education that fosters personal and professional responsibility,
- providing compassionate mentorship that models the core values of the social work profession, and
- fostering commitment to the profession's core values of Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity and Competence, as well as a commitment to human rights and evidence-based practice

The TAMUCT Social Work Department has full accreditation through the Council on Social Work Education (CSWE), effective February 2017.

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 10 core competencies upon graduation:

1. Identify as a professional social worker and conduct oneself accordingly (2.1.1a-f).
2. Apply social work ethical principles to guide professional practice (2.1.2a-d).
3. Apply critical thinking to inform and communicate professional judgments (2.1.3a-c).
4. Engage diversity and difference in practice (2.1.4a-d).
5. Advance human rights and social and economic justice (2.1.5a-c).
6. Engage in research-informed practice and practice-informed research (2.1.6a-b).

7. Apply knowledge of human behavior and the social environment (2.1.7a-b).
8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services (2.1.8a-b).
9. Respond to contexts that shape practice (2.1.9a-b).
10. Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities (2.1.10a-d).

Each core competency has specific, measurable practice behaviors that help students and their professors determine if the competency has been achieved. There are 41 total practice behaviors. The complete list of practice behaviors can be found at the end of this syllabus or by reviewing the student handbook.

IV. COURSE OBJECTIVES AND RELATED 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:

- 2.1.1a: Advocate for client access to the services of social workers
- 2.1.1c: Attend to professional roles and boundaries
- 2.1.2a: Recognize and manage personal values in ways that allow professional values to guide practice
- 2.1.2b: Make ethical decisions by applying standards of the NASW Code of Ethics
- 2.1.2c: Tolerate ambiguity in resolving ethical conflicts
- 2.1.2d: Apply strategies of ethical reasoning to arrive at principled decisions
- 2.1.3a: Analyze models of assessment, prevention, intervention, and evaluation
- 2.1.3b: Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and societies
- 2.1.4b: Gain sufficient awareness to eliminate the influence of personal biases and values in working with diverse groups
- 2.1.4c: Recognize and communicate their understanding of the importance of difference in shaping life experiences
- 2.1.5a: Understand the forms and mechanisms of oppression and discrimination
- 2.1.5b: Advocate for human rights and social and economic justice
- 2.1.5c: Engage in practices that advance social and economic justice
- 2.1.7a: Utilize conceptual frameworks to guide processes of assessment, intervention, and evaluation.
- 2.1.7b: Critique and apply knowledge to understand person and environment.
- 2.1.10a-c: Engage, assess, intervene and evaluate individual, families, groups, organizations, and communities by preparing for action, collecting and organizing data, assessing strengths and limitations, developing mutually agreed upon goals and objectives, and selecting appropriate intervention strategies.

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

1. The student will master strategies for engaging in appropriate and professional helping relationships with persons who have been diagnosed with a variety of mental health disorders. They will understand

various approaches that can result in engagement with complex clients. They will recognize the differences in professional roles between social workers and other members of mental health interdisciplinary teams.

2. The student will become familiar with major concepts and theories related to mental health disorders, including how to utilize the DSM-5 framework for establishing diagnoses of people who have such disorders.
3. The student will recognize issues related to utilization of psychotropic medications to treat mental health disorders and will understand the types of side effects that can occur with such medications. The student will master strategies for helping clients deal with issues of compliance and non-compliance in taking their prescribed medications and will develop insight into what causes individuals to choose not to take such medications.
4. The student will recognize issues of stigma, prejudice, oppression, and discrimination that are experienced by people who have been diagnosed with mental health disorders. The student will develop strategies for how to advocate for social and economic justice for such individuals and how to facilitate the delivery of appropriate mental health services to this population.
5. The student will master the ability to apply the NASW Code of Ethics in their work with clients who have been diagnosed with mental health disorders. This includes the ability to manage their own personal values and beliefs in order to maintain ethical and professional decision-making when dealing with ethical dilemmas that arise with their clients.
6. The student will master the ability to write a professional social work record on a client who has a mental health diagnosis, including assessing the client’s life story, pinpointing the client’s strengths and challenges, developing an intervention plan with the client, and writing appropriate progress notes regarding their work with the client.
7. The student will recognize the importance of understanding human differences and human behavior and social environments when carrying out professional services with clients who have mental health disorders.

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:

A. Objectives <i>(By the completion of the course, it is expected that you will be able to...)</i>	B. CSWE-Related Practice Behaviors <i>(This is the practice behavior that objective supports)</i>	C. Course Assignments <i>(This is the assignment used to assess your ability to fulfill the objective related to the practice behavior)</i>
1. Master strategies for engaging in appropriate and professional helping relationships with persons diagnosed with mental health disorders. Understand approaches that can result in engagement with complex clients. Recognize differences in professional roles between social workers and other members of mental health interdisciplinary teams.	2.1.7a 2.1.10a 2.1.10b 2.1.10c 2.1.3a 2.1.1c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions

2. Become familiar with major concepts and theories related to mental health disorders, including how to utilize DSM-5 for establishing diagnoses	2.1.3a 2.1.7a	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
3. Recognize issues related to utilization of psychotropic medications to treat mental health disorders and side effects that can occur. Master strategies for helping clients deal with issues of and non- to their prescribed medications. Develop insight into what causes individuals to choose not to take such medications.	2.1.1a 2.1.2a 2.1.2b 2.1.2c 2.1.2d 2.1.4d 2.1.4c 2.1.5c 2.1.7a 2.1.7b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
4. Recognize issues of stigma, prejudice, oppression, and discrimination that are experienced by people who have been diagnosed with mental health disorders. Develop strategies for how to advocate for social and economic justice for such individuals and how to facilitate delivery of appropriate mental health services to this population.	2.1.1a 2.1.2a 2.1.2b 2.1.4b 2.1.4c 2.1.5a 2.1.5b 2.1.5c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
5. Master the ability to apply the NASW Code of Ethics in work with clients diagnosed with mental health disorders. Master ability to manage their own personal values and beliefs in order to maintain ethical and professional decision-making when dealing with ethical dilemmas that arise with clients.	2.1.2a 2.1.2b 2.1.2c 2.1.2d 2.1.4b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
6. Master the ability to write a professional social work record on a client who has a mental health diagnosis, including assessing client's life story, pinpointing client's strengths and challenges, developing intervention plan, and writing appropriate progress notes regarding work with the client.	2.1.3a 2.1.3b 2.1.7a 2.1.10a 2.1.10b 2.1.10c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
7. Recognize importance of understanding human differences and human behavior and social environments when carrying out professional services with clients who have mental health disorders.	2.1.4c 2.1.7b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions

V. Course Requirements

A. Required Texts: There are 4 required books for this course, as follows:

- a. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5). Arlington, VA: American Psychiatric Association. ISBN 978-0-89042-554-1.
- b. Bentley, Kia J.; and J. Walsh (2014). *The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Clients, Families, and Providers, 4th edition*. Belmont, CA: Brooks/Cole, Cengage Learning. ISBN 978-1-285-41900-8.
- c. Pruchno, Rachel (2014). *Surrounded by Madness: A Memoir of Mental Illness and Family Secrets*. Indianapolis: Dog Ear Publishing.

- d. Schiller, Lori; and Amanda Bennett (1996). *The Quiet Room: A Journey Out of the Torment of Madness*. New York: Grand Central Publishing. ISBN 978-044667-1330.

There are also required reading assignments available through handouts in the Canvas system.

B. Final Grades

A total of 10,000 points can be earned from the course assignments, as follows:

Course Assignment	Percentage of final grade	Total possible points
Concept Mastery Quizzes	15%	1,500
Case Scenarios and In-Class Movie Assignments	20%	2,000
Class Presentation	5%	500
Client Story and Record:		
• Draft of client demographics and story	3%	300
• Draft adding strengths, challenges, priorities, and service goals	3%	300
• Draft adding first two contact/visit notes	6%	600
• Draft adding next two contact/visit notes	8%	800
• Final, complete client paper	10%	1,000
Mid-term Exam	10%	1,000
Final Exam	10%	1,000
Class attendance	5%	500
Class Participation	5%	500
Totals	100%	10,000 (Total points divided by 100 equals final grade)

Points and Corresponding Grades for individual assignments are based on the following:

- | | | |
|----------------------|--------------|---------------|
| A+: 100 points | A: 95 points | A-: 90 points |
| B+: 88 points | B: 85 points | B-: 80 points |
| C+: 78 points | C: 75 points | C-: 70 points |
| D+: 68 points | D: 65 points | D-: 60 points |
| F: 59 points or less | | |

Example: A paper worth 15% of the grade, on which a student earned a B+, would give that student 1,320 points toward the final grade (88 x 15 = 1,320 points).

Final Class Grades are based on the following:

- | | |
|---------------------------------------|-------------------------------------|
| A: 90 to 100 (9,000 to 10,000 points) | B: 89 to 80 (8,900 to 8,000 points) |
| C: 79 to 70 (7,900 to 7,000 points) | D: 69 to 60 (6,900 to 6,000 points) |
| F: 59 or less (5,900 points or less) | |

C. Course Assignments

The following activities will be completed during the semester:

1. *Student's Class Presentation (5% of final grade)*

On the first day of class, students will be assigned a particular DSM diagnosis they will be responsible for in creating their client story and record. Each class session a portion of the DSM-5 will be discussed in class by Dr. Rappaport and the class, and whichever student was assigned one of those diagnoses will then present their client scenario they have created to illustrate their assigned DSM-5 diagnosis. In addition to creating a client scenario that the student makes sure fits the

diagnostic criteria for that disorder within the DSM-5, the student will also present at least five (5) services they plan to provide in their paper for their imaginary client as that person's case manager. The student will then answer questions that are presented by Dr. Rappaport and by members of the class. **STUDENTS ARE NOT TO READ TO THE CLASS; THEY SHOULD BE FAMILIAR ENOUGH WITH THE CLIENT THEY HAVE CREATED TO BE ABLE TO DESCRIBE AND DISCUSS IT WITH THE CLASS WITHOUT READING.** They are only allowed one 3x5 index card for notes to use during their presentation. The more realistic the student makes the client situation, the better their grade will be. Be imaginative and develop a scenario that the class will find interesting and that will help them picture what a client with that disorder might actually be like. The services you describe should also be realistic considering the disorder the client has. Your grade will be based on both the scenario you create, the services you describe, the quality of the presentation you made to the class, and your ability to correctly answer questions that were asked following your presentation. **STUDENTS MUST BE PRESENT ON THE DAY THEIR DIAGNOSIS IS DISCUSSED; IF THEY MISS CLASS ON THE DAY THEY WERE ASSIGNED TO PRESENT, THEY WILL NOT HAVE AN OPPORTUNITY TO MAKE UP THIS ASSIGNMENT AND WILL RECEIVE A ZERO.**

2. *Student's Client Story and Record (30% of final grade).*

By the end of the course, each student will turn in a Client Story and Case Record illustrating the imagined work they did with the fictional client they have also presented in class. The record will include a comprehensive narrative presenting the client's story, a list of service goals the student created for their work with that client, and "progress notes" documenting a minimum of 6 visits with their client. The initial scenario you presented in class can be used as a beginning point for your paper, but it is anticipated that your paper will go into more detail than you provided in your class presentation. The following outlines need to be followed in creating the story, service goals, and visit notes for the client record.

