I. Course Description

Catalog Description: Provides an opportunity to explore issues related to human biological functioning as applied to social work practice. Emphasis is placed on functioning of the human body across the lifespan, on healthy living and prevention of illness, and on illness and disabilities (physical and mental) that social workers encounter in clients.

Prerequisites: There are no prerequisites for this class.

II. Nature of Course

This course will provide students an opportunity to explore issues related to human biological functioning as applied to social work practice. Emphasis will be placed on such topics as: the functioning of the human body across the lifespan; illnesses and disabilities that social workers frequently encounter in clients; genetics and heredity; human sexuality; mental disorders and substance abuse and their treatment; the influence of environment on the human body; and healthy living and the prevention of illness. The course content will supplement course content in HBSE I and HBSE II. Ethical and cultural aspects of these topics will also be explored.

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 continually to improve the provision and quality of services that are 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:** This course meets face-to-face, and the primary teaching approaches are collaborative and active learning. Material in the course will be presented through interactive class discussions on readings and on additional material presented by the professor in handouts, class activities, videotapes, and client scenarios.

**Grading:** As much as possible, Dr. Rappaport tries to have assignments graded by 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. You can also check the GradeBook in Canvas, but remember that the grade there does not reflect your actual grade in the course because it does not include the grades for class attendance and class participation.

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 using the Canvas Help link located at the bottom of the left-hand menu. Select Chat with Canvas Support, submit a support request through “Report a Problem,” or call the Canvas support line at 1-844-757-0953.

### III. Department Mission
The mission of the Texas A&M University-Central Texas Bachelor of Social Work Department (TAMUCT BSW Department) is to prepare high quality graduates for entry-level generalist social work practice and for advanced education. This education is delivered in a rigorous and student-centered learning environment that promotes professional behavior, values, and ethics, human and community well-being, respect for human diversity, and a global perspective, and is guided by a person-in-environment framework, knowledge based on scientific inquiry, and social work competencies.

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

### IV. COURSE OBJECTIVES AND RELATED PRACTICE BEHAVIORS
This course provides content that helps to prepare you, the student, to engage in the following CSWE competencies and related practice behaviors:

- Attend to professional roles and boundaries (2.1.1c)
- Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge and practice wisdom (2.1.3a)
- Utilize conceptual frameworks to guide the process of assessment, intervention, and evaluation (2.1.7a)
- Critique and apply knowledge to understand person in environment (2.1.7b)
- Collect, organize and interpret data (2.1.10b[d])
- Assess client strengths and limitations (2.1.10b[e])
- Select appropriate intervention strategies (2.1.10b[g])
- Implement prevention interventions that enhance client capacities (2.1.10c[i])

The objectives for this course that support the CSWE-related practice behaviors are:
(1) Express a basic understanding of scientific frameworks in human biology and their importance to professional social work practice.

(2) Apply understanding of human biological functioning in development of client assessments.

(3) Utilize understanding of scientific frameworks and human biology to develop/recommend appropriate interventions and prevention services.

(4) Apply understanding of systems/ecological framework on human biological functioning.

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

<table>
<thead>
<tr>
<th>A. Objectives</th>
<th>B. CSWE-Related Practice Behaviors</th>
<th>C. Course Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1)</strong> Express a basic understanding of scientific frameworks in human biology and their importance to professional social work practice.</td>
<td>2.1.1c 2.1.3a</td>
<td>Class discussions Quizzes/exams Case scenarios Observation essay Movie essay</td>
</tr>
<tr>
<td><strong>(2)</strong> Apply understanding of human biological functioning in development of client assessments.</td>
<td>2.1.7a 2.1.10b(d),(e)</td>
<td>Class discussions Quizzes/exams Case scenarios Observation essay Movie essay</td>
</tr>
<tr>
<td><strong>(3)</strong> Utilize understanding of scientific frameworks and human biology to develop/recommend appropriate interventions and prevention services.</td>
<td>2.1.10b(g) 2.1.10c(i)</td>
<td>Class discussions Quizzes/exams Case scenarios Observation essay Movie essay</td>
</tr>
<tr>
<td><strong>(4)</strong> Apply understanding of systems/ecological framework on human biological functioning.</td>
<td>2.1.7b</td>
<td>Class discussions Quizzes/exams Case scenarios Observation essay Movie essay</td>
</tr>
</tbody>
</table>

V. Course Requirements


There will also be readings assigned in handouts for each class period. Handouts are largely based on the following sources:


**B. Final Grades**

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

<table>
<thead>
<tr>
<th>Course Assignment</th>
<th>Percentage of final grade</th>
<th>Total possible points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept Mastery Quizzes</td>
<td>20%</td>
<td>2,000</td>
</tr>
<tr>
<td>Case scenario assignments</td>
<td>20%</td>
<td>2,000</td>
</tr>
<tr>
<td>Individual Interview Paper</td>
<td>15%</td>
<td>1,500</td>
</tr>
<tr>
<td>Movie assignment</td>
<td>15%</td>
<td>1,500</td>
</tr>
<tr>
<td>Mid-term Exam</td>
<td>10%</td>
<td>1,000</td>
</tr>
<tr>
<td>Final Exam</td>
<td>10%</td>
<td>1,000</td>
</tr>
<tr>
<td>Attendance</td>
<td>5%</td>
<td>500</td>
</tr>
<tr>
<td>Class Participation</td>
<td>5%</td>
<td>500</td>
</tr>
</tbody>
</table>

**Totals**

<table>
<thead>
<tr>
<th>Percentage of final grade</th>
<th>Total possible points</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>10,000</td>
</tr>
</tbody>
</table>

(Total points ÷ 100 = final grade)

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)

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

The following activities will be completed during the semester.

1. **Concept Mastery Quizzes (20% of final grade)**

   A number of the class periods will include a quiz and/or case scenario to help students solidify their understanding of the concepts presented in the course material and to learn how to apply them. The days on which quizzes will be given will not be announced ahead of time. Some quizzes will be given as “pop” quizzes to test whether students did the day’s reading – those will be given at the beginning of the class and will ask 2-3 questions based on the assignment. The full-length quizzes 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 or who arrives late will not be allowed to make up a “pop” quiz and will receive a zero; the student will be allowed to complete a make-up quiz on the other assignments, but it is the student’s responsibility to receive the quiz from Dr. Rappaport (such as emailing the professor and requesting a copy of the quiz you missed because you were absent) and to 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! Quizzes will not be accepted or graded after the due date except in special circumstances as approved by the professor before the due date.

   At the end of the course, the student’s average numerical grade on all quizzes (including any zeros) will represent 15% of their final grade. Each student will have one quiz grade (the lowest one) dropped by the professor; if you only missed a single class during the semester, that zero will not impact your average quiz grade.

   **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.

2. **Case scenario 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. The case scenario assignments will be sent out via Canvas 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 scenario is to help students consider social work applications of the aspects of human biological functioning 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 students are NOT to simply copy those 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. SCENARIOS MUST BE TYPED AND DOUBLE-SPACED.

   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 grade. Dates when scenarios will be given are listed in the syllabus. Toward the end of the course, two extra (optional) case scenarios will be given. Students who choose to complete those extra assignments can apply the grades to replace the grades of two previous case scenarios or previous quizzes, whichever will help their final grade most.
3. **Movie Assignment (15% of final grade)**

Each student will select one movie to watch that deals with some of the issues of human biological functioning and their psychosocial implications that we have been studying in this class. This should be a full-length movie (which usually run between 1 hour and 20 minutes and 2 hours). It can be a movie on television or a movie that has been shown in theatres and/or that is available for rental or from libraries. **It cannot be a movie that we use in class; if you DO write your paper on a movie we use in the class, your paper will not be graded, and you will receive a grade of zero.** After watching the movie, the student will write a paper of a minimum of 6 pages (not counting the face sheet and the reference page; there is no limit in terms of a maximum possible number of pages) covering the following:

- A summary (**ABSOLUTELY NO MORE THAN three pages in length**) of the main storyline, stressing ONLY the parts of the story that dealt with human functioning, health, illness, and disability. What was the physical condition, and how was it explained or portrayed in the movie? How did the physical or medical condition affect the main character and/or their family, friends, and other significant people? Were their perceptions of the condition more in line with a chronic illness or with a disability? **DO NOT SIMPLY WRITE A SCENE-BY-SCENE RETELLING OF THE MOVIE!!!** The summary CANNOT be more than 3 pages and should ONLY address how the movie presented issues related to the mental/biological condition, though giving enough of a summary that the story will make sense to the reader.
- How the movie provided examples of material that we have studied in this class, and whether there were things shown in the movie that contradicted what we have studied. **BE SURE YOU DEFINE OR EXPLAIN ANY MEDICAL, BIOLOGICAL, OR PSYCHOLOGICAL TERMS YOU USE IN YOUR PAPER.**
- How would a social worker have been able to assist the people in the movie? What would the major kinds of assistance have been, and how could they potentially have changed what occurred in the movie?
- If there was a social worker (or psychologist, psychiatrist, counselor, etc.) in the movie, how effective do you think that person’s services were? How do you think they could have been made more effective?
- Were any ethical dilemmas raised by the movie, and how would the social work Code of Ethics have guided social workers regarding how to resolve those dilemmas? **THE CODE OF ETHICS IS THE ONLY NON-COURSE MATERIAL YOU NEED TO USE AS A REFERENCE IN YOUR PAPER; BE SURE TO CITE THE CODE IN THIS PART OF YOUR PAPER.**