Client Story:

1. Intake note indicating the name of your agency, who referred the client to you (or was it a self-referral), and what the original reason was for the referral.
2. Basic demographics of the client (name, age, address, household members, type of medical/insurance coverage, whether client is employed and (if so) place of employment, grade completed in school (or grade in school if still enrolled), address and type of housing (apartment, house, etc.)).
3. Current diagnoses of the client (**both mental health and at least one medical diagnosis**) and history of those conditions to the present time. Prescribed medications (**the client has to be prescribed at least one psychotropic medication**), is the client currently taking their medication (**lack of adherence must be one of the issues you end up working with the client on**), and from whom is the client receiving treatment other than from you.
4. A summary of the current status of the client with regard to developmental history, cognitive functioning, emotional/psychological functioning, behavioral issues, nutritional issues, vocational issues, legal issues, substance use or abuse, family issues (spouse or partner, parents, siblings, other family members), whether any family members also have mental health or medical disorders, types of social or community support other than family, any significant cultural or religious factors.
5. A list of the client's and family's major strengths, challenges, and what particular services the client/family are requesting from you.

Client and Family Service Goals: List service goals that could be used to address any challenges that exist in the client's/family's story, or used to further strengthen positive aspects that already exist in their story. Remember that service goals should be concrete and clearly stated (the exact kind of assistance to be provided), 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 Six Case Notes: The student will write at least 6 case notes summarizing contacts they had with the client. 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 were the outcomes of the referrals?

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 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) psychotropic medications, showing appropriate methods of handling this issue based on what we have studied.

See also the grading matrix at the end of this syllabus. Periodically the student will turn in to the professor the work they have done on the client story thus far to receive feedback that will enable them to make revisions to what has been written before the final paper is turned in for grading. **Papers must be typed and double-spaced. Papers that are single spaced will NOT be graded (i.e., they will receive a grade of 0).** Because corrections will be made by the professor to the record entries as they are turned in throughout the semester, I expect the final, graded client records to 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 with them. 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:

0-3 errors = A+	4-6 errors = A
7-9 errors = A-	10-12 errors = B+
13-15 errors = B	16-18 errors = B-
19-21 errors = C+	22-24 errors = C
25-27 errors = C-	28-30 errors = D+
31-33 errors = D	34-36 errors = D-
37 errors or more = F	

3. *Concept Mastery Quizzes (15% of final grade)*

Many of the 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. Typically the quiz will be given at the end of class as a take-home quiz, and it is due at the beginning of the next regularly-scheduled class period. **A student who misses class will be allowed to submit a make-up quiz; however, it is the student's responsibility to pick up the quiz from Dr. Rappaport and turn it in by the class period in which it is due (typically the next scheduled class period). If the student does not do this, then a make-up quiz will not be accepted. DO NOT ASK FOR A COPY OF THE QUIZ AFTER STUDENTS HAVE ALREADY TURNED IT IN!**

At the end of the semester, the student's average numerical grade on all quizzes (including any zeros) will represent 15% of their final grade. A single low quiz grade will be dropped by the professor, so if you only missed a single class all semester, that zero will not affect your final grade. Quizzes will not be pre-announced, so every day students should come to class prepared for the possibility that a quiz might be given.

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.

4. *Case Scenarios and In-Class Movie Assignments (20% of final grade)*

In some class periods, 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. The case scenario assignments will be given as take-home exercises and are due at the beginning of the next regularly scheduled class period. Each scenario will have particular questions the student needs to respond to in writing.

The purpose of the scenarios is to help students consider social work applications of the aspects of mental health that are being studied. The grade will be based on how comprehensive the student’s answer is, so responses should be as thorough and thoughtful as possible. **Students are not allowed to use ANY outside sources or the Internet while writing their answers. The ONLY sources that can be referred to are the course’s assigned readings and the videotapes shown in class, and students are NOT simply to copy the class readings in their answer. Your focus should be on APPLYING what you read while responding to a client’s situation. If it is apparent to the professor that outside sources were used, the student’s grade on the assignment will be a zero. Even though only course materials are being used as references, you still need to use appropriate citations in the case scenarios. SCENARIOS MUST BE TYPED AND DOUBLE-SPACED OR THEY WILL NOT BE GRADED.**

At the end of the course, the student’s average numerical grade on all the case scenarios (including any zeros if the student missed some scenarios due to absence) will represent 20% of their final course grade. **There will not be a grade dropped on the scenarios.** Make-up work will follow the same policy as explained above in the section on quizzes.

5. *Mid-Term and Final Exams (20% of final grade total, 10% each)*

There will be two tests given in this course, a mid-term and a final exam. See the Course Schedule in this syllabus for exam due dates. They are both take-home exams. 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). That type of exam merely expects students to repeat back facts and definitions, and the concept mastery quizzes for this class will be verifying your ability to answer those kinds of questions. Instead, the mid-term or 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. **Exams must be typed and double-spaced or they will not be graded (i.e., the student’s grade will be a zero). LATE EXAMS WILL NOT BE ACCEPTED.**

6. *Class Attendance (5% of final grade)*

Students are expected to be present for every scheduled class session and to remain for the entire class. If you are unable to avoid missing a class, you must contact the professor within one week of the class period to explain the absence. Any unexcused (or unexplained) absence will affect this portion of your grade. Illness is an excused absence. The professor will review other types of absences to determine how unavoidable they were; not being able to leave work is NOT an excused absence. If your work schedule will not permit you to attend this class on a predictable basis, you should not be enrolled in the class **NOTE: if you do not email the professor within one week of the absence to get it excused, this will NOT be changed later to an excused absence.**

Students must be present when class begins and are expected to remain until class is dismissed; students are not allowed to arrive late or leave early. In addition, to be counted as present, you must demonstrate attentiveness and engagement in all the class activities. Any student found sleeping or doing work for another class will have their attendance for that day changed to “absent”.

The following shows the degree to which unexcused absences will impact your attendance grade. (Note: There are fewer class periods in the summer term, so absences affect this portion of your grade to a larger extent.)

<i>Number of Unexcused Absences</i>	<i>Attendance Grade</i>
1	B
2	C
3	D
4 or more	F
Note: Coming to class late twice counts as an absence	

7. *Class Participation (5% of final grade)*

Dr. Rappaport has an interactive teaching style and expects every student to be an active participant in class. An old Chinese proverb says, “Tell me and I will forget–Show me and I may remember–But involve me and I will understand.” You will learn more from this class if you talk and participate. Ask questions, remembering that there is no such thing as

a stupid question. Share your reactions to what is being discussed. Reflect on implications of what we are studying. If you are a student who has never before chosen to talk in classes, this will be a good opportunity for you to start developing a new life skill that will serve you well in the profession of social work. (Students are encouraged not to divulge any personal information they will not be comfortable having their fellow students know about them.) Being an active participant increases understanding of the material for your fellow students as well.

Your class participation grade will be determined by how much you talked during class sessions and by whether your contributions added to the quality of the class sessions. **Dr. Rappaport also reserves the right to call on students in class if they are not participating regularly in the discussions.** Each day a student will earn between 0 and 3 participation points; the points will be totaled at the end of the semester, and grades will be determined based on the student's total number of points compared to the points of all the other students in the class. Part of your participation points will also be based on the skill with which the student co-led the class discussion on their assigned diagnosis/diagnoses.

While it is important for students to be willing to discuss the course material, be careful when thinking about bringing in stories from your personal life or work. At times this can get the class off subject and use up valuable time. Think about whether the story you want to relate is important for the entire class to hear. If not, you may want to come talk to Dr. Rappaport individually about it, away from class. If Dr. Rappaport is concerned about the class getting sidetracked, she will suggest that you come talk to her individually so the class can get back on the subject. Class time is limited and valuable and needs to be used to best advantage.

VI. CODE OF CONDUCT FOR CLASSROOMS

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

1. Students are requested not to enter class more than ten (10) minutes late due to the degree to which this disrupts class for the other students. If you do come to class late twice, it counts the same as an unexcused absence on your attendance grade for the class.
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, meet with students and other professors, use the restroom, etc.) before class begins. ***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 after class has begun. Talking during class discussions 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 you want to share or you want to answer a question.
4. To support the 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 directly related to the topic can distract class learning and limit knowledge-sharing by the professor and other students. The professor reserves the right to redirect/limit such conversations in class as needed.

5. Students are NOT permitted to work collaboratively (together) on *any* assignment in this class. All work turned in must be the student's own product. This includes 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.
6. **All assignments must be turned in at the beginning of class on the day they are due.** Late work ***will not*** be accepted or graded unless this has been discussed with and approved by the professor **BEFORE** the due date 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 professor, and sends a message that such behavior is professionally "okay," which it is not. Failure to adhere to this policy will result in a zero (0) for the assignment. This is inclusive of all assignments.
7. All papers submitted for grading **MUST** adhere to APA 6th 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 textbook, etc.). Further, all typed papers submitted in class **MUST** be stapled. Submitting papers in folders, binders, etc., is not allowed.
8. 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; people who are gay, lesbian, bisexual, or transgender; 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 social work. These policies are applicable throughout the department and, as such, students who consistently fail to comply with these policies will be considered inappropriate candidates for field placement and/or for the degree of Bachelor of Social Work at TAMUCT, 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 TAMUCT Social Work Department and the university, is provided via the "Rubric for Assessing Professional Behaviors" that is given to students at the New Social Work Student Orientation. All social work majors receive a RAPB when they apply to the social work major and again when they apply for a field placement. 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 admitted to the social work major, or assigned to a field placement and/or can result in removal from a field placement. These behaviors, which align with the National Association of Social Workers (NASW) core values and ethics, the TAMUCT Code of Conduct, and the Social Work Department 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.

VII. University Policies

- 1. 911 Cellular:** 911 Cellular is an emergency notification service that gives TAMUCT the ability to communicate health and safety emergency information quickly via email, text message, and social media. All students are automatically enrolled in it through their myCT email account. Connect at 911 Cellular, portal.publicsafetycloud.net/Texas-AM-Central/alert-management to change where you receive your alerts or to opt out. By staying enrolled in 911 Cellular, university officials can quickly pass on safety-related information, regardless of your location.
- 2. Drop Policy:** If you discover that you need to drop this class, you must complete a Drop Request Form, found through the Registrar's web page: tamuct.edu/departments/business-office/droppolicy.php. Professors cannot drop students; this is always the responsibility of the student. The Registrar's Office will provide a deadline on the University Calendar by which the form must be completed, signed, and returned. After you return the signed form to the Registrar's Office, you must go into Warrior Web and confirm that you are no longer enrolled in the class. If you still show as enrolled, follow up with the Registrar's Office immediately. You are to attend class until the procedure is complete to avoid penalties for absence. Should you miss the drop deadline or fail to follow the procedure, you will receive an F in the course if you stopped attending and doing the assignments.
- 3. Academic Integrity:** Texas A&M University - Central Texas values the integrity of the academic enterprise and strives for the highest standards of academic conduct. TAMUCT expects its students, faculty, and staff to support the adherence to high standards of personal and scholarly conduct to preserve the honor and integrity of the creative community. Academic integrity is defined as a commitment to honesty, trust, fairness, respect, and responsibility. Any deviation by students from the expectation may result in a failing grade for the assignment and potentially a failing grade for the course. Academic misconduct is any act that improperly affects a true and honest evaluation of a student's academic performance and includes, but is not limited to, cheating on an examination or other academic work, plagiarism and improper citation of sources, using another student's work, collusion, and the abuse of resource materials. All academic misconduct concerns will be reported to the university's Office of Student Conduct. Ignorance of the university's standards and expectations is never an excuse to act with a lack of integrity. When in doubt on collaboration, citation, or any issue, please contact your instructor before taking a course of action.
- 4. Academic Accommodations:** At Texas A&M – Central Texas, we value an inclusive learning environment where every student has an equal chance to succeed and has the right to a barrier-free education. The Department of Access and Inclusion is responsible for ensuring that students with a disability receive equal access to the University's programs, services and activities. If you believe you have a disability requiring reasonable accommodations, please contact the Department at 254-501-5831. Any information you provide is private and confidential and will be treated as such. For more information, please visit the Access and Inclusion website at tamuct.edu/departments/access-inclusion.

TAMUCT supports students who are pregnant and/or parenting. In accordance with requirements of Title IX and guidance from U.S. Department of Education's Office of Civil Rights, the Dean of Student Affairs Office can assist students who are pregnant and/or parenting in seeking accommodations related to pregnancy and/or parenting. For more information, please visit tamuct.departments/index.php. Students can also contact the institution's Title IX Coordinator. If you would like to read more about these requirements and guidelines, please visit www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf

5. **Library Services:** The University Library provides many services in support of research across campus and at a distance. We offer over 20 electronic databases containing approximately 250,000 ebooks and 82,000 journals, in addition to the 72,000 items in our print collection, which can be mailed to students who live more than 50 miles from campus. Research guides for each subject taught at TAMUCT are available through our website to help students navigate these resources. On campus, the library offers technology including cameras, laptops, microphones, webcams, and digital sound recorders. Research assistance from a librarian is also available 24 hours a day through our online chat service, and at the reference desk when the library is open. Research sessions can be scheduled for more comprehensive assistance and can take place on Skype or in person at the library. Assistance can cover many topics, including how to find articles in peer-reviewed journals, how to cite resources, and how to piece together research for written assignments. Our facility on the main campus includes student lounges, private study rooms, group work spaces, computer labs, family areas suitable for all ages, and many other features. Services such as interlibrary loan, TexShare, binding, and laminating are available. The library frequently offers workshops, tours, readings, and other events. For more information, please visit our homepage: tamuct.libguides.com/
6. **Tutoring Services:** Tutoring is available to all TAMUCT students, both on-campus and online. On-campus subjects tutored include: Accounting, Advanced Math, Biology, Finance, Statistics, Mathematics, and Study Skills. Tutors are available at the Tutoring Center at Warrior Hall, Suite 111. If you have a question regarding tutor schedules, need to schedule a tutoring session, are interested in becoming a tutor, or any other question, contact Academic Support Programs at 254-510-5796 or by emailing Kim Wood at k.wood@tamuct.edu. Chat live with a tutor 24/7 for almost any subject on your computer! Tutor.com is an online tutoring platform that enables TAMUCT students to log in and receive FREE online tutoring and writing support. This tool provides tutoring in over forty subject areas. Access Tutor.com through Canvas.
7. **The University Writing Center:** Located in 416 Warrior Hall, the University Writing Center (UWC) at TAMUCT is a free workspace open to all TAMUCT students from 10 am to 4 pm Monday thru Thursday during the summer semester. Students can arrange a one-on-one session with a trained and experienced writing tutor by visiting the UWC during normal operating hours (both half-hour and hour sessions are available). Tutors are prepared to help writers of all levels and abilities at any stage of the writing process. While tutors will not write, edit, or grade papers, they will assist students in developing more effective composing practices. By providing a practice audience for students' ideas and writing, our tutors highlight the ways in which they read and interpret students' texts, offering guidance and support throughout the various stages of the writing process. In addition, students may work independently in the UWC by checking out a laptop that runs the Microsoft Office suite and connects to WiFi, or by consulting our resources on writing, including all of the relevant style guides (i.e., APA). Whether you need help brainstorming ideas, organizing an essay, proofreading, understanding proper citation practices, or just want a quiet place to work, the UWC is here to help. If you have any questions about the UWC, contact Dr. Bruce Bowles, Jr., at bruce.bowles@tamuct.edu.

8. **Sexual Violence:** Sexual violence is a serious safety, social justice, and public health issue. TAMUCT offers support for anyone struggling with this issue. University faculty members are mandated reporters, so if someone discloses that they were sexually assaulted (or a victim of domestic or dating violence or stalking) while a student at TAMUCT, faculty members are required to inform the Title IX office. If you want to discuss any of these issues confidentially, you can do so through Student Counseling (254-501-5955), located on the second floor of Warrior Hall (207L). It is incumbent on all of us to find ways to create environments that tell predators that we do not agree with their behaviors and to tell survivors that we will support them. Your actions matter; do not be a bystander. Be an agent of change. For additional information visit the title IX webpage at tamuct.edu/departments/compliance/titleix.php.
9. **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.
10. **Copyright notice:** Students should assume that all course material is copyrighted by the respective author(s). Reproduction of course material is prohibited without consent by the author and/or course instructor. Violation of copyright is against the law and against TAMUCT’s Code of Academic Honesty. All alleged violations will be reported to the Office of Student Conduct.

VIII. The professor teaching this class

Dr. Rappaport has a life-long interest in (really, fascination with) issues related to human functioning, including mental health issues, owing to the fact that her social work career was focused on medical social work (working with children, adolescents, and their parents who had a wide variety of medical and mental health disorders, chronic conditions, and disabilities). She also has some experience with mental health disorders within her own family. In her 25 years of practice as a social worker before coming to Killeen to teach social work in August 2000, Dr. Rappaport has seen direct evidence of how important it is for all social workers to have at least a basic understanding of human functioning, mental health disorders, and other chronic conditions and disabilities that are commonly experienced by people who turn to social workers for assistance with their ability to continue functioning and maintaining quality of life.

Dr. Rappaport takes teaching very seriously. She wants students to enjoy this class and to feel like they learned a great deal from it. She is committed to coming to class prepared, to openly and willingly sharing her professional knowledge and experiences with students, and to encouraging everyone to participate actively in the discussions. In return, she expects students to come to class prepared, having read the day’s assignment ahead of time and being ready to ask any questions they might have about things they did not understand in the reading. Students are also expected to have different opinions about the material discussed, and she encourages students to disagree respectfully and to explore how their opinions have developed over time. She responds to emails as soon as possible, and she tries to get all written assignments graded and returned to students within the following 1-2 class periods. At least twice during the semester she will also give students a grade sheet, letting them know what their grade currently is in the course.