In writing your answers to these questions, be sure you are very clear and complete in describing what happened in the movie because this might be a movie I have not seen. Even if it is a movie I have seen, you will lose points if you are not clear in your descriptions of the issues in the movie and what you would have done about them (I pretend I have never seen the movie when I grade how well you described its content). Papers will be graded according to how well the student addresses these questions. Thoroughness and creativity are encouraged. Papers must be typed and double-spaced (if they are not, the paper will not be graded and you will receive a zero for the assignment), and you must use APA format. **STUDENTS ARE NOT ALLOWED TO USE ANY REFERENCE MATERIALS OTHER THAN THE COURSE READING ASSIGNMENTS (INCLUDING ANY SOURCES DESCRIBING THE MOVIE), BUT YOU STILL NEED TO CITE ANY USE OF READING ASSIGNMENTS IN YOUR ESSAY, AS WELL AS CITING THE MOVIE YOU WATCHED. IF YOU USE OTHER OUTSIDE MATERIALS, EVEN IF YOU CITE THEM, YOUR GRADE ON THE ASSIGNMENT WILL BE A ZERO BECAUSE YOU DID NOT FOLLOW INSTRUCTIONS.** See the APA section of this syllabus if you do not know how to cite a movie correctly in a paper. See also the rubric in this syllabus as a guideline for how the paper will be graded.
4. **Individual Interview Paper (15% of final grade)**

Each student will arrange to spend two hours with a person who has some kind of medical or psychological disorder to observe and interview him/her. Due to COVID-19 restrictions, this can be an online contact (such as Skype or Zoom), a telephone interview, etc. The person can be an adult or a child (if a child, you will also need to spend time interviewing a parent or caregiver). The person you choose should not be a relative of the student (and relative is defined as any person related by blood, marriage, or co-habitation) but can be someone you already know, or they can be a person you are meeting for the first time to do this assignment. After spending the time with this person, you will write a paper of a minimum of 8 pages (there is no limitation in terms of a maximum number of pages; if it is not at least 8 pages, there will be a serious deduction, and the page length counts content only, not the face page or the reference page) describing what you observed in the person and what they told you about their condition and their life situation. You will then compare this person’s story with the material you studied for class about a person who has that kind of condition, **AND ACTUALLY UTILIZE THAT MATERIAL TO HELP EXPLAIN THE STORY OF THE PERSON YOU INTERVIEWED. THE COURSE MATERIAL SHOULD BE BLENDED IN WITH THE PERSON’S STORY IN A SMOOTH, EXPLANATORY FASHION.** How was this person’s story similar to the material you studied for class about that condition, and were there things about the person that appeared to be different from the material you studied? Be sure you give biological explanations for everything you discuss (for example, if you say the person had an MRI done, you need to explain what an MRI does and what it is used for). You should approach writing the essay from the body systems perspective we have used in the course – what body systems are being affected by their condition, and how are they being affected? What kinds of medical or psychological care have they required because of the condition, and how effectively has that care helped them? Have they used any types of alternative treatments in addition to standard medical/psychological care? How has the condition affected the person’s daily life, and has it affected their ability to function in ways that are important to them? Has the condition affected their family’s functioning? What kinds of adaptations has the person made to help them function more effectively? What is their perception of their condition, and how does it illustrate Falvo’s descriptions of chronic illness and disability? What is their view of the future with this condition?

At the beginning of the essay, be sure you give the person’s age and a description of the environment in which you did the observations and interview (were you in the person’s home? Your own home? On the phone? On your computer? etc.). You need to make up a name for the person, using a fictional name for purposes of confidentiality, **AND YOU NEED TO STATE THAT YOU ARE USING A FICTIONAL NAME.** Papers must be typed and double-spaced (if they are not, they will not be graded and you will receive a zero on the assignment) and must use APA format. **STUDENTS ARE NOT ALLOWED TO USE ANY REFERENCE MATERIALS OTHER THAN THE COURSE READING ASSIGNMENTS AND THE CODE OF ETHICS, BUT YOU STILL NEED TO CITE CORRECTLY ANY USE OF READING ASSIGNMENTS IN YOUR ESSAY,** along with using personal communication citations when discussing your interview of the person. (See the APA section of this syllabus if you do not know how to do that.) **IF YOU USE OTHER OUTSIDE MATERIALS, EVEN IF CITED, YOUR GRADE WILL BE REDUCED SIGNIFICANTLY BECAUSE YOU DID NOT FOLLOW INSTRUCTIONS.** Creativity and thoroughness are significant aspects of the grading of this essay; if it is shorter than 8 pages, it is not in depth enough in terms of telling the person’s story and comparing their story to class materials, and your grade will be reduced significantly.

See the rubric for grading this paper later in this syllabus.
Note: On both of the written paper assignments (the movie paper and the interview/observation essay), 75% of the essay grade will be based on content, and 25% of the grade will be based on punctuation, spelling, grammar, APA format, organization, etc., as follows:

<table>
<thead>
<tr>
<th>Errors</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>A+</td>
</tr>
<tr>
<td>4-6</td>
<td>A</td>
</tr>
<tr>
<td>7-9</td>
<td>A-</td>
</tr>
<tr>
<td>10-12</td>
<td>B+</td>
</tr>
<tr>
<td>13-15</td>
<td>B</td>
</tr>
<tr>
<td>16-18</td>
<td>B-</td>
</tr>
<tr>
<td>19-21</td>
<td>C+</td>
</tr>
<tr>
<td>22-24</td>
<td>C</td>
</tr>
<tr>
<td>25-27</td>
<td>C-</td>
</tr>
<tr>
<td>28-30</td>
<td>D+</td>
</tr>
<tr>
<td>31-33</td>
<td>D</td>
</tr>
<tr>
<td>34-36</td>
<td>D-</td>
</tr>
<tr>
<td>37 or more</td>
<td>F</td>
</tr>
</tbody>
</table>

5. **Mid-Term and Final Exams: 20% of final grade total (10% each)**
There will be two take-home examinations given in this course, a mid-term and a final. See the Course Schedule in this syllabus for exam dates. Examinations will not be the type of exams students might be used to (such as multiple choice, true-false, matching, and short essay questions). That type of examination merely expects students to repeat back facts and definitions, and the concept mastery quizzes will be verifying your ability to answer those kinds of questions. Instead, the exam may ask one or two large questions that expect the student to demonstrate his/her ability to integrate the learning they have done in the class (from reading, class discussions, watching videos in class, etc.) and show how they can APPLY that knowledge in performing social work functions. THESE EXAMS MUST BE TYPED AND DOUBLE-SPACED.

6. **Class Attendance (5% of final grade)**
Students are expected to be present for every scheduled class session – and when I say present, I mean arriving in class on time, being in class the entire period, not using your telephone at all during class, not sleeping in class, not working on something for another class while you are in my class – in other words, being HERE and being ENGAGED IN LEARNING. If any of those things end up not being true for you in a given day, then you will be marked absent. If you are unable to avoid missing a class, you must email the professor **within one week of the class period** to explain the absence if you want it to be considered an excused absence. Every unexcused (or unexplained) absence will affect this portion of your grade. For example, an illness or a funeral of a family member is an excused absence; the professor also allows one day’s absence if a deployed significant other returns home. **However, routine doctor’s appointments are expected to be scheduled for days and times when you do NOT have class, unless you can verify that the appointment was for a medical emergency and not for a routine visit. Any student who repeatedly asks for excused absences for doctor’s appointments can be told that those will no longer be able to be excused.** You need to email the professor about every absence from class; for example, if you were sick both days of the week, one email for the first day will not suffice as the professor will not assume that you were still sick on the second day. 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. **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.** (See the Code of Conduct for further details.)
The following shows the degree to which unexcused absences will impact your attendance grade. Since the summer semester is shorter, each absence will count to a larger degree than during a long semester.

<table>
<thead>
<tr>
<th>Number of Unexcused Absences</th>
<th>Attendance Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>D</td>
</tr>
<tr>
<td>4 or more</td>
<td>F</td>
</tr>
</tbody>
</table>

Coming to class late twice counts as one absence

7. **Class Participation (5% of 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 whether you talked during class discussions 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.

While we cannot require that students wear a mask to class, to protect all of us against COVID-19, each student who does wear a face covering will be given an extra participation point for that class session. The face covering must already be in place when Dr. Rappaport checks for attendance at the start of the class.

VI. **CODE OF CONDUCT FOR CLASSROOMS**

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

1. Students should not enter class more than ten (10) minutes late. Exceptions will be made with prior discussion and approval by the professor.
2. After 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 and that they WILL NOT leave class after it has begun. During the summer semesters, after the class is half over there will be a ten-minute break given. Students can ONLY be gone for the ten minutes.
3. **AT THE BEGINNING OF EACH CLASS, ALL TELEPHONES MUST BE PUT AWAY FOR THE DURATION OF THE CLASS. THIS INCLUDES NOT PUTTING IT ON THE STUDENT'S DESK WHERE IT IS VISIBLE. IF DR. RAPPAPORT SEES A TELEPHONE ON A DESK OR SEES A STUDENT TRY TO ANSWER ONE, SHE RESERVES THE RIGHT TO CONFISCATE IT FOR THE REMAINDER OF THE CLASS.**

IN ADDITION, USE OF LAPTOP COMPUTERS IS PROHIBITED DURING CLASS EXCEPT FOR ACCESSING THE TEXTBOOK OR CLASS HANDOUTS. IF A STUDENT IS SEEN DOING A LOT OF TYPING, DR. RAPPAPORT RESERVES THE RIGHT TO SEE WHAT IS BEING WRITTEN, AND IF NECESSARY SHE WILL REMOVE THE STUDENT'S RIGHT TO USE THE LAPTOP DURING CLASS. UNDER NO CIRCUMSTANCES CAN A STUDENT USE THIS CLASS PERIOD TO WORK ON ASSIGNMENTS FROM THIS OR ANY OTHER CLASS.

IN OTHER WORDS, STUDENTS NEED TO PAY CLOSE ATTENTION TO EACH CLASS IN ITS ENTIRETY, INCLUDING ANY VIDEOTAPES BEING SHOWN, AND TO USE THEIR INTEGRITY AND RESPECTFULNESS IN HOW THEY BEHAVE DURING CLASS.

4. Students are expected to display professional decorum at all times. This includes, but is not limited to, respecting classmates and the instructor. It is expected that students will not speak to/hold conversations with/pass notes to other students, or engage in other types of prohibited and 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 will apply classroom etiquette and raise a hand if there is something you want to share or if you want to answer a question. It is also expected that students will display patience in raising a hand and recognize that the professor may be trying to call on other students who have not yet participated.

5. To support the academic learning environment, students are asked to refrain from sharing personal information in class that will not support/add significantly to the class discussion. Sharing of personal stories and/or issues that are not 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.

6. 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, exams, papers, etc. Failure to adhere to this policy can result in a zero (0) on the assignment and referral to Student Affairs for academic integrity concerns.

7. **All assignments must be turned in at the beginning of class on the day they are due.** 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, such as by emailing it to her (NOT submitted through Canvas). 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.

8. All papers submitted for grading MUST adhere to APA 7th edition standards unless otherwise stated by the professor. This means that all papers must, minimally, be: 1) typed, 2) double-spaced, 3) use one consistent font (I prefer Times New Roman since it is easiest to read), 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, read in a textbook, etc.). Further, all typed papers submitted in class MUST be stapled before turning it in. **IF A PAPER IS NOT WRITTEN IN APA FORMAT, DR. RAPPAPORT RESERVES THE RIGHT TO RETURN IT TO THE STUDENT WITH A GRADE OF ZERO. USING APA IS NOT OPTIONAL! IF YOU DO NOT KNOW HOW TO USE APA, READ THROUGH THE INSTRUCTIONS LATER IN THIS SYLLABUS OR GO TO THE WRITING CENTER AND ASK FOR SOME TUTORING ON HOW TO USE IT.**

9. TAMUCT expects all students to maintain high standards of personal and scholarly conduct and to avoid any form of academic dishonesty. Academic dishonesty includes, but is not limited to, plagiarism (intentional or unintentional), copying another person's work (INCLUDING THE TEXTBOOK OR OTHER COURSE MATERIALS), turning in someone else's work as your own, downloading material from the internet and inserting it into a paper as if it were your own work, taking ideas from classes or readings and putting them in a paper without citations/references, cheating on an examination or other academic work, collusion, and the abuse of resource materials. Any idea, even paraphrased ideas, used or borrowed must be given credit by showing the source with an appropriate citation and reference. **Any student who violates class and/or university policies regarding Academic Honesty will be sanctioned.** More information on university policies can be found at tamuct.edu/studentconduct.

10. 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). 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.

11. **An assessment of each student’s behavior as it relates to class policies and overall decorum required by 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. Emergency Warning System for Texas A&M University-Central Texas

SAFEZONE. SafeZone provides a public safety application that gives you the ability to call for help with the push of a button. It also provides Texas A&M University-Central Texas the ability to communicate emergency information quickly via push notifications, email, and text messages. All students automatically receive email and text messages via their myCT accounts. Downloading SafeZone allows access to push notifications and enables you to connect directly for help through the app. You can download SafeZone from the app store and use your myCT credentials to log in. If you would like more information, you can visit the SafeZone website [www.safezoneapp.com]. To register SafeZone on your phone, please follow these 3 easy steps:

a. Download the SafeZone App from your phone store using the link below:
   iPhone/iPad: [https://apps.apple.com/app/safezone/id533054756]
   Android Phone / Tablet [https://play.google.com/store/apps/details?id=com.criticalarc.safezoneapp]

b. Launch the app and enter your myCT email address (e.g. {name}@tamuct.edu)

c. Complete your profile and accept the terms of service

2. COVID-19 Protocols:
   • Students and employees must check for symptoms every day before coming on campus. Do NOT come to campus if you suspect that you have COVID-19 or another infectious illness.
   • You must complete the COVID-19 Reporting Form if you believe you have been exposed to or have tested positive for COVID-19. Find this reporting form on the TAMUCT website: https://redcap.tamhsc.edu/surveys/?s=N38DRD4EMK If you do contract COVID-19 and must stay home, contact the professor to see about remaining current with the course while you have to remain at home. If ill, you can contact the office of Student Success, Equity and Inclusion to see about requesting accommodations to be able to succeed in the course.
   • Free COVID-19 testing will be available on campus
   • The university does not require face coverings (masks). However, it is strongly recommended according to the US Centers for Disease Control and Prevention (CDC) for both vaccinated and unvaccinated people. We encourage students to wear a face covering, to continue social distancing when possible, to wash their hands often, to cough and sneeze into their arm/elbow junction, to disinfect any area that needs to be touched, and to monitor their health daily. The University also strongly encourages people to get vaccinated to prevent further spread of COVID-19.

3. Technology Requirements

This course will use the A&M-Central Texas Instructure Canvas learning management system. **We strongly recommend the latest versions of Chrome or Firefox browsers. Canvas no longer supports any version of Internet Explorer.** Logon to A&M-Central Texas Canvas [https://tamuct.instructure.com/] or access Canvas through the TAMUCT Online link in myCT [https://tamuct.onecampus.com/]. You will log in through our Microsoft portal. Username: Your MyCT email address. Password: Your MyCT password.

For log-in problems, students should contact Help Desk Central, 24 hours a day, 7 days a week at:
4. Canvas Support

Use the Canvas Help link, located at the bottom of the left-hand menu, for issues with Canvas. You can select “Chat with Canvas Support,” submit a support request through “Report a Problem,” or call the Canvas support line: 1-844-757-0953.

5. Drop Policy

If you discover that you need to drop this class, you must complete the Drop Request Dynamic Form through Warrior Web: https://dynamicforms.ngwebsolutions.com/casAuthentication.ashx?InstID=eaed95b9-f2be-45f3-a37d-46928168bc10&targetUrl=https%3A%2F%2Fdynamics.ngwebsolutions.com%2FSubmit%2FForm%2FStart%2F53b8369e-0502-4f36-be43-f02a4202f612].

Faculty cannot drop students; this is always the responsibility of the student. The Registrar’s Office will provide a deadline on the Academic Calendar by which the form must be completed. After you submit the completed form to the Registrar’s Office, you must go into Warrior Web and confirm that you are no longer enrolled. 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 penalty for absence. Should you miss the drop deadline or fail to follow the procedure, you will receive an F in the course, which may affect your financial aid and/or VA educational benefits.

6. Academic Integrity

Texas A&M University-Central Texas values the integrity of the academic enterprise and strives for the highest standards of academic conduct. A&M-Central Texas 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. Any deviation by students from this expectation may result in a failing grade for the assignment and potentially in a failing grade for the course. All academic misconduct concerns will be referred to the Office of Student Conduct. When in doubt about collaboration, citations, or any issue, please contact your instructor before taking a course of action. For more information regarding the Student Conduct process, see [https://www.tamuct.edu/student-affairs/student-conduct.html]. If you know of potential honor violations by other students, you may submit a report, [https://cm.maxient.com/reportingform.php?TAMUCentralTexas&layout_id=0].