IX. Course Schedule

Date	Description of Day’s Reading Assignments, Topics Covered, and Assignments Due
Monday 6/4/18	<p data-bbox="737 1619 1040 1650">Introduction to the course</p> <p data-bbox="285 1686 1468 1749">Handout: “Client Assessment and Treatment Planning,” “Psychotropic Medications and Medication Adherence”</p> <p data-bbox="285 1787 1247 1818">Receive assigned diagnosis/diagnoses on which you will base your fictional client</p> <p data-bbox="285 1856 708 1887">Movie: “A Beautiful Mind” (2:00)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Wednesday 6/6/18	<p>Bentley & Walsh, pp. 1-23</p> <ul style="list-style-type: none"> • The larger context of psychopharmacology and social work • Neuroscience, biology, mind-body connections, causality, and scientific context • Changing and expanding roles <p>DSM-5: Intellectual disability, pp. 33-41 Autism Spectrum Disorder, pp. 50-59</p> <p>Handout: "Common Interventions for Clients with Autism-Spectrum Disorder"</p> <p>Movie: "Profoundly Normal" (1:26)</p>
Monday 6/11/18	<p>Bentley & Walsh, pp. 24-50</p> <ul style="list-style-type: none"> • Overview of social work roles in medication management across settings • Practice settings: Mental health, child welfare, aging, corrections • Partnership model of social work practice • Social work roles and values <p>DSM-5: Attention Deficit-Hyperactivity Disorder, pp. 59-66 Specific Learning Disorders, pp. 66-74 Tic Disorders, including Tourette's Disorder, pp. 81-84</p> <p>Handout: "Common Interventions for ADHD"</p> <p>Video: "Twitch and Shout" (0:58) (DVD 1454)</p>
Wednesday 6/13/18	<p>Bentley & Walsh, pp. 51-85</p> <ul style="list-style-type: none"> • Basic Psychopharmacology • Central nervous system, nerve cells, neurotransmitters • How drug moves through body, effects on body • 5 classes of psychotropic medications • Pharmacogenomics • Adverse effects of medications <p>DSM-5: Delusional disorder, pp. 90-93 Brief Psychotic disorder, pp. 94-96 Schizophreniform disorder, pp. 96-99 Schizophrenia, pp. 99-105 Schizoaffective disorder, pp. 105-110</p> <p>Handout: "Common Interventions for Schizophrenia"</p> <p>Movie: "The Soloist" (1:56)</p> <p>TURN IN DRAFT OF CLIENT DEMOGRAPHICS AND STORY</p> <p>RECEIVE ASSIGNMENT ON "SURROUNDED BY MADNESS," DUE IN ONE WEEK</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Monday 6/18/18	<p>Bentley & Walsh, pp. 86-144</p> <ul style="list-style-type: none"> • The 5 classes of medication: Anti-psychotics – Antidepressants – Mood Stabilizers – Anti-Anxiety Medications – Psychostimulants <p>DSM-5: Bipolar I Disorder, pp. 123-132 Bipolar II Disorder, pp. 132-139 Cyclothymic Disorder, pp. 139-141</p> <p>Handout: “Common Interventions for Bipolar Disorder”</p> <p>Movie: “Of Two Minds” (1:29)</p>
Wednesday 6/20/18	<p>Bentley & Walsh, pp. 145-168</p> <ul style="list-style-type: none"> • Intervention concerns with specific populations • Gender, pregnancy, sexual adverse effects, older adults, children and adolescents, cultures, dual diagnoses <p>DSM-5: Disruptive mood dysregulation disorder, pp. 156-160 Major depressive disorder, pp. 160-168 Persistent depressive disorder (dysthymia), pp. 168-171 Premenstrual Dysphoric disorder, pp. 171-175 Separation Anxiety disorder, pp. 190-195 Specific phobias, pp. 197-202 Social anxiety disorder (social phobia), pp. 202-208 Agoraphobia, pp. 217-221</p> <p>Handout: “Common Interventions for Depressive Disorders” Handout: “Common Interventions for Phobias” Handout: “Common Interventions for Youth with Disruptive Behavior Disorders”</p> <p>Movie: “Depression: Out of the Shadows” (1:30)</p> <p>ASSIGNMENT ON “SURROUNDED BY MADNESS” DUE</p>
Monday 6/25/18	<p>Bentley and Walsh, pp. 169-194</p> <ul style="list-style-type: none"> • Referrals, decision-making and meaning of psychiatric medication <p>DSM-5: Panic Disorder, pp. 208-214 Panic attacks, pp. 214-217 Generalized Anxiety disorder, pp. 222-226</p> <p>Handout: “Common Interventions for Anxiety Disorders” Handout: “Common Interventions in Panic Disorder”</p> <p>Movie: “Panic Disorder” (0:50) – Take TV to class</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Wednesday 6/27/18	<p>DSM-5: Obsessive-compulsive disorder, pp. 237-242 Body Dysmorphic disorder, pp. 242-247 Hoarding disorder, pp. 247-251</p> <p>Handout: "Common Interventions for Obsessive-Compulsive Disorder" Handout: "Common Interventions for Body Dysmorphic Disorder"</p> <p>Movie: "Phoebe in Wonderland" (1:40)</p> <p>TURN IN DRAFT OF CLIENT DEMOGRAPHICS, CLIENT STORY, STRENGTHS/ CHALLENGES/CLIENT & FAMILY PRIORITIES, AND INITIAL SERVICE PLAN GOALS</p>
Monday 7/2/18	<p>Bentley & Walsh, pp. 195-214</p> <ul style="list-style-type: none"> • Medication Education for clients and families <p>DSM-5: Reactive attachment disorder, pp. 265-268 Disinhibited social engagement disorder, pp. 268-270 Post-traumatic stress disorder, pp. 271-280</p> <p>Handout: "Common Treatments for Reactive Attachment Disorder" Handout: "Common Treatments for Post-Traumatic Stress Disorder"</p> <p>Movie: "Reign over Me" (2:04)</p>
Wednesday 7/4/18	<p>NO CLASS DUE TO 4TH OF JULY HOLIDAY</p>
Monday 7/9/18	<p>Bentley & Walsh, pp. 215-240</p> <ul style="list-style-type: none"> • Medication monitoring and management <p>Bentley & Walsh, pp. 241-260</p> <ul style="list-style-type: none"> • Medication <p>DSM-5: Dissociative Identity disorder, pp. 292-298 Dissociative amnesia, pp. 298-302 Depersonalization/derealization disorder, pp. 302-306 Somatic symptom disorder, pp. 311-315 Illness anxiety disorder, pp. 315-318 Conversion disorder, pp. 318-321 Factitious disorder, pp. 324-326</p> <p>Handout: "Common Interventions for Somatic Symptom Disorder and Factitious Disorders" Handout: "Common Interventions for Dissociative Disorders"</p> <p>Movie: "Sybil" (1:30)</p> <p>RECEIVE TAKE-HOME MID-TERM EXAM and ASSIGNMENT ON "THE QUIET ROOM"</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Wednesday 7/11/18	<p>Bentley & Walsh, pp. 261-280</p> <ul style="list-style-type: none"> • Future directions in psychopharmacology: Implications for social workers <p>DSM-5: Pica, pp. 329-331 Rumination, pp. 332-333 Avoidant/restrictive food intake, pp. 334-338 Anorexia nervosa, pp. 338-345 Bulimia nervosa, pp. 345-350 Binge-eating disorder, pp. 350-353</p> <p>Handout: "Common Interventions for Eating Disorders"</p> <p>Movie: "Thin" (1:42)</p> <p>TAKE-HOME MID-TERM EXAM IS DUE</p>
Monday 7/16/18	<p>DSM-5: Insomnia disorder, pp. 362-368 Hypersomnolence disorder, pp. 368-372 Narcolepsy, pp. 372-378 Obstructive sleep apnea, pp. 378-383 Central sleep apnea, pp. 383-386 Sleep-related hypoventilation, pp. 387-390 Nightmare disorder, pp. 404-407 Restless legs syndrome, pp. 410-413</p> <p>Handout: "Common Interventions for Insomnia Sleep Disorder"</p> <p>Class discussion of writing client case notes</p> <p>Movie: Excerpts from "A Child's Cry for Help" (0:58) (Munchausen Syndrome by Proxy) – Take TV to class</p> <p>Assignment is due on "The Quiet Room"</p>
Wednesday 7/18/18	<p>DSM-5: Delayed ejaculation, pp. 424-426 Erectile disorder, pp. 426-429 Male hypoactive sexual desire disorder, pp. 440-443 Premature ejaculation, pp. 443-446 Female orgasmic disorder, pp. 429-432 Female sexual interest/arousal disorder, pp. 433-436 Genitor-pelvic pain/penetration disorder, pp. 437-440 Substance/medication-induced sexual dysfunction, pp. 446-450</p> <p>Handout: "Common Interventions: Sexual Dysfunctions (Not Including Paraphilias)"</p> <p>Movie: "The Sessions" (1:35)</p> <p>Turn in draft of client story, service plan, and first 2 contact/visit notes</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Monday 7/23/18	<p>DSM-5: Gender dysphoria, pp. 452-459 Oppositional defiant disorder, pp. 462-466 Conduct disorder, pp. 469-475 Intermittent explosive disorder, pp. 466-469 Pyromania, pp. 476-477 Kleptomania, pp. 478-479</p> <p>Handout: "Common Interventions for Oppositional Defiant Disorder, Conduct disorder, Intermittent Explosive Disorder" Handout: "Common Interventions for Pyromania" Handout: "Common Interventions for Kleptomania" Handout: "Common Interventions for Gender Dysphoria"</p> <p>Movie: "The Good Son" (1:26)</p>
Wednesday 7/25/18	<p>DSM-5: Alcohol use disorder, pp. 490-497 Alcohol intoxication, pp. 497-499 Alcohol withdrawal, pp. 499-501 Caffeine intoxication, pp. 503-506 Caffeine withdrawal, pp. 506-508 Cannabis use disorder, pp. 509-516 Cannabis intoxication, pp. 517-519 Cannabis withdrawal, pp. 517-519 Phencyclidine use disorder, pp. 520-523 Other hallucinogen use disorder, pp. 523-527 Phencyclidine intoxication, pp. 527-529 Other hallucinogen intoxication, pp. 529-530 Hallucinogen persisting perception disorder, pp. 531-532 Inhalant use disorder, pp. 533-538 Inhalant intoxication, pp. 538-540</p> <p>Handout: "Common Interventions: Substance Abuse Disorders"</p> <p>Movie: "When a Man Loves a Woman" (2:06)</p>
Monday 7/30/18	<p>DSM-5: Opioid Use disorder, pp. 541-546 Opioid intoxication, pp. 546-547 Opioid withdrawal, pp. 547-549 Sedative, hypnotic, or anxiolytic use disorder, pp. 550-556 Sedative, hypnotic, or anxiolytic intoxication, pp. 556-557 Sedative, hypnotic, or anxiolytic withdrawal, pp. 557-560 Stimulant use disorder, pp. 561-567 Stimulant intoxication, pp. 567-569 Stimulant withdrawal, pp. 569-570</p> <p>Video: "Sister Helen" (1:29) Video: "Getting the Addict into Treatment" (0:19)</p> <p>Turn in draft of client story, service goals, and 1st 4 contact/visit notes – THIS IS YOUR LAST CHANCE TO TURN IN A DRAFT OF YOUR PAPER</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Wednesday 8/1/18	<p>DSM-5: Delirium, pp. 596-602 Major and mild neurocognitive disorders, pp. 602-611 Major or mild neurocognitive disorders due to Alzheimer's disease, pp. 611-614 Major or mild frontotemporal neurocognitive disorder, pp. 614-618 Major or mild vascular neurocognitive disorder with Lewy bodies, pp. 618-621 Major or mild neurocognitive disorder, pp. 621-624 Major or mild neurocognitive disorder due to traumatic brain injury, pp. 624-627 Substance/medication-induced major or mild neurocognitive disorder, pp. 627-632 Major or mild neurocognitive disorder due to HIV infection, 632-634 Major or mild neurocognitive disorder due to prion disease, pp. 634-636 Major or mild neurocognitive disorder due to Parkinson's disease, pp. 636-638 Major or mild neurocognitive disorder due to Huntington's disease, pp. 638-640</p> <p>Handout: "Common Interventions: Dementias"</p> <p>Video: "Still Alice" (1:42)</p> <p>RECEIVE TAKE-HOME FINAL EXAM</p>
Monday 8/6/18	<p>DSM-5: Cluster A Personality Disorders Paranoid Personality Disorder, pp. 649-652 Schizoid Personality Disorder, pp. 652-655 Schizotypal Personality Disorder, pp. 655-659 Cluster B Personality Disorders Antisocial Personality Disorder, pp. 659-663 Borderline Personality Disorder, pp. 663-666 Histrionic Personality Disorder, pp. 667-669 Narcissistic Personality Disorder, pp. 669-672 Cluster C Personality Disorders Avoidant Personality Disorder, pp. 672-675 Dependent Personality Disorder, pp. 675-678 Obsessive-Compulsive Disorder, pp. 678-682</p> <p>Handout: "Common Interventions: Personality Disorders"</p> <p>Movie: "Black Swan" (1:48)</p> <p>TURN IN FINAL VERSION OF CLIENT STORY/CLIENT RECORD ASSIGNMENT FOR GRADING</p>
Wednesday 8/8/18	<p>DSM-5: Voyeuristic Disorder, pp. 686-688 Exhibitionistic Disorder, pp. 689-691 Frotteuristic Disorder, pp. 691-694 Sexual Masochism Disorder, pp. .694-695 Sexual Sadism Disorder, pp. 695-697 Pedophilic Disorder, pp. 697-700 Fetishistic Disorder, pp. 700-702 Transvestic Disorder, pp. 702-704 Other Paraphilic Disorders, p. 705</p> <p>Handout: "Common Interventions: Paraphilias"</p> <p>Video: "Law and Order" episode</p> <p>TAKE-HOME FINAL EXAM IS DUE TODAY</p>

IX. Bibliography

The following resources have been used to develop the reading materials for this class and/or can be used by students to provide further information on the topics and cultures covered by the course: (Note: These are NOT in APA format, so do not copy this format in your assignments!)

- Adams, Sally H.; David K. Knopf; and M. Jane Park (2014). "Prevalence and Treatment of Mental Health and Substance Use Problems in the Early Emerging Adult Years in the United States: Findings from the 2010 National Survey on Drug Use and Health." *Emerging Adulthood*, 2 (3), 163-172.
- Adler-Nevo, G.; and K. Manassis (2005). "Psychosocial Treatment of Pediatric Posttraumatic Stress Disorder: The Neglected Field of Single-Incident Trauma." *Depression and Anxiety*, 22, 177-189.
- Ahmed, Sameera; and Mona M. Amer (2011). *Counseling Muslims: Handbook of Mental Health Issues and Interventions*. Routledge.
- Alang, Sirry M.; Donna D. McAlpine; and Carrie E. Henning-Smith (2014). "Disability, Health Insurance, and Psychological Distress among U. S. Adults: An Application of the Stress Process." *Society and Mental Health*, 4 (3), 164-178.
- "Alcohol Use Disorders in Older Adults" (2006). *Annals of Long Term Care*, 14 (1) January, 23-26.
- Alecson, Deborah (1995). *Lost Lullaby*. University of California Press. (Story of her brain damaged daughter)
- Andrews, Kehinde (2014). "From the Bad Nigger to the Good Nigga: An Unintended Legacy of the Black Power Movement." *Race and Class*, 55 (3), 22-37.
- Arrowsmith-Young, Barbara (2013). *The Woman Who Changed Her Brain: How I Left My Learning Disability Behind and Other Stories of Cognitive Transformation*. Simon and Schuster.
- Avadian, Brenda, MA (1999). "Where's My Shoes?" *My Father's Walk Through Alzheimer's*. Lancaster: North Star Books.
- Ayling, Peter; and Berni Stringer (2013). "Supporting Carer-Child Relationships through Play: A Model for Teaching Carers how to Use Play Skills to Strengthen Attachment Relationships." *Adoption and Fostering*, 37 (2), 130-143.
- Baker, Leigh; Frances Prevatt; and Briley Proctor (2012). "Drug and Alcohol Use in College Students with and without ADHD." *Journal of Attention Disorder*, 16 (3), 255-263.
- Baker, Sherry (2008). "ADHD Drugs Won't Raise risk of Substance Abuse." *The Washington Post*, March 1.
- Barbara, A. (2002). "Substance Abuse treatment with Lesbian, Gay and Bisexual People: A Qualitative Study of Service Providers." *Journal of Gay and Lesbian Social Services*, 14 *Journal of Gay and Lesbian Social Services*, 14 (4), 1-17.
- Barlow, David H. (2013). *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*, 5th edition. Guilford.
- Basco, Monica R. (2015). *The Bipolar Workbook: Tools for Controlling Your Mood Swings* (2nd ed.). Guilford.
- Basler, Barbara (2007). "Closing In On Alzheimer's." *AARP Bulletin*, June, 10-12.