7. For Pregnant and/or Parenting Students:

Texas A&M University-Central Texas supports students who are pregnant and/or parenting. In accordance with requirements of Title IX and related guidance from US 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. Students should seek out assistance as early in the pregnancy as possible. For more information, please visit Student Affairs [https://www.tamuct.edu/student-affairs/pregnant-and-parenting-students.html]. Students may also contact the institution’s Title IX Coordinator. If you would like to read more about these requirements and guidelines online, please visit the website [http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf].

Title IX of the Education Amendments Act of 1972 prohibits discrimination on the basis of sex and gender—including pregnancy, parenting, and all related conditions. A&M-Central Texas is able to provide flexible and individualized reasonable accommodation to pregnant and parenting students. All pregnant and
parenting students should contact the Associate Dean in the Division of Student Affairs at (254) 501-5909 to seek assistance. Students may also contact the University’s Title IX Coordinator.

8. **Academic Accommodations**

   At Texas A&M University-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 Warrior Center for Student Success, Equity 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 Office of Access and Inclusion, WH-212; or call (254) 501-5836. Any information you provide is private and confidential and will be treated as such. For more information, please visit our Access & Inclusion Canvas page (log-in required) [https://tamuct.instructure.com/courses/717]

9. **Library Services**

   The University Library provides many services in support of research across campus and at a distance. We offer over 200 electronic databases containing approximately 400,000 eBooks and 82,000 journals, in addition to the 96,000 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 A&M-Central Texas 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 may take place virtually through WebEx, Microsoft Teams or in-person at the library. Schedule an appointment here: [https://tamuct.libcal.com/appointments/?g=6956]. Assistance may 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 27,000-square-foot facility on the A&M-Central Texas 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 Library website: [http://tamuct.libguides.com/index].

10. **Tutoring Services**

    Tutoring is available to all A&M-Central Texas students, both virtually and in-person. Student success coaching is available online upon request. If you have a question, are interested in becoming a tutor, or are in need of success coaching contact the Warrior Center for Student Success, Equity and Inclusion at (254) 501-5836, visit the Warrior Center at 212 Warrior Hall, or by emailing WarriorCenter@tamuct.edu. To schedule tutoring sessions and to view tutor availability, please visit Tutor Matching Services [https://tutormatchingservice.com/TAMUCT] or visit the Tutoring Center in 111 Warrior Hall. Chat live with a remote tutor 24/7 for almost any subject from on your computer! Tutor.com is an online tutoring platform that enables A&M-Central Texas students to log in and receive online tutoring support at no additional cost. This tool provides tutoring in over 40 subject areas except writing support. Access Tutor.com through Canvas.
11. University Writing Center

Located in Warrior Hall 416, the University Writing Center (UWC) at Texas A&M University–Central Texas is a free service open to all TAMUCT students. For the Spring 2022 semester, the hours of operation are from 10:00 a.m.-5:00 p.m. Monday thru Thursday in Warrior Hall 416 (with online tutoring available every hour as well) with satellite hours available online only Monday thru Thursday from 6:00-9:00 p.m. and Saturday 12:00-3:00 p.m. 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. 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!

Students may arrange a one-to-one session with a trained and experienced writing tutor by making an appointment via WCOnline [https://tamuct.mywconline.com/]. In addition, you can email Dr. Bruce Bowles Jr. at bruce.bowles@tamuct.edu if you have any questions about the UWC, need any assistance with scheduling, or would like to schedule a recurring appointment with your favorite tutor by making an appointment via WCOnline [https://tamuct.mywconline.com/].

12. Sexual Violence

Sexual violence is a serious safety, social justice, and public health issue. The university offers support for anyone struggling with these issues. University faculty are mandated reporters, so if someone discloses that they were sexually assaulted (or a victim of domestic/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 Wellness and Counseling (254-501-5955) located on the second floor of Warrior Hall (207L). Sexual violence can occur on our campus because predators often feel emboldened, and victims often feel silenced or shamed. It is incumbent on ALL of us to find ways actively to create environments that tell predators we don’t agree with their behaviors and tell survivors we will support them. Your actions matter. Don’t be a bystander; be an agent of change. For additional information on campus policy and resources visit the Title IX webpage [https://www.tamuct.edu/compliance/titleix.html].

13. Behavioral Intervention:

Texas A&M University-Central Texas cares about the safety, health, and well-being of its students, faculty, staff, and community. If you are aware of individuals about whom you have a concern, please make a referral to the Behavioral Intervention Team. Referring your concern shows you care. You can complete the referral online [https://cm.maxient.com/reportingform.php?TAMUCentralTexas&layout_id=2]. Anonymous referrals are accepted. Please see the Behavioral Intervention Team website for more information [https://www.tamuct.edu/bit]. If a person’s behavior poses an imminent threat to you or another, contact 911 or A&M-Central Texas University Police at 254-501-5805.

14. 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 biological functioning, owing to the fact that her social work career focused on medical social work (working with infants, children, and adolescents who had congenital defects, physical and mental disabilities, chronic illnesses, or life-shortening medical conditions). She actually selected this field of social work practice because she, herself, was born with some congenital defects that required ongoing medical care, major surgeries, and rehabilitation services, and she continues dealing with chronic conditions now. She has also seen the effects of illnesses and disabilities in her family members, including having a mother who died of breast cancer, a grandmother who died after a series of strokes, and a grandfather who became paralyzed by spinal arthritis. Dr. Rappaport provided caregiving to several family members in their last months and years of life. 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 biological human functioning and of some of the major medical 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 believe they learned a great deal from it. She is committed to coming to class prepared, to 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. She responds to emails as soon as possible, and she tries to get all written assignments graded and returned to students within the following one to two class periods. Twice during the semester she will also give a grade sheet to each student, showing them where their grade in the class stands as of that point.