- Beck, Aaron T.; Denise D. Davis; and Arthur Freeman (2014). *Cognitive Therapy of Personality Disorders* (3rd ed.). Guilford.
- Becker-Weidman, A. (2006). "Treatment for Children with Trauma-Attachment Disorders: Dyadic Developmental Psychotherapy." *Child and Adolescent Social Work Journal*, 23 (2), 147-171.
- Beemyn, Genny; and Susan Rankin (2011). *The Lives of Transgender People*. New York: Columbia University Press.
- Behrman, Andy. *Electroboy: A Memoir of Mania*. Random House.
- Benedict, Frances T.; Patrick M. Vivier; and Annie Gjelsvik (2015). "Mental Health and Bullying in the United States among Children Aged 6 to 17 Years." *Journal of Interpersonal Violence*, 30 (5), 782-795.
- Bercier, MJelissa L.; and Brandy R. Maynard (2015). "Interventions for Secondary Traumatic Stress with Mental Health Workers: A Systematic Review." *Research on Social Work Practice*, 25 (1), 81-89.
- Bishop, F. Michler (2001). *Managing Addictions: Cognitive, Emotive, and Behavioral Techniques*. Northvale: Jason Aronson.
- Boyd-Franklin, Nancy (2003). *Black Families in Therapy: Understanding the African American Experience, 2nd edition*. New York: Guilford Press.
- Breisky, William and Ellen (1974). *I Think I Can*. Garden City: Doubleday. (Daughter brain damage)
- Brekke, John S. (2014). "A Science of Social Work, and Social Work as an Integrative Scientific Discipline: Have We Gone Too Far, or Not Far Enough?" *Research on Social Work Practice*, 24 (5), 517-523.
- Brendel, Kristen E.; and Brandy R. Maynard (2014). "Child-Parent Interventions for Childhood Anxiety Disorders: A Systematic Review and Meta-Analysis." *Research on Social Work Practice*, 24 (3), 287-295.
- Brisch, Karl H. (2012). *Treating Attachment Disorders: From Theory to Therapy, 2nd edition*. Guilford.
- Brooks, A.; and P. Penn (2003). "Comparing Treatments for Dual Diagnosis: Twelve Step and Self-Management and Recovery Training." *The American Journal of Drug and Alcohol Abuse*, 29 (2), 359-383.
- Buckley, P. (2007). "Dual Diagnosis of Substance Abuse and Severe Mental Illness: the Scope of the Problem." *Journal of Dual Diagnosis*, 3 (2), 59-62.
- Buse, Judith; Clemens Kirschbaum; James F. Leckman; Alexander Munchau; and Veit Roessner (2014). "The Modulating Role of Stress in the Onset and Course of Tourette's Syndrome: A Review." *Behavior Modification*, 38 (2), 184-216.
- Caplan, Susan; Javier Escobar; Manuel Paris; Jennifer Alvidrez; Jane K. Dixon; Mayur M. Desai; Lawrence D. Scahill; and Robin Whitemore (2013). "Cultural Influences on Causal Beliefs about Depression among Latino Immigrants." *Journal of Transcultural Nursing*, 24 (1), 68-77.
- Casey, Joan (1991). *The Flock: The Autobiography of a Multiple Personality*. New York: Alfred A. Knopf.
- Cash, Thomas; and Thomas Pruzinsky (2002). *Body Image: A Handbook of Theory, Research, and Clinical Practice*. New York: Guilford Press.

- Castle, Kit; and Stefan Bechtel (1989). *Katherine, It's Time: An Incredible Journey into the World of a Multiple Personality*. New York: Harper and Row.
- Choudhuri, Devika D.; Azara Santiago-Rivera; and Michael Garrett (2012). *Counseling and Diversity*. Brooks/Cole.
- Chrisman, A.; H. Egger; S. N. Compton; J. Curry; and D. B. Goldson (2006). "Assessment of Childhood Depression." *Child and Adolescent Mental Health*, 11 (2), 111-116.
- Clark, David A. (2014). *The Mood Repair Toolkit: Proven Strategies to Prevent the Blues from Turning Into Depression*. Guilford.
- Clark, Tretette T.; Patricia McGovern; Davena Mgbeokwere; Nikki Wooten; Hawa Owusu; and Kathleen A. McGraw (2014). *Journal of Social Work*, 14 (5), 451-472.
- Cohen, Donna; and Carl Eisdorfer (2001). *The Loss of Self: A Family Resource for the Care of Alzheimer's Disease and Related Disorders, revised edition*. New York: W. W. Norton and Company.
- Combs, Martha A.; Will H. Canu; Joshua J. Broman-Fulks; Courtney A. Rocheleau; and David C. Nieman (2015). "Perceived Stress and ADHD Symptoms in Adults." *Journal of Attention Disorders*, 19 (5), 425-434.
- Copeland, Mary Ellen, MS, MA. (2001). *The Depression Workbook: A Guide for Living with Depression*, 2nd edition. Oakland: New Harbinger.
- Coppock, V.; and B. Dunn (2009). *Understanding Social Work Practice in Mental Health*. Thousand Oaks: Sage Publications.
- Corcoran, Jacqueline; and Joseph Walsh (2013). *Mental Health in Social Work: A Casebook in Diagnosis and Strengths Based Assessment*, 2nd edition. Upper Saddle River, NJ: Pearson Education.
- Costin, C. (2006). *The Eating Disorder Sourcebook*, 3rd edition. Belmont: Gurze Books.
- Coyhis, D.; and r. Simonelli (2008). "The Native American Healing Experience." *Substance Use and Misuse*, 43 (12/13), 1927-1949.
- Crowe, Allison; and Jason Brinkley (2015). "Distress in Caregivers of a Family Member with Serious Mental Illness." *The Family Journal: Counseling and Therapy for Couples and Families*, 23 (3), 286-294.
- Cuellar, Israel; and Freddy Paniagua (2000). *Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations*. San Diego: Academic Press.
- Doran, Jennifer M.; Ani Kalayjian; Loren Toussaint; and Diana M. Mendez (2014). "Posttraumatic Stress and Meaning Making in Mexico City." *Psychology and Developing Societies*, 26 (1), 91-114.
- Dryer, Rachel; Michael J. Kiernan; and Graham A. Tyson (2012). "Parental and Professional Beliefs on the Treatment and Management of ADHD." *Journal of Attention Disorders*, 16 (5), 398-405.
- Eivors, Alison; and Sophie Nesbitt (2005). *Hunger for Understanding; A Workbook for Helping Young People to Understand and Overcome Anorexia Nervosa*. Hoboken: John Wiley and Sons.
- Elkington, Katherine S.; Dusty Hackler; Karen McKinnon; Cristiane Borges; Eric R. Wright; and Milton L. Wainberg (2012). "Perceived Mental Illness Stigma among Youth in Psychiatric Outpatient Treatment." *Journal of Adolescent Research*, 27 (2) 290-317.

- Ennis-Cole, Demetria; Beth A. Durodoye; and Henry L. Harris (2013). "The Impact of Culture on Autism Diagnosis and Treatment: Considerations for Counselors and Other Professionals." *The Family Journal*, 21 (3), 279-287.
- "Extreme Irritability: Is it Childhood Bipolar Disorder?" (2007). National Institute of Mental Health, February 1.
- Eyers, Kerrie; Gordon Parker; and Henry Brodaty (2012). *Managing Depression, Growing Older: A Guide for Professionals and Carers*. Routledge.
- Fairburn, Christopher; and Kelly Brownell (2002). *Eating Disorders and Obesity: A Comprehensive Handbook* (2nd edition). New York: Guilford.
- Falicov, Celia J. (2013). *Latino Families in Therapy, 2nd edition*. Guilford Press.
- Fox, Michael J. (2002). *Lucky Man: A Memoir*. New York: Hyperion. (Parkinson's Disease)
- Frances, Allen (2013). *Essentials of Psychiatric Diagnosis: Responding to the Challenge of DSM-5*. Guilford.
- Freeman, J. B.; and A. M. Garcia (2009). *Family-Based Treatment for Young Children with OCD*. New York: Oxford University Press.
- Friedman, Matthew J.; Terence M. Keane; and Patricia A. Resick (2014). *Handbook of PTSD: Science and Practice, 2nd edition*. Guilford.
- Ganong, Kathryn; and Erik Larson (2011). "Intimacy and Belonging: The Association between Sexual Activity and Depression among Older Adults." *Sociology and Mental Health*, 1 (3), 153-172.
- Gaydos, Bob (2010). "Study: Dramatic Rise in Adult Substance Abuse." *Times Herald-Record*, January 20.
- Gill, Jessica; and Pranee Liamputtong (2011). "Walk a Mile in My Shoes: Life as a Mother of a Child with Asperger's Syndrome." *Qualitative Social Work*, 12 (1), 41-56.
- Gilman, Sander L. (2014). "Madness as Disability." *History of Psychiatry*, 25 (4), 441-449.
- Gionfriddo, Paul (2014). *Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia*. Columbia University Press.
- Goldstein, Avram (2001). *Addiction: From Biology to Drug Policy*. New York: Oxford University Press.
- Gotlib, Ian H.; and Constance I. Hammen (2014). *Handbook of Depression, 3rd edition*. Guilford.
- Gottlieb, Lori (2000). *Stick Figure: A Diary of My Former Self*. New York: Simon and Schuster. (Anorexia)
- Grandin, Temple (1995). *Thinking in Pictures and Other Reports of My Life with Autism*. New York: Doubleday.
- Harris, Maxine; and Helen Bergman (1993). *Case Management for Mentally Ill Patients: Theory and Practice*. Langhorne: Harwood.
- Harris, Rafael S., Jr.; Aldea, Mirela A.; and Kirkley, Dale E. (2006). "A Motivational Interviewing and Common Factors Approach to Change in Working with Alcohol Use and Abuse in College Students." *Professional Psychology: Research and Practice*, 37 (6), 614-621.

- Healy, David (2014). "Psychiatric Diseases in History." *History of Psychiatry*, 25 (4), 450-458.
- Henderson, Claire (2006). *Women and Psychiatric Treatment: A Comprehensive Text and Practical Guide*. Routledge Mental Health.
- Hines, Monique; Susan Balandin; and Leanne Togher (2012). "Buried by Autism: Older Parents' Perceptions of Autism." *Autism*, 16 (1) 15-26.
- Hodge, David R. (2015). *Spiritual Assessment in Social Work and Mental Health Practice*. Columbia.
- Honel, Rosalie (1988). *Journey with Grandpa: Our Family's Struggle with Alzheimer's Disease*. Baltimore: Johns Hopkins University Press.
- Horwitz, Allan V. (2011). "Creating an Age of Depression: The Social Construction and Consequences of the Major Depression Diagnosis." *Society and Mental Health*, 1 (1), 41-54.
- Ivey, A.E.; M.B. Ivey; and L. Simek-Morgan (1993). *Counseling and Psychotherapy: A Multicultural Perspective (3rd edition)*. Needham: Allyn and Bacon.
- Jackson, Leslie; and Beverly Greene (2000). *Psychotherapy with African American Women: Innovations in Psychodynamic Perspectives and Practice*. New York: Pantheon.
- Jiang, Yuanyuan; and Charlotte Johnston (2012). "The Relationship between ADHD Symptoms and Competence as Reported by both Self and Others." *Journal of Attention Disorders*, 16 (5), 418-426.
- Jones, Lani V.; Laura Hopson; Lynn Warner; Eric R. Hardiman; and Tana James (2015). "A Qualitative Study of Black Women's Experiences in Drug Abuse and Mental Health Services." *Affilia: Journal of Women and Social Work*, 30 (1), 68-82.
- Kamaldeep, Bhui (2013). *Elements of Culture and Mental Health: Critical Questions for Clinicians*. London: RCPsych Publications.
- Karban, Kate (2011). *Social Work and Mental Health*. Polity.
- Karp, David A. (2001). *The Burden of Sympathy: How Families Cope with Mental Illness*. New York: Oxford University Press.
- Kaye, Randy (2011). *Ben Behind His Voices: One Family's Journey from the Chaos of Schizophrenia to Hope*. Rowman and Littlefield Publishers.
- Kazarian, Shahe; and David Evans (1998). *Cultural Clinical Psychology: Theory, Research, and Practice*. New York: Oxford University Press.
- Kennedy, Gary (2000). *Geriatric Mental Health Care: A Treatment Guide for Health Professionals*. New York: Guilford Press.
- Killian, Kyle D. (2013). *Interracial Couples, Intimacy, and Therapy: Crossing Racial Borders*. New York: Columbia University press.
- Klinck, Betty (2010). "Number of Older Adults Treated for Substance Abuse Doubles." *USA Today*, September 12.
- Knox, David (1985). *Portrait of Aphasia*. Detroit: Wayne State University Press.

- Kondracke, Morton (2001). *Saving Milly: Love, Politics, and Parkinson's Disease*. New York: Public Affairs.
- Kovshoff, Hanna; Richard P. Hastings; and Bob Remington (2011). "Two-Year Outcomes for Children with Autism after the Cessation of Early Intensive Behavioral Intervention." *Behavior Modification*, 35 (5), 427-450.
- Kranke, Derrick; Sally E. Jackson; Debbie A. Taylor; Joan Landguth; and Jerry Floersch (2015). "I'm Loving Life: Adolescents' Empowering Experiences of Living with a Mental Illness." *Qualitative Social Work*, 14 (1), 102-118.
- Kroska, Amy; Sarah K. Harkness; Lauren S. Thomas; and Ryan B. Brown (2014). "Illness Labels and Social Distance." *Society and Mental Health*, 4 (3), 215-234.
- Lauren, Jenny (2004). *Homesick: A Memoir of Family, Food, and Finding Hope*. Atria Books.
- Lawson, Jackie; Frances Reynolds; Wendy Bryant; and Lesley Wilson (2014). "It's Like Having a Day of Freedom, a Day Off From Being Ill: Exploring the Experiences of People Living with Mental Health Problems who Attend a Community-Based Arts Projects, Using Interpretative Phenomenological Analysis." *Journal of Health Psychology*, 19 (6), 765-777.
- Leung, Patrick; Monit Cheung; and Venus Tsui (2011). "Asian Indians and Depressive Symptoms: Reframing Mental Health Help-Seeking Behavior." *International Social Work*, 55 (1), 53-70.
- Levy, Terry (2000). *Handbook of Attachment Interventions*. San Diego: Academic Press.
- Loganathan, Santosh; and R. Srinivasa Murthy (2011). "Living with Schizophrenia in India: Gender Perspectives." *Transcultural Psychiatry*, 48 (5).
- Ludlow, Amanda; Charlotte Skelly; and Poul Rohleder (2011). "Challenges Faced by Parents of Children Diagnosed with Autism Spectrum Disorder." *Journal of Health Psychology*, 17 (5), 702-711.
- MacFarland, Nicole S. (2010). "Late Life Addictions: Training the Next Generation of Geriatric Social Workers." *CSWE Aging Times*, April.
- Manning, Shari Y. (2011). *Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship*. Guilford.
- Mantyla, Timo; Johanna Still; Stina Gullberg; and Fabio DelMissier (2012). Decision Making in Adults with ADHD." *Journal of Attention Disorders*, 16 (2), 164-173.
- Marbley, Aretha F. (2011). *Multicultural Counseling: Perspectives from Counselors as Clients of Color*. Routledge.
- Maurice, Catherine (1993). *Let Me Hear Your Voice: A Family's Triumph Over Autism*. New York: Alfred A. Knopf.
- May, Debra; Louise Mowthorpe; and Emma Griffiths (2014). "Teetering on the Edge of Care: The Role of Intensive Attachment-Based Play Therapies." *Adoption and Fostering*, 38 (2), 131-148.
- May, Gary E.; and Martha B. Raske (2005). *Ending Disability Discrimination: Strategies for Social Workers*. Boston: Allyn and Bacon.

- McAuliffe, Garrett (2008). *Culturally Alert Counseling: A Comprehensive Introduction*. Los Angeles: Sage.
- McCullough, James, Jr. (2001). *Skills Training Manual for Diagnosing and Treating Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy*. New York: Guilford Press.
- McGowin, Diana (1993). *Living in the Labyrinth: A Personal Journey through the Maze of Alzheimer's*. New York: Delacorte Press.
- McNulty, Michael A.(2003). "Dyslexia and the Life Course." *Journal of Learning Disabilities*, 36 (4) July/August, 363-381.
- Mejita, C. L.; P. J. Bokos; J. Mickenberg; M. E. Maslar; and E. Senay (1997). "Improving Substance Abuse Treatment Access and Retention Using a Case Management Approach." *Journal of Drug Issues*, 27, 329-340.
- Mercer, Joan (2013). "Holding Therapy in Britain: Historical Background, Recent Events, and Ethical Concerns." *Adoption and Fostering*, 37 (2), 144-156.
- Messinger-Rapport, Barbara J., MD, PhD; T. J. McCallum, PhD; and Mary E. Hujer, MSN (2006). "Impact of Dementia Caregiving on the Caregiver in the Continuum of Care." *Annals of Long Term Care*, 14 (1) January, 34-41.
- Miklowitz, David J.; and Michael J. Gitlin (2014). *Clinician's Guide to Bipolar Disorder: Integrating Pharmacology and Psychotherapy*. Guilford.
- Miller, Jennifer (2001). *The Day I Went Missing: A True Story*. New York: St. Martin's Press.
- Miller, Maurice (2002). "Resilience Elements in Students with Learning Disabilities." *Journal of Clinical Psychology*, 58 (3) March, 291-298.
- Moncrieff, Joanna (2014). "The Medicalisation of Ups and Downs: The Marketing of the New Bipolar Disorder." *Transcultural Psychiatry*, 51 (4), 581-598.
- Monette, Paul (1988). *Borrowed Time: An AIDS Memoir*. San Diego: Harcourt Brace Jovanovich.
- Morrison, James (2014). *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*. Guilford.
- Morrison, James (2013). *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians, 2nd edition*. Guilford.
- Morrison, James (2015). *When Psychological Problems Mask Medical Disorders: A Guide for Psychotherapies (2nd ed.)*. Guilford.
- Morrison, Martha, MD (1989). *White Rabbit: A Doctor's Story of Her Addiction and Recovery*. New York: Crown.
- Moyers, Theresa B.; and Rollnick, Stephen (2002). "A Motivational Interviewing Perspective on Resistance in Psychotherapy." *In Session: Psychotherapy in Practice*, 58 (2), 185-193.
- Mueser, Kim T.; and Susan Gingerich (2006). *The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life*. Guilford.
- Nasar, Sylvia (1998). *A Beautiful Mind*. New York: Touchstone.

- Nehlin, Christina; Fred Nyberg; and Caisa Oster (2015). "The Patient's Perspective on the Link Between ADHD and Substance Use: A Qualitative Interview Study." *Journal of Attention Disorders*, 19 (4), 343-350.
- Nelson, Jason M.; and Noel Gregg (2012). "Depression and Anxiety among Transitioning Adolescents and College Students with ADHD, Dyslexia, or Comorbid ADHD/Dyslexia." *Journal of Attention Disorders*, 16 (3), 244-254.
- Nieuwsma, Jason A.; Carolyn M. Pepper; Danielle J. Maack; and Denis G. Birgenheir (2011). "Indigenous Perspectives on Depression in Rural Regions of India and the United States." *Transcultural Psychiatry*, 48 (5).
- Nooner, Kate B.; L. Oriana Linares; Jessica Batinjane; Rachel A. Kramer; Raul Silva; and Marylene Cloitre. "Factors Related to Posttraumatic Stress Disorder in Adolescence." *Trauma, Violence and Abuse*, 13 (3), 153-166.
- Osborn, Claudia (1998). *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out*. Kansas City: Andrews McMeel.
- Pagliano, Paul (2012). *The Multisensory Handbook: A Guide for Children and Adults with Sensory Learning Disabilities*. Routledge.
- Parker, Gordon; and Kerrie Eyers (2010). *Navigating Teenage Depression: A Guide for Parents and Professionals*. London: Routledge.
- Parker, M. L.; Rachel B. Tambling; and Kelly Campbell (2013). "Dyadic Adjustment and Depressive Symptoms: The Mediating Role of Attachment." *The Family Journal*, 21 (1), 28-34.
- Perone, Angela K. (2014). "The Social Construction of Mental Illness for Lesbian, Gay, Bisexual, and transgender Persons in the United States." *Qualitative Social Work*, 13 (6), 766-771.
- Polo-Lopez, Rocio; Enrique Echeburua; Katherine Berry; and Karmele Salaberria (2014). "Piloting a Cognitive-Behavioral Intervention for Family Members Living with Individuals with Severe Mental Disorders." *Behavior Modification*, 38 (5), 619-635.
- Rapp, R. C.; C. W. Kelliher; J. H. Fisher; and F. J. Hall (1994). "Strengths-Based Case Management: A Role in Addressing Denial in Substance Abuse Treatment." *Journal of Case Management*, 3 (4), 139-144.
- Ratnayake, Adheesha; Jeanette Bowlay-Williams; and Panos Vostanis (2014). "When are Attachment Difficulties an Indication for Specialist Mental Health Input?" *Adoption and Fostering*, 38 (2), 159-170.
- Rawe, Julie (2007). ADHD Riddle Solved. *Time Magazine*, November 26, 49.
- Reardon, C. (2012). "The Changing Face of Older Adult Substance Abuse." *Social Work Today*, 12 (1), 8-12.
- Riley, Andrew R.; and Scott T. Gaynor (2014). "Identifying Mechanisms of Change: Utilizing Single-Participant Methodology to Better Understand Behavior Therapy for Child Depression." *Behavior Modification*, 38 (5), 636-664.
- Ritter, Lois A.; and Shirley M. Lampkin (2012). *Community Mental Health*. Sudbury MA: Jones and Bartlett Learning.
- Rooney, Mary; Andrea Chronis-Tuscano; and Yesel Yoon (2012). "Substance Use in College Students with ADHD." *Journal of Attention Disorders*, 16 (3), 221-234.
- Rosenbloom, Dena; and Mary B. Williams (2010). *Life After Trauma: A Workbook for Healing* (2nd ed.). Guilford.