IX. Course Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>Review Syllabus</td>
</tr>
<tr>
<td>6/7/22</td>
<td><strong>Handout: Why Study Biology, Alternative Treatment, Evolution, Ethics</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Human Biology, Scientific Method, FDA, Pompe Disease</strong></td>
</tr>
<tr>
<td></td>
<td>Characteristics of Living Things  Levels of Biological Organization  Scientific Method FDA/Clinical Trials Pompe Disease</td>
</tr>
<tr>
<td></td>
<td>Video: Excerpts from “Extraordinary Measures” (1:46)</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Thursday   | **Text: Falvo, pp. 1-9 (Chapter 1) – Conceptualizing Functioning, Health, and Disability**  
             Medical Model          Social Model           Biopsychosocial Model              Experience of Disability          International Classification of Functioning, Disability, and Health  
             Optimum versus Maximum Function, Capacity, and Performance  
             **Text: Falvo, pp. 11-32 (Chapter 2) – Psychosocial and Functional Aspects of Health Conditions**  
             Experience of Health Conditions and Altered Function          Disease, Illness, Health Conditions  
             Stress & Coping Strategies          Emotional Reactions           Developmental Stages  
             Self-Concept, Self-Esteem          Invisible Conditions  
             Adherence to Management Recommendations          Health information           Stages of Adaptation and Adjustment  
             Functional Aspects          Vocational Issues  
             Handout: Perceptions/Coping with Chronic Illness  
             Handout: The Cell, Organelles, Metabolic & Mitochondrial Diseases  
             Video: “Conjoined at the Head: Medical Mysteries, Series 1” (0:53) (Films on Demand) |
| Tuesday    | **The Experience of Disability, Human Genetics**  
             **Handout: Genetics, Intersex Conditions**  
             Chromosomes & Cell Division          Mitosis, Meiosis           Genetic variability  
             Dominant/Recessive genes/alleles          Detecting genetic disorders  
             Prader-Willi          Down Syndrome  
             Trisomy 18 and 13           Cri du Chat  
             Wolf-Hirshhorn Syndrome          X-linked disorders  
             X-chromosome disorders  
             Intersex conditions          Genetics worksheet           DNA and Biotechnology  
             Gene activity          Genetic engineering           Human Genome Project  
             Epigenetics          Genetic Information Disclosure           Genetic Information Non-Discrimination Act  
             Handout: “Common Resource Referrals Pediatric Clients”  
             Handout: BioFoundations Client Scenario Sample, Down Syndrome  
             Video: “Against the Odds: Inspiring Stories of Disability – Erica Takes Control” (two siblings with Miller syndrome) (0:28) (Films on Demand) |
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>
| Thursday   | **Text**: Falvo, pp. 543-559 (Chapter 32) – Burn Injury and Other Conditions of the Skin  
Structure & Function of Skin Burn Injury Types of burns, severity, depth, location  
Phases of Burn management Burn rehabilitation and Wound Remodeling  
Functional implications of burn injury General skin conditions – dermatitis, allergic  
reactions, psoriasis, infections, acne, herpes zoster (shingles), skin cancers Management of  
skin conditions Functional implications Vocational Implications  
**Handout**: Body Organization and Homeostasis, Integumentary System, Skin Disorders  
Tissues, glands, organs, organ systems Homeostasis  
Parasitic Skin Infections Skin Diseases: Seborrheic dermatitis, Impetigo, Vitiligo  
Decubitus ulcers, skin cancers Xeroderma Pigmentosa Phototoxicity  
**Video**: “Uncovering Skin” (0:51) (library video) (QP88.5.U52)  
Client Scenario #1 given |
| Tuesday    | **Text**: Falvo, pp. 33-41 (Chapter 3) – Introduction to Structure and Function of Nervous System  
Structure & function of nervous system Nerve cells Central nervous system  
The brain Spinal cord and peripheral nervous system  
**Text**: Falvo, pp. 111-120 (Chapter 8) – Multiple Sclerosis  
Role of myelin Types of multiple sclerosis, manifestations, management  
Functional implications Vocational issues  
**Text**: Falvo, pp. 121-134 (Chapter 9) – Neurodegenerative and Neuromuscular Conditions  
Parkinsonism, Secondary, Parkinson’s disease Huntington’s chorea  
Alzheimer’s disease Amyotrophic Lateral Sclerosis Muscular Dystrophy  
Myasthenia Gravis Management, Functional implications, Vocational issues  
**Text**: Falvo, pp. 135-143 (Chapter 10) – Post-Polio Syndrome and Other Conditions of  
Nervous System  
Poliomyelitis and Post-Polio Syndrome Guillain-Barré Syndrome Meningitis  
Encephalitis Lyme Disease Bell’s Palsy Central Sleep Apnea Narcolepsy  
Functional implications Vocational issues  
**Handout**: Brain, Nervous System, Apnea, Memory Problems  
Brain functioning Sleep Apnea Sleep Deprivation Video Games  
Video: “Parkinson’s Disease: An Update” (0:28) (Films on Demand)  
Video: “The Multiple Sclerosis Revolution” (0:24) (Films on Demand) |
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td><strong>Text: Falvo, pp. 43-69 (Chapter 4) – Traumatic Brain Injury</strong></td>
</tr>
<tr>
<td>6/23/22</td>
<td>Closed head injury Open head injury Glasgow coma scale &amp; other scales to measure severity Categorization: Mild, moderate, severe brain injury Manifestations of traumatic brain injury Post-traumatic epilepsy Post-traumatic hydrocephalus Motor control, movement, coordination, balance, fatig, visual-spatial reactions, perception, vision, hearing, touch, taste, smell, eating and swallowing, fatig, bowel and bladder, communication, memory, attention and concentration, self-awareness, problem-solving, decision-making, information processing, judgment, personality changes Management, Rehabilitation, Functional implications, vocational issues</td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 71--84 (Chapter 5) – Stroke</strong></td>
</tr>
<tr>
<td></td>
<td>Classification: Ischemic, Hemorrhagic Manifestations Left- versus right-sided damage Complications Management Functional implications Vocational Issues</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Sports Concussions, Traumatic Brain Injury (TBI), Brain Hematoma</strong></td>
</tr>
<tr>
<td></td>
<td>Video: “The Hidden Epidemic: Post-Concussion Syndrome” (0:39) (Films on Demand)</td>
</tr>
<tr>
<td></td>
<td>Video: “Alzheimer’s Project: Momentum in Science” (0:54)</td>
</tr>
<tr>
<td></td>
<td>Client Scenario #2 given</td>
</tr>
<tr>
<td>Tuesday</td>
<td><strong>Text: Falvo, pp. 85-93 (Chapter 6) – Epilepsy and other Conditions of the Nervous System</strong></td>
</tr>
<tr>
<td>6/28/22</td>
<td>Epilepsy and seizures, manifestations, management, functional implications, activities Meningitis Encephalitis Sleep apnea Narcolepsy</td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 95-110 (Chapter 7) – Traumatic Spinal Cord Injury</strong></td>
</tr>
<tr>
<td></td>
<td>Spinal cord Manifestations of injury Physical implications Areas of spinal cord injury Management Complications (pressure sores, spasticity, contractures, osteoporosis, chronic pain, cardiovascular, autonomic dysreflexia, sweating, pneumonia, urinary and bowel problems) Functional implications Activities Vocational issues</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Brain Disorders</strong></td>
</tr>
<tr>
<td></td>
<td>Brain Disorders Headaches Aphasia Young adult strokes Coma</td>
</tr>
<tr>
<td></td>
<td>Video: “Christopher Reeve: Hope in Motion” (1:42)</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Thursday</td>
<td><strong>Text: Falvo, pp. 145-162 (Chapter 11) – Developmental Conditions: Cerebral Palsy and Spina Bifida</strong></td>
</tr>
<tr>
<td>6/30/22</td>
<td>Cerebral Palsy, classification, causes, types, manifestations, complications, management, functional implications, activities, vocational issues  Spina Bifida, Types, manifestations, management, functional implications, activities, vocational issues</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Intelligence, Cerebral Palsy, Autism</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 163-191 (Chapter 12) – Neurodevelopmental Disorders</strong></td>
</tr>
<tr>
<td></td>
<td>Video: “Against the Odds: Inspiring Stories of Disability – Unlocking Autism” (0:27) (Films on Demand)</td>
</tr>
<tr>
<td></td>
<td>Video: Excerpts from “I Am Sam” (2:00)</td>
</tr>
<tr>
<td></td>
<td><strong>Client Scenario #3 given</strong></td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7/5/22</td>
</tr>
</tbody>
</table>

**NOTE:** WE WILL NOT MEET IN CLASS TODAY BECAUSE THE PROFESSOR HAS TO HAVE A MEDICAL PROCEDURE DONE. YOU NEED TO READ TODAY’S ASSIGNMENT, WATCH THE VIDEO AVAILABLE THROUGH FILMS ON DEMAND ON THE LIBRARY’S WEBSITE, AND COMPLETE THE ASSIGNMENT THAT WILL BE GIVEN TO YOU BY THE PROFESSOR FOR TODAY. IF YOU HAVE QUESTIONS ABOUT THE READING ASSIGNMENTS, ASK THOSE QUESTIONS IN CLASS ON THURSDAY.

**Text:** Falvo, pp. 397-417 (Chapter 24) – Structure, Function, and Common Conditions of Musculoskeletal System

| Skeletal system | Bones | Connective tissue | Joints | Muscular System | Fractures, dislocations, strains | Sprains | Bursitis | Tendonitis | Tenosynovitis | Carpal Tunnel | Osteoporosis | Osteoarthritis | Back pain | Disk Injuries | Back pain | Spondylolisthesis | Scoliosis | Osteomyelitis | Fibromyalgia | Medications | Hyperbaric Oxygen Therapy | Physical Therapy | Assistive Devices | Orthosis | Traction | Surgery | Functional Implications | Vocational Implications |
|-----------------|-------|-------------------|--------|-----------------|-------------------------------|---------|---------|-----------|-------------|---------------|--------------|----------------|--------------|----------------|----------|----------------|-----------|----------------|-------------|----------------|----------------|----------------|------------------------|-----------------|-------------------|---------|---------|---------|---------------------|-------------------|

**Text:** Falvo, pp. 431-438 (Chapter 26) – Amputation

<table>
<thead>
<tr>
<th>Causes of amputation, levels, management</th>
<th>Surgery, Replantation</th>
<th>Prostheses</th>
<th>Complications</th>
<th>Phantom Pain</th>
<th>Functional implications</th>
<th>Vocational issues</th>
</tr>
</thead>
</table>

**Handout: Skeletal and Muscular Systems**

<table>
<thead>
<tr>
<th>Osteoarthritis</th>
<th>Disk problems</th>
<th>Osteoporosis</th>
<th>Scoliosis</th>
<th>Muscle actions, tone</th>
<th>Building Muscle</th>
<th>Exercising</th>
<th>Tennis Elbow</th>
<th>Muscular Dystrophy</th>
<th>Fibromyalgia</th>
<th>Bursitis</th>
<th>Tendonitis</th>
</tr>
</thead>
</table>

**Video:** “Against the Odds: Inspiring Stories of Disability – Lilly’s Legs” (a child with arthrogryposis) (0:29) (Films on Demand)
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td><strong>Handout: Reproductive System, Puberty, PMS, Menopause, Prostate</strong></td>
</tr>
<tr>
<td>7/7/22</td>
<td>Circumcision Puberty Obesity &amp; Contraception Contraception Myths PMS</td>
</tr>
<tr>
<td></td>
<td>Dysmenorrhoea Adenomyosis PID Menopause</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer, HPV Vaccine Prostate problems Prostate Cancer</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Pregnancy and Disorders</strong></td>
</tr>
<tr>
<td></td>
<td>GPAb Status Hyperemesis Gravidarum Pre-eclampsia Abruptio Placentae Placenta</td>
</tr>
<tr>
<td></td>
<td>Previa Erythroblastosis Fetalis Premature births Health risks and IVF</td>
</tr>
<tr>
<td></td>
<td>Endometriosis</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Human Sexuality, Dysfunctions, Paraphilias, Rape, Sexual Orientation</strong></td>
</tr>
<tr>
<td></td>
<td>Sexual Dysfunctions Paraphilias Rape/Sexual Assault Infertility</td>
</tr>
<tr>
<td></td>
<td>Retrograde Ejaculation Sexual Orientation</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Sexually Transmitted Diseases</strong></td>
</tr>
<tr>
<td></td>
<td>Gonorrhea Chlamydia Syphilis Trichomoniasis Genital Herpes Genital Warts</td>
</tr>
<tr>
<td></td>
<td>Gardasil HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Video: “Life’s Greatest Miracle” (0:55) (Films on Demand)</td>
</tr>
<tr>
<td>Tuesday</td>
<td><strong>Handout: Gender Dysphoria and Reassignment Case Studies</strong></td>
</tr>
<tr>
<td>7/12/22</td>
<td>Gender Reassignment Surgery David Reimer and Jennifer Boylan stories Chaz Bono</td>
</tr>
<tr>
<td></td>
<td>O'Donnabhain Lawsuit</td>
</tr>
<tr>
<td></td>
<td>Video: “XX-XY” (0:13) (library video) (RC883.X99)</td>
</tr>
<tr>
<td></td>
<td>Video: “Becoming Me: The Gender Within” (0:40) (Films on Demand)</td>
</tr>
<tr>
<td></td>
<td>Client Scenario #4 given</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>7/14/22</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 193-214 (Chapter 13) – Diagnosis and Treatment of Psychiatric Conditions: Functional and Vocational Implications</strong></td>
</tr>
<tr>
<td></td>
<td>History</td>
</tr>
<tr>
<td></td>
<td>DSM-5</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Categories</td>
</tr>
<tr>
<td></td>
<td>Psychological testing</td>
</tr>
<tr>
<td></td>
<td>Management</td>
</tr>
<tr>
<td></td>
<td>Medications</td>
</tr>
<tr>
<td></td>
<td>Psychiatric Rehabilitation, Clubhouse Model, Social Skills Training, Group, etc.</td>
</tr>
<tr>
<td></td>
<td>Electro-Convulsive Therapy</td>
</tr>
<tr>
<td></td>
<td>Functional Implications</td>
</tr>
<tr>
<td></td>
<td>Vocational Issues</td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 215-235 (Chapter 14) – Functional Implications of Selected Psychiatric Diagnoses</strong></td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorders, OCD, PTSD, Depressive Disorders, Bipolar Disorders</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
</tr>
<tr>
<td></td>
<td>Somatic disorders</td>
</tr>
<tr>
<td></td>
<td>Factitious disorders</td>
</tr>
<tr>
<td></td>
<td>Dissociative disorders</td>
</tr>
<tr>
<td></td>
<td>Personality disorders</td>
</tr>
<tr>
<td></td>
<td>Delirium, dementia</td>
</tr>
<tr>
<td></td>
<td>Manifestations, management, functional implications, activities, vocational issues</td>
</tr>
<tr>
<td></td>
<td><strong>Text: Falvo, pp. 237-262 (Chapter 15) – Substance-Related and Addictive Disorders</strong></td>
</tr>
<tr>
<td></td>
<td>History, Prevalence</td>
</tr>
<tr>
<td></td>
<td>Substance-related and addictive disorders</td>
</tr>
<tr>
<td></td>
<td>Intoxication, Withdrawal, Addiction, Tolerance</td>
</tr>
<tr>
<td></td>
<td>Detoxification</td>
</tr>
<tr>
<td></td>
<td>Substance use</td>
</tr>
<tr>
<td></td>
<td>Physical effects of alcohol</td>
</tr>
<tr>
<td></td>
<td>Nervous system conditions (Korsakoff’s, Wernicke’s, Peripheral Neuropathy, Cardiovascular conditions, musculoskeletal conditions, GI conditions, Management)</td>
</tr>
<tr>
<td></td>
<td>Caffeine</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
</tr>
<tr>
<td></td>
<td>Sedatives</td>
</tr>
<tr>
<td></td>
<td>Opioids</td>
</tr>
<tr>
<td></td>
<td>Stimulants</td>
</tr>
<tr>
<td></td>
<td>Cannabis</td>
</tr>
<tr>
<td></td>
<td>Hallucinogens</td>
</tr>
<tr>
<td></td>
<td>Inhalants</td>
</tr>
<tr>
<td></td>
<td>Health implications, complications, identification, management, functional implications, vocational issues</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Mental Health Disorders, PTSD, Schizophrenia, Bipolar, Depression</strong></td>
</tr>
<tr>
<td></td>
<td>PTSD</td>
</tr>
<tr>
<td></td>
<td>A pill to forget</td>
</tr>
<tr>
<td></td>
<td>Psychotropic Drugs</td>
</tr>
<tr>
<td></td>
<td>Staying Sane</td>
</tr>
<tr>
<td></td>
<td>Misery in the genes</td>
</tr>
<tr>
<td></td>
<td><strong>Handout: Substance Disorders, Drug Dependence, Smoking, FAS</strong></td>
</tr>
<tr>
<td></td>
<td>Effects on fetal development</td>
</tr>
<tr>
<td></td>
<td>“Tobacco: The Smoking Gun”</td>
</tr>
<tr>
<td></td>
<td>Genetics and Alcoholism</td>
</tr>
<tr>
<td></td>
<td>Pharmacogenetics</td>
</tr>
<tr>
<td></td>
<td>Addiction and Cognition</td>
</tr>
<tr>
<td></td>
<td>Drugs and Neurotransmission</td>
</tr>
<tr>
<td></td>
<td>Legalizing marijuana</td>
</tr>
<tr>
<td></td>
<td>Medical marijuana</td>
</tr>
<tr>
<td></td>
<td>Video: “Fetal Abuse: The Effects of Drugs and Alcohol” (0:17) (Films on Demand)</td>
</tr>
<tr>
<td></td>
<td>Video: “Shadow Voices: Finding Hope in Mental Illness” (0:58)</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>7/19/22</td>
<td>Text: Van der Kolk, pp. 7-170 (Chapters 1-10)</td>
</tr>
</tbody>
</table>

- **Chapter 1 (pp. 7-21): Lessons from Vietnam Veterans**
  - Trauma and the loss of self; Numbing; Reorganization of perception; Stuck in trauma; 
    Diagnosing Post-Traumatic Stress; A new understanding
- **Chapter 2 (pp. 22-38): Revolutions in Understanding Mind and Brain**
  - Trauma before dawn; Making sense of suffering; Inescapable shock; Addicted to trauma: Pain of pleasure and pleasure of pain; Soothing the brain; Triumph of pharmacology; Adaptation or disease?
- **Chapter 3 (pp. 39-47): Looking into the Brain: Neuroscience Revolution**
  - Speechless horror; Shifting to one side of brain; Stuck in fight or flight
- **Chapter 4 (pp. 51-73): Running for your Life: Anatomy of Survival**
  - Organized to survive; Brain from bottom to top; Mirroring each other; Interpersonal neurobiology; Identifying danger; Controlling the stress response; Brains on trauma; 
    Dissociation and reliving; Depersonalization: Split off from self; Learning to live in the present
- **Chapter 5, pp. 74-88: Body-Brain Connections**
  - Ivan Pavlov and instinct of purpose; Window into the nervous system; Neural love code; Safety and reciprocity; Three levels of safety; Fight or flight versus collapse; How we become human; Defend or relax?; New approaches to treatment
- **Chapter 6, pp. 89-104: Losing your Body, Losing Your Self**
  - Losing your body; How do we know we’re alive?; Self-sensing system; Self under threat; Agency: Owning your life; Alexithymia: No words for feelings; Depersonalization; Befriending the body; Connecting with yourself and others
- **Chapter 7, pp. 107-124: Getting to Same Wavelength: Attachment and Attunement**
  - Men without mothers; Secure base; Dance of attunement; Becoming real; Living with parents you have; Becoming disorganized within; Long-term effects of disorganized attachment; Dissociation: Knowing and not knowing; Restoring synchrony
- **Chapter 8, pp. 125-137: Trapped in Relationships: The Cost of Abuse and Neglect**
  - Terror and numbness; Torn map of the world; Learning to remember; Hating your home; 
    Replaying the trauma
- **Chapter 9, pp. 138-150: What’s Love Got to Do with It?**
  - Taking a trauma history; Self-harm; Imprecision of psychiatric labels; Hidden epidemic; 
    When problems are really solutions; Child abuse: Our nation’s largest public health problem
- **Chapter 10, pp. 151-170: Developmental Trauma: Hidden Epidemic**
  - Bad genes?; Nature versus nurture; National child traumatic stress network; Power of diagnosis; How relationships shape development; Long-term effects of incest; DSM-5: 
    Smorgasbord of diagnoses; What difference would DTD make?