- Russell, Leo; and Bert Laszlo (2013). "A Group for Men with Eating Disorders: When Lone Wolves Come Together." *Men and Masculinities*, 16 (2), 252-259.
- Sajatovic, Martha, MD; and Luis Ramirez, MD (2001). *Rating Scales in Mental Health*. Hudson: Lexi-Comp.
- Saleh, S.; Thomas Vaughn; James A. Hall; S. Levey; L. Fuortes; and T. Uden-Holman (2002). "Effectiveness of Case Management in Substance Abuse Treatment." *Care Management Journals*, 3 (4), 172-177.
- Sansbury, Brittany S.; Kelly Graves; and Wendy Scott (2015). "Managing Traumatic Stress Responses among Clinicians: Individual and Organizational Tools for Self-Care." *Trauma*, 17 (2), 114-122.
- Schilt, Kristen (2011). *Just One of the Guys? Transgender Men and the Persistence of Gender Inequality*. Chicago: University of Chicago Press.
- Schonfeld, L.; L. W. Dupree; E. Dickson-Fuhrmann; C. M. Royer; C. H. McDermott; J. S. Rosansky; S. Taylor; and L. F. Jarvik (2000). "Cognitive-Behavioral Treatment of Older Veterans with Substance Abuse Problems." *Journal of Geriatric Psychiatry Neurology*, 13 (3), 124-129.
- Schouten, Karin A.; Gerrit J. DeNiet; Jeroen W. Knipscheer; Rolf J. Kleber; and Giel J. M. Hutschemaekers (2015). "The Effectiveness of Art Therapy in the Treatment of Traumatized Adults: A Systematic review on Art Therapy and trauma." *Trauma, Violence, and Abuse*, 16 (2), 220-228.
- Sechehaye, Marguereite (1994). *Autobiography of a Schizophrenic Girl*. New York: Grune & Stratton.
- Sedensky, Matt (2010). "Marijuana Use by Seniors Goes Up as Boomers Age." *Washington Post*, February 22.
- Sibley, Margaret H.; Aparajita B. Kuriyan; Steven W. Evans; James G. Waxmonsky; and Bradley H. Smith (2014). "Pharmacological and Psychosocial Treatments for Adolescents with ADHD: An Updated Systematic Review of the Literature." *Clinical Psychology Review*, 34, 218-232.
- Siegal, H. A.; R. C. Rapp; L. Li; P. Saha; and K. D. Kirk (1997). "The Role of Case Management in Retaining Clients in Substance Abuse Treatment: An Exploratory Analysis." *Journal of Drug Issues*, 27, 821-831.
- Sizemore, Chris (1989). *A Mind of My Own*. New York: William Morrow and Company. (Multiple Personality Disorder)
- Slattery, Jeanne (2004). *Counseling Diverse Clients: Bringing Context Into Therapy*. Belmont CA: Brooks/ Cole.
- Smith, Vi D.; Candace G. Austrich; Renee R. Brown; and Lindsey H. Steding (2015). "The Portrayal of *Black Swan* through a Multicontextual Framework." *The Family Journal: Counseling and therapy for Couples and Families*, 23 (1), 97-101.
- Snyder, Kurt (2007). *Me, Myself, and Them: A Firsthand Account of One Young Person's Experience with Schizophrenia*. Oxford University Press.
- Solomon, Andrew (2001). *The Noonday Demon: An Atlas of Depression*. New York: Scribner.
- Sperry, Len; Jon Carlson; Jill D. Sauerheber; and Jon Sperry. *Psychopathology and Psychotherapy: DSM-5 Diagnosis, Case Conceptualization, and Treatment* (3rd ed.). Routledge Mental Health.
- Stein, Karen F. "Self-Management in Persons with Major Mental Disorders: A Common but Complex Treatment Goal." *Journal of the American Psychiatric Nurses Association*, 20 (6), 367-368.
- Styron, William (1990). *Darkness Visible: A Memoir of Madness*. New York: Random House.

- Tatarsky, A.; and g. A. Marlatt (2010). "State of the Art in Harm Reduction Psychotherapy: An Emerging Treatment for Substance Misuse." *Journal of Clinical Psychiatry: In Session*, 66 (2), 117-122.
- Taylor, Edward H. (2014). *Assessing, Diagnosing, and Treating Serious Mental Disorders: A Bioecological Approach*. Oxford University Press.
- Thompson, Tracy (1995). *The Beast: A Reckoning with Depression*. New York: G. P. Putnam's Sons.
- Tibbs, Margaret (2001). *Social Work and Dementia: Good Practice and Care Management*. London: Jessica Kingsley Publishers.
- Valeo, Tom (2009). "The Other Dementias." *Neurology Now*, November/December, 26-32.
- Valkonen, Jukka; and Vilma Hanninen (2012). "Narratives of Masculinity and Depression." *Men and Masculinities*, 16 (2), 160-180.
- Valle, Ramon (1998). *Caregiving Across Cultures: Working with Dementing Illness and Ethnically Diverse Populations*. Washington DC: Taylor and Francis.
- Vanderplasschen, W.; R. C. Rapp; J. R. Wolf; and E. Broekaert (2004). "The Development and Implementation of Case Management for Substance Use Disorders in North America and Europe." *Psychiatric Services*, 55, 913-922.
- Van Wormer, K. S.; and B. A. Thyer (2010). *Evidence-based Practice in the Field of Substance Abuse: A Book of Readings*. Washington, D.C.: Sage.
- Van Wormer, K. S.; and D. R. Davis (2003). *Addiction Treatment: A Strengths Perspective* (2nd ed.). Belmont, CA: Wadsworth Publishing.
- Wahab, Stephanie (2005). "Motivational Interviewing and Social Work Practice." *Journal of Social Work*, 5 (1), 45-60.
- Walters, Glenn D.; and Alexandria Noon (2015). "Family Context and Externalizing Correlates of Childhood Animal Cruelty in Adjudicated Delinquents." *Journal of Interpersonal Violence*, 30 (8), 1369-1386.
- Washburn, Micki (2013). "Five Things Social Workers Should Know about the DSM-5." *Social Work*, 58 (4), October, 373-376.
- Welfel, Elizabeth R.; and R. Elliott Ingersoll (2001). *The Mental Health Desk Reference*. New York: John Wiley and Sons.
- Wenze, Susan J.; Michael F. Armev; and Ivan W. Miller (2014). "Feasibility and Acceptability of a Mobile Intervention to Improve Treatment Adherence in Bipolar Disorder: A Pilot Study." *Behavior Modification*, 38 (4), 497-515.
- Wincze, John P.; and Risa B. Weisberg (2015). *Sexual Dysfunction: A Guide for Assessment and Treatment* (3rd ed.). Guilford.
- Woodford, Mark S. (2012). *Men, Addiction, and Intimacy: Strengthening Recovery by Fostering the Emotional Development of Boys and Men*. Routledge.
- Wright, Jesse H.; and Laura W. McCray (2012). *Breaking Free from Depression: Pathways to Wellness*. Guilford Press.

Wright, Sara L., PhD; and Carol Persad, PhD (2007). "Distinguishing between Depression and Dementia in Older Persons: Neuropsychological and Neuropathological Correlates." *Journal of Geriatric Psychiatric and Neurology*, 20 (4) December, 189-198.

Yapko, Michael (1997). *Breaking the Patterns of Depression*. New York: Doubleday.

Zayfert, Claudia; and Jason C. DeViva (2011). *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do*. Guilford.

Zoellner, Lori A.; and Norah C. Feeny (2014). *Facilitating Resilience and Recovery Following Trauma*. Guilford.

Grading Matrix for Final Version of Client Story and Client Record
(On the 75% of the grade based on content)

Student's Name: _____

<i>Item</i>	<i>Possible Points</i>	<i>Points Earned</i>
Client demographics	3	
Initial referral/Intake	2	
Client story	15	
Initial service plan	15	
Progress notes on 6 client contacts	6 x 8 each = 48	
Progress notes dealing effectively with lack of adherence to taking psychotropic medications	7	
One change in client's situation with resulting change in service plan	5	
Overall consistency, creativity, and quality of overall client record and progress notes	5	
Total	100	

See the syllabus regarding the 25% of the grade that is based on quality of writing (punctuation, grammar, spelling, etc.)

APA CHECKLIST

The following checklist is designed to serve as a guide for you when writing papers in the Social Work Department. Use of this guide will support your success when using APA and help to prevent plagiarism. All instructors in the Social Work Department will use this checklist as a guide when grading your papers for APA policy, so it is advisable that you become familiar with and apply these rules to all papers.

A. Entire document MUST HAVE

- Times New Roman Font
- 12 font size
- 1 inch margins on all four sides
- Double spacing after periods at the end of a sentence (except in the “Reference” page)
- Double spacing *between lines* in paragraphs (remove double spacing between paragraphs)
- Numbers 1-10 spelled out (e.g. “one”, “five”, “seven”)
- Numbers above 10 not written out (except at the beginning of a sentence)
- Introduction of acronyms (e.g. “Supplemental Security Income (SSI)”, “SSI” may be used alone thereafter)
- Paragraphs versus bullets (unless approved by professor)
- No use of “I” (unless approved by professor due to nature of the assignment)
- No contractions (won’t, can’t, don’t), lbs, %, \$ (percent signs may be used directly after numbers)
- Complete sentences
- Indented paragraphs (tab once from margin)
- Introduction, body and conclusion (unless otherwise noted by professor)
- Cover page, abstract page, reference page (unless otherwise advised by professor)

B. Cover Page

- Header flushed left and written as “Running head: SHORT TITLE” (note how “Running head:” is written)
- Page # (always starts with “1” at the top right)
- Title of work, your name, and the name of the university (in this order), centered and not in bold. This should also be double spaced and the title of the work should begin 9 single spaces after the header.
- Title should be no more than 12 words, first letters of words are capitalized except “and”, etc.
- The “SHORT TITLE” is always in capital letters and is a shortened version of your title. This can be no more than 50 characters

C. Abstract Page

- This is page 2 (upper right corner)
- In the Header section flushed left will show on this page “SHORT TITLE” only. No “Running head:” used on this or subsequent pages
- The word “Abstract” is centered, not bold at the top of the paper
- The Abstract is only 4-5 sentences (max 150-250 words)
- There is no indention at the beginning of this paragraph
- Must be double spaced

D. START OF YOUR BODY

- Continue your “SHORT TITLE” and page number on every page
- Write the title at the very top. This should be the same one used on the cover page above your name
- The title is centered and not in bold
- All paragraphs must be indented
- Paragraphs have a minimum of 5 sentences
- Using Level Headings where appropriate (refer to your professor on when to use; see APA manual for all levels of headings: 1-5)

E. Reference Page

- Header section flushed left should show the “SHORT TITLE” and the page # on the right side.
- The word “Reference” (or “References” if more than one) is centered and not bold
- The references must be alphabetized (by last name of author of work as listed on the work. DO NOT reorganize the authors in alphabetical order from the source).
- If there is more than one citation with the same author and year, put them in alphabetical order by title and make them 2015a, 2015b, 2015c, etc., as needed.
- Double space references
- Remove space between references
- Only single spacing after punctuation
- Remember that personal communication in-text citations are not listed on the reference page
- Remove hyperlinks from websites (a line should not appear under websites in your reference page)
- If the reference is long and continues on the next line, then you must indent the second line (this is called a “hanging indent”)
- All references MUST have an in-text citation to match (except in personal communication; only in-text citations are used).
- If the reference has an edition, it goes in parentheses and is not italicized. For example, Turner, F. J. (2011). *Social work treatment: Interlocking theoretical approaches* (5th ed). New York: Oxford University Press.