Client Scenario #5 given
**Chapter 11, pp. 173-185: Uncovering Secrets: Problem of Traumatic Memory**
- Flooded by sensations and images; Normal vs. traumatic memory; Uncovering secrets of trauma; Amnesia, dissociation, and reenactment; Origins of the talking cure; Traumatic memory on trial

**Chapter 12, pp. 186-201: Unbearable Heaviness of Remembering**
- New face of trauma; Trauma rediscovered; Science of repressed memory; Normal versus traumatic memory; Listening to survivors

**Chapter 13, pp. 205-231: Healing from Trauma: Owning Your Self**
- New focus for recovery; Limbic system therapy; Befriending the emotional brain: Dealing with hyperarousal; No mind without mindfulness; Relationships; Choosing a professional therapist; Communal rhythms and synchrony; Getting in touch, taking action; Integrating traumatic memories; Cognitive behavioral therapy; Desensitization; Drugs to safely access trauma?; What about medications?; Road of recovery is road of life

**Chapter 14, pp. 232-249: Language: Miracle and Tyranny**
- Unspeakable truth; Breaking the silence; Miracle of self-discovery; Knowing yourself or telling your story: Our dual awareness system; Body is the bridge; Writing to yourself; Art, music, and dance; Limits of language; Dealing with reality; Becoming some body

**Chapter 15, pp. 250-264: Letting Go of the Past: EMDR**
- EMDR: First exposures; Studying EMDR; Is EMDR exposure therapy?; Processing trauma with EMDR; Exploring sleep connection; Association and integration

**Chapter 16, pp. 265-278: Learning to Inhabit your Body: Yoga**
- Legacy of inescapable shock; Numbing within; Finding our way to yoga; Exploring yoga; Learning self-regulation; Getting to know me: Cultivating interoception

**Chapter 17, pp. 279-297: Putting Pieces Together: Self-Leadership**
- Desperate times require desperate measures; Mind is a mosaic; Self-leadership; Getting to know internal landscape; A life in parts; Meeting the managers; Putting out the flames; Burden of toxicity; Unlocking the past; Power of self-compassion: Rheumatoid arthritis; Liberating exiled child

**Chapter 18, pp. 298-310: Filling in Holes: Creating Structures**
- Restructuring inner maps; Revising the past; Rescripting your life: Daring to tell truth; Antidotes to painful memories

**Van der Kolk, Chapter 19, pp. 311-331: Applied Neuroscience: Rewiring the Fear-Driven Mind with Brain/Computer Interface Technology**
- Mapping electrical circuits of brain: Seeing symphony of brain; Birth of neurofeedback; Homeless shelter to nursing station; Getting started in neurofeedback; Brainwave basics from slow to fast; Rate of brainwave firing relates to state of arousal; Helping the brain focus; How does trauma change brainwaves?; Neurofeedback and learning disabilities; Neurofeedback, PTSD, and addiction; Future of neurofeedback

**Van der Kolk, Chapter 20, pp. 332-348: Finding Your Voice: Communal Rhythms and Theater**
- Theater of war; Keeping together in time; Treating trauma through theater; Making it safe to engage; Urban Improv; The possibility of project; Sentenced to Shakespeare; Therapy and theater

**Van der Kolk, Epilogue, pp. 349-358: Choices to Be Made**

Receive Mid-term exam
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>
| Tuesday    | **Text: Falvo, pp. 263-279 (Chapter 16) – Conditions of the Eye and Blindness**  
The eye Visual conditions Nystagmus Cataracts Injuries Glaucoma Retinopathy  
Retinal detachment Retinitis Pigmentosa Macular Degeneration Identification,  
management, functional implications, vocational issues                                                                                           |
| 7/26/22    | **Text: Falvo, pp. 281-307 (Chapter 17) – Hearing Loss and Deafness**  
Auditory and vestibular systems Conditions of vestibular system (vertigo, neuritis, Meniere’s disease)  
Hearing loss and deafness (congenital, acquired) Conditions of auditory system (perforated tympanic membrane, otitis media, mastoiditis, otosclerosis, tinnitus, labyrinthitis, presbycusis)  
Hearing testing, hearing aids, assistive devices, cochlear implant Functional implications, deaf culture                                           |
|            | Video: “The Living Body: Eyes and Ears” (0:26) (Films on Demand)  
“Hear and Now” (1:23)                                                                                                                             |
|            | **Discussion of writing the movie assignment, due 8/2/22**                                                                                                                                                    |
|            | **Client Scenario #6 given, due 8/2/22**                                                                                                                                                                    |
Structure and function of blood Sickle cell disease, crisis, complications Hemophilia, complications Anemia Thalassemias Polycythemia Agranulocytosis  
Purpura Transfusions Bone Marrow transplant Management Functional implications, vocational issues                                |
| 7/28/22    | **Text: Falvo, pp. 447-473 (Chapter 28) – Cardiovascular Conditions**  
Structure and function of cardiovascular system Atherosclerosis Hypertension  
Aneurysm Coronary artery disease Angina pectoris Myocardial infarction  
Heart failure Arrhythmias Valvular conditions Congenital heart conditions  
Inflammatory conditions Vascular conditions Transplants  
Management, rehabilitation, functional implications, activities, vocational issues                                                                |
|            | **Handout: Circulatory System, Sickle Cell Anemia**  
Blood types Blood Transfusions Sickle Cell Anemia, Pain perception isease                                                                          |
|            | **Handout: Cardiovascular System, Heart Disorders**  
CPR Cholesterol Women and heart disease Commotio Cordis Diet and heart  
Eligibility criteria for heart transplant                                                                                                           |
|            | Video: “The Living Body: Two Hearts” (0:27) (Films on Demand)  
“Sickle Cell Anemia” (0:29) (Films on Demand)                                                                                                     |
<p>|            | <strong>Mid-term exam is due today</strong>                                                                                                                                                                               |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>
| Tuesday, 8/2/22 | **Text: Falvo, pp. 327-331 (Chapter 19) – Introduction to Immune System**  
Structure and function of immune system   
Types of immunity   
Organs of immune system   
Defense against microorganisms   
Autoimmune responses  

**Text: Falvo, pp. 333-343 (Chapter 20) – HIV Infection**  
HIV infections   
Phases   
Transmission   
Prevention   
Identification   
Manifestations & complications   
Management   
Functional implications  

**Text: Falvo, pp. 419-430 (Chapter 25) – Rheumatoid Arthritis, Lupus, and other Rheumatic Conditions**  
Rheumatoid arthritis   
Systemic lupus erythematosus   
Gout   
Ankylosing Spondylitis   
Management   
Functional implications   
Activities   
Vocational implications  

**Handout: Immune System**  
Infectious diseases   
Pathogens (bacteria, viruses, protozoans, fungi, parasites, prions)   
Colds   
Lupus   
Leprosy/Hansen’s disease   
Rheumatoid arthritis   
HIV/AIDS   
Smoke exposure and allergies  

**Text: Falvo, pp. 475-499 (Chapter 29) – COPD, Asthma, and Other Conditions of the Pulmonary System**  
Structure and function of pulmonary system   
Chronic obstructive pulmonary disease   
Chronic bronchitis   
Emphysema   
Smoking   
Asthma   
Tuberculosis   
Cystic Fibrosis   
Occupational lung conditions   
Pharyngitis   
Laryngitis   
Pneumonia   
Bronchiectasis   
Obstructive sleep apnea   
Chest injuries   
Management, functional implications, activities, vocational implications  

**Handout: Respiratory System, Cystic Fibrosis**  
Video: “No Ordinary Lives: Living with Cystic Fibrosis” (0:28) (Films on Demand)  
Video: “The Living Body: Internal Defenses” (0:28) (Films on Demand)  