Following are explicit examples that can serve as guides for you when writing your papers.

- Boston University School of Social Work:

<http://www.bu.edu/ssw/files/2010/10/BUSSW-style-guide-6th-ed-April-13.pdf>

- Sample APA Paper Owl Purdue:

http://owl.english.purdue.edu/media/pdf/20090212013008_560.pdf

- Son of Citation Machine Citing Support:

<http://citationmachine.net/index2.php?reqstyleid=2&newstyle=2&stylebox=2>

EXAMPLES OF APA ERRORS

❖ Missing comma after name and before year

- Incorrect: (Dobson & Pewter 2013)
- Correct: (Dobson & Pewter, 2013)

❖ Missing parenthesis

- Incorrect: Many children in America are diagnosed with ADHD Dobson & Pewter, 2013.
- Correct: Many children in America are diagnosed with ADHD (Dobson & Pewter, 2013).

❖ Using *and* instead of & in a citation

- Incorrect (Dobson and Pewter, 2013)
- Correct: (Dobson & Pewter, 2013)

- ❖ Using “pp.” instead of “p.” to denote page.
 - Incorrect: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013, pp. 5).
 - Correct: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013, p. 5).
- ❖ Missing punctuation at the end of sentences when citing.
 - Incorrect: Many children in America are diagnosed with ADHD. (Dobson & Pewter, 2013)
 - Correct: Many children in America are diagnosed with ADHD (Dobson & Pewter, 2013).

Correct Citation Example:

In-Text: (Dobson & Pewter, 2013)

Reference Page: Dobson, J.H. & Pewter, W.P. (2013). Understanding writing for bachelor social work students. *Journal of American Health*, 4, 24-29.

- ❖ Using quotation marks without page number/paragraph information.
 - Incorrect: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013).
 - Correct: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013, p. 5).
- ❖ Example of how to cite a class handout:
 - Rappaport, C. (2018). *The muscular system*. [Class handout]. SOWK 3305: Biological Foundations of Social Work Practice. Social Work Department, Texas A&M University-Central Texas: Killeen, TX.
- ❖ Example of how to cite a movie:
 - Burg, M. & Koules, O. (Producers), Cassavetes, N. (Director), & Kearns, J. (Writer). (2002). *John Q.* [Motion picture]. USA: New Line Cinema, Burg/Koules Productions, & Evolution Entertainment.
 - To obtain information for a movie citation, look up the movie on the internet and select the IMDb listing. First look up (under Full Cast and Crew) all the producers, ignoring those listed as executive producer, co-producer, assistant producer, etc. Then add the director(s) and writer(s). Go to Company Credits to list the production companies (ignore the list of distributors).

USES OF COMMAS AND OTHER COMMON PUNCTUATION/GRAMMAR ERRORS

The following are some common uses of commas:

Putting two sentences together, joined by *and*, *but*, or another linking word. Both parts have to have both a subject and a verb, or you don’t need a comma.

- Example: Martha went to the Laundromat, and she discovered that she forgot her money at home.

- Does NOT need a comma: Martha went to the Laundromat and discovered that she forgot her money at home.
- **Note: Two sentences can also be joined together by a semicolon without a connecting word.**
- Example: Martha went to the Laundromat; she discovered that she forgot her money at home.
- Example: I thought this was going to be complicated, but I was surprised; they listened and paid attention.
- **Note: Two sentences can also be joined together by a semicolon and a connecting word such as *however*, followed by a comma.**
- Example: Martha went to the Laundromat; however, she discovered that she forgot her money at home and had to make a return trip.

Writing a list of objects, when no item of the list requires a comma within the item. If one item requires a comma, then the items have to be separated with semicolons instead of commas.

- Example: Martha went to the store and bought apples, plums, oranges, and nectarines to make a fruit salad.
- Need to use semicolons instead: Martha went to the store and bought golden, delicious apples; purple, juicy plums; plump, navel oranges; and nectarines to make a fruit salad.

Note: The above example with semicolons also illustrates another use of commas: When you are using more than one adjective to describe a noun (such as golden, delicious apples), the two adjectives need to be separated with a comma.

Separating the name of a city and the state in which it is located.

- Example: I was born in San Antonio, Texas, in the year 1950.

Separating a person's name and their relationship to another person, the name of a book and its author, etc.

- Example: Her father, Burton Rappaport, was born in New York City in 1921.
- Example: Burton Rappaport, the father of Claudia Rappaport, was born in New York City in 1921.
- Example: Harper Lee's novel, *To Kill a Mockingbird*, is required reading in many schools.

Separating a prepositional phrase at the beginning of a sentence from the remainder of the sentence.

- Example: In case of a fire, you need to move quickly to the nearest exit.
 - **Note another grammar rule: Do not put the adverb in between *to* and *move* (i.e., do not say "you need to quickly move to the nearest exit"). Doing this is referred to as a split infinitive. Just remember Shakespeare: It is "To be or not to be," not "To be or to not be."**
- Example: From one social worker to another, you need to be on the lookout for signs of social work burnout.

- Example: During the depression of the 1930's, food was scarce and unemployment rates were high.
 - Question: Why do you not need a comma after scarce?
- Example: If you are not ready to calm down, I want you to go to your bedroom and think about why your behavior has not been appropriate.
- Example: Because she got paid a lot less this week, she was not able to give the landlord her rent.
- **Note: If the prepositional phrase is in the middle of the sentence, it does not require commas.**
 - Example: The hot air in the classroom made it very difficult to study.
 - Example: She couldn't give the landlord her rent because she got paid a lot less this week.

After using a single word to catch your attention at the beginning of a sentence; most commonly this will be done in conversation, not in formal writing.

- Example: "Well," she said, "I guess I need to go ahead and start fixing dinner."
 - **Note another rule of grammar: Punctuation marks (commas, periods, exclamation points, question marks) always go INSIDE the quotation marks.**
- Example: Gosh, it is really hot today.
- Example: Hello, my name is Dr. Rappaport.
- Example: No, you can't have a cookie right now.
- Example: Yes, I heard what you said.
- Example: Unfortunately, one of the social work professors has decided to leave Tarleton.
- Example: However, you need to remember that I expect you to study hard for my tests.
- Example: John, did you have a question you wanted to ask?

To add additional details to clarify a sentence; if you removed those additional details, you would still have a complete sentence.

- Example: When I started college, something I had always dreamed of doing, I decided to major in social work.
- You could remove the phrase in the middle and still have a complete sentence: When I started college, I decided to major in social work. Why do you still need a comma there?

When getting ready to quote a sentence – but only if you are really quoting the person's exact words, not paraphrasing.

- Example: I wasn't saying, "How could you?" Rather, I wanted to know, "What were you thinking when you did that?"
- Example: Dr. Rappaport always said, "Be careful of using Spell Check as your only type of proof-reading on papers."
- Example of NOT using quotation marks: Dr. Rappaport always told us to be careful of using Spell Check as our only type of proof-reading on papers.

Before adding a phrase starting with *which* or *whose* to add more details to the sentence.

- Example: A major strength of the agency is the fact that each social worker uses a different approach, which allows them to complement each other's skills.
- Example: He is a millionaire now, which only goes to show how much a person can accomplish if he really sets his mind to it.
- Example: The crowd, whose patience had worn thin, was threatening to tear down the sign and instigate a riot.
- Example: The building, whose architect had won a national award, was one of the most popular tourist attractions in the city.

To separate out parenthetical words from the rest of the sentence.

- Example: Expensive items, however, will not be included in the auction.
- Example: Expensive items, of course, will not be included in the auction.
- Example: Expensive items, unfortunately, will not be included in the auction.
- Example: Expensive items, therefore, will not be included in the auction.

Before a word like *also* or *too* or *as well* at the end of a sentence.

- Example: We should plan to have another fundraiser before the end of the month, also.
- Example: He's quite good looking, too.

Do not use a comma if the additional words identify the subject word and are not additional information.

- The company rewards employees who work hard. (Do not put a comma if what you mean is that the company ONLY rewards employees who work hard. If ALL employees work hard and get rewarded, then put a comma: The company rewards its employees, who all work hard.)

You usually do NOT use a comma before "because."

- Example: She was deeply ashamed because she was the only woman who failed the exam.

You often do not need to use a comma after an introductory phrase that designates when something occurred.

- Example: In five minutes we are leaving for school.

OTHER COMMON WRITING ERRORS

Capitalizing words that do not need capitals

- Capital letters are used for proper nouns, people's names, names of cities and states, etc. They are often used when they are not needed. For example:
 - I am a student in the Social Work Program at Tarleton State University-Central Texas. It is correct to capitalize social work here because it is in the name of a program.
 - I want to be a social worker. You do not capitalize it here because it is not a proper noun.
 - My biggest supporter is Mother. You need to capitalize mother here because you are using it as a person's name.
 - I live with my mother and my father. You do not capitalize them here because you are not using them as names.

- I graduated from Alamo Heights High School. You capitalize high school here because it is the name of a specific high school.
- I graduated from high school. You do not capitalize it here because it is not a proper noun. **Also note that you need the word “from”. I graduated high school is slang without the word from.**

Confusing different forms of words that sound the same.

- **Where:** I asked him where he was born.
- **Were:** There were 25 questions on the test.
- **Wear:** I asked him what he was going to wear to the interview.

- **Their:** These parents really love their children.
- **There:** There are too many students in this class.
- **They’re:** This is the contraction for “they are.” **Note:** You usually do not use contractions in formal written work.

Two different forms for possessives:

- **This is my parent’s house.** Use the apostrophe before the s only if it is **ONE** parent’s house. **Both parents do not live in the house, or you only have one parent.**
- **This is my parents’ house.** Use the apostrophe after the s if it is **BOTH** parents’ house. **Both parents live in the house.**

- **Parents are very important people.** You do not use any apostrophe because you are simply making a noun plural. **Never use an apostrophe unless you are making a noun a possessive word (meaning it belongs to someone).**