**MOVIE ASSIGNMENT PAPER IS DUE TODAY**  
Client Scenario: Extra #1 (optional assignment) given  
Discuss writing the Individual Interview paper, due 8/9/22
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>
| Thursday 8/4/22 | **Text: Falvo, pp. 501-520 (Chapter 30) – Chronic Kidney Disease and Other Conditions of the Urinary System**  
Structure and function of kidneys and urinary tract  
Urinary tract infections  
Kidney stones  
Hydronephrosis  
Glomerulonephritis  
Polycystic kidney disease  
Renal failure (acute, chronic)  
Hemodialysis, peritoneal dialysis, transplant  
Functional implications, activities, vocational implications  
**Handout: Urinary System**  
Drinking water after exercising  
Transplant drugs  
**Text: Falvo, pp. 521-541 (Chapter 31) – Conditions of Gastrointestinal System**  
Structure and function of GI system  
Conditions of mouth, esophagus, stomach, intestine, colon, pancreas, Gall bladder, liver, hiatal hernia, GERD, gastritis, ulcers, hernia, bowel diseases, Crohn’s disease, ulcerative colitis, diverticulitis, diverticulosis, irritable bowel syndrome, colon cancer, pancreatitis, pancreatic cancer, cholelithiasis and cholecystitis, hepatitis, cirrhosis)  
Management, functional implications, activities, vocational implications  
**Handout: Digestive System**  
Appetite  
Food & health  
Diets  
Diet sodas  
Food Safety  
**Text: Falvo, pp. 373-395 (Chapter 23) – Diabetes and Other Conditions of the Endocrine System**  
Structure and function of endocrine system  
Hormones  
Diabetes mellitus, types 1, 2, gestational  
Identification, management, complications, functional implications, activities, vocational issues  
Hyperthyroidism, hypothyroidism  
Cushing’s syndrome  
Addison’s disease  
Diabetes insipidus  
Management, complications, functional implications, activities, vocational issues  
**Handout: Endocrine System, Diabetes, Stress**  
Stress/stress relief, stress and memory  
Melatonin  
Videos: “The Living Body: Urinary System (Water)” (0:27) (Films on Demand)  
“The Living Body: Messengers” (Hormones) (0:26) (Films on Demand) |
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>
| 8/9/22 | **Text: Falvo, pp. 439-446 (Chapter 27) – Chronic Pain**  
Experience of pain  
Classification: Acute, chronic, nociceptive, and neuropathic pain  
Management techniques  
Functional implications, activities, vocational implications  
**Handout: Pain**  
Venting frustration reduces pain  
Chronic Pain Management  
Social Worker’s Role  
Using Pain Meds Safely  
Alternative Treatment for Pain  
**Text: Falvo, pp. 345-354 (Chapter 21), Introduction to Cancers: General Methods of Identification and Management**  
The cell  
Development of cancer  
Causes  
Types  
Staging/grading  
Diagnostic procedures  
Treatment (surgery, chemotherapy, radiation therapy, immunotherapy, hormone therapy, monoclonal antibodies, bone marrow and stem cell transplants)  
**Text: Falvo, pp. 355-371 (Chapter 22), Specific Cancers and Their Management**  
Cancer of mouth, esophagus, stomach, intestines, liver, larynx, lung, bone, urinary system, brain, spinal cord, lymphomas, myeloma, leukemias, breast, gynecological, prostate, testicular, skin  
Functional implications, activities, vocational issues  
**Handout: Cancer**  
Breast cancer  
Pancreatic cancer  
Brain Tumor  
Leukemia  
Chemo brain  
Cost of CA drugs  
Survivors of childhood cancer  
Target: Cancer series of articles  
Angelina Jolie  
Perception of cancer as a death sentence  
Video: “What is Cancer?” (0:60) (library video) (RC 261.W45) |

**INDIVIDUAL INTERVIEW PAPER IS DUE TODAY**

**RECEIVE THE TAKE-HOME FINAL EXAM**

**Client Scenario Extra #2 (optional assignment) given**
### Handout: Stem Cell Transplants
Stem cells from human skin, fat, cord blood
More patients seek stem cell treatment
The Quest Resumes  The science of stem cells  Blindness, Parkinson’s disease cures
The Tiniest Transplant  Donating fetal tissue after abortion

### Text: Falvo, pp. 573-579 (Chapter 34), Aging with Disability
Aging with chronic conditions  Natural changes in body systems with aging
Prevention of age-related complications

### Handout: Aging, Alzheimer’s Disease
Girl who does not age  How to live 100 years  Alzheimer’s disease/dementia

### Text: Falvo, pp. 561-571 (Chapter 33) – Assistive Technology
Defining assistive technology  Types and uses of assistive technology
Supports and barriers to using assistive technology  Psychosocial issues  The future

Video: “The Living Body: Aging” (0:27) (Films on Demand)
Video: “Fetal Fix” (0:52) (library video) (QH 588.S83 F47)

### TAKE-HOME FINAL EXAM IS DUE

---

**MOVIE ASSIGNMENT GRADING RUBRIC**

<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Earned Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of the movie absolutely does not exceed 3 pages in length (not even one line over!)</td>
<td>5</td>
</tr>
<tr>
<td>Summary of movie is clear and understandable</td>
<td>10</td>
</tr>
<tr>
<td>Summary of movie focuses on the person’s biological condition and on its effects on human functioning</td>
<td>20</td>
</tr>
<tr>
<td>Summary of movie is not a scene-by-scene retelling of the story; it is a coherent narrative</td>
<td>5</td>
</tr>
<tr>
<td>Explanation of whether the condition is viewed by the people in the story as a chronic illness or as a disability, including explanation of how those terms differ</td>
<td>10</td>
</tr>
<tr>
<td>Clear analysis of the person’s condition, using all possible relevant course material, being sure to define all terms used</td>
<td>25</td>
</tr>
<tr>
<td>Explanation of how social worker could have assisted people in the movie. Was there a social worker/counselor in the movie? What was the quality of services they provided? How could it have been done better?</td>
<td>10</td>
</tr>
<tr>
<td>Explanation of possible ethical dilemmas in the movie, referencing the Social Work Code of Ethics</td>
<td>5</td>
</tr>
<tr>
<td>Movie citations are done correctly with APA, both in-text citations for every paragraph in which movie is discussed and reference page entries. Citations from course material are done correctly.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Total points earned** 100
<table>
<thead>
<tr>
<th>INDIVIDUAL INTERVIEW PROJECT ASSIGNMENT GRADING RUBRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper is 8-10 pages in length (not counting face page or reference page)</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>Demographics of person and that you are using a false name</td>
</tr>
<tr>
<td>Person’s story is told in a coherent, interesting, creative way</td>
</tr>
<tr>
<td>Course material is used to explain person’s story in a comprehensive way</td>
</tr>
<tr>
<td>Every term used is accompanied by a biological explanation of what that term means</td>
</tr>
<tr>
<td>Story is told in a body systems perspective (what systems are being affected and how they are being affected)</td>
</tr>
<tr>
<td>Discussion of medical/psychological care received and whether it has helped</td>
</tr>
<tr>
<td>Discussion of any use of alternative treatment approaches that have been used, or statement that they have not been used</td>
</tr>
<tr>
<td>Explanation of condition’s effects on daily life and on ability to function</td>
</tr>
<tr>
<td>Explanation of how condition has affected family</td>
</tr>
<tr>
<td>Explanation of kinds of adaptations used by person</td>
</tr>
<tr>
<td>Explanation of person’s perception of their condition</td>
</tr>
<tr>
<td>Discussion of Falvo &amp; Holland’s definitions of chronic illness vs. disability and explanation of which the person identifies as describing their situation</td>
</tr>
<tr>
<td>Discussion of person’s view of the future with this condition</td>
</tr>
<tr>
<td>Citations are correctly done, including personal communication citations in every paragraph in which interview is presented; no citations were left out; if the wording was taken directly from a source, quotation marks are correctly used to indicate that paraphrasing was not used and page numbers included in citations</td>
</tr>
<tr>
<td>Paper’s format is correct based on APA – margins, NO running head, page numbers, double spacing (and no extra space between paragraphs), reference page and citations, no contractions, numbers 1-9 spelled out in words, consistent font</td>
</tr>
<tr>
<td>No reference material was used that was not included in course reading material</td>
</tr>
<tr>
<td>Total points earned</td>
</tr>
</tbody>
</table>
X. Bibliography of Additional Resources (Note: This is NOT done in APA style. Do NOT use this format in your papers!)


Adeyemo; Bamidele O.; Joseph Biederman; Ross Zafonte; Elana Kagan; Thomas J. Spencer; Mai Uchida; Tara Kenworthy; Andrea E. Spencer; and Stephen V. Faraone (2014). “Mild Traumatic Brain Injury and ADHD: A Systematic Review of the Literature and Meta-Analysis.” *Journal of Attention Disorders, 18* (7), 576-584.


Bevans, Margaret; Leslie Wehrlen; Kathleen Castro; Patricia Prince; Nonnickyaye Shelburne; Karen Soeken; James Zabora; and Gwenvyth R. Wallen (2013). “A Problem-Solving Education Intervention in Caregivers and Patients during Allogeneic Hematopoietic Stem Cell Transplantation.” *Journal of Health Psychology,* 19 (5), 602-617.


Butler, Alexandra (2015). *Walking the Night Road: Coming of Age in Grief.* Columbia University Press. (Mother had brain cancer)


Coles, Jan; Jill Astbury; Elizabeth Dartnall; and Shazneen Limjierwala (2014). “A Qualitative Exploration of Researcher Trauma and Researchers’ Responses to Investigating Sexual Violence.” *Violence against Women,* 20 (1), 95-117.


DiMillo, Julia; Andre Samson; Anne Theriault; Sandra Lowry; Linda Corsini; Shailendra Verma; and Eva Tomiak (2015). “Genetic testing: When Prediction Generates Stigmatization.” *Journal of Health Psychology,* 20 (4), 393-400.


Flynn, Sandra; Cathryn Rodway; Louis Appleby; and Jenny Shaw (2013). “Serious Violence by People with Mental Illness: National Clinical Survey.” Journal of Interpersonal Violence, 29 (8), 1438-1458.


Glattacker, Manuela; Katja Heyduck; and Cornelia Meffert (2012). “Illness Beliefs and Treatment Beliefs as Predictors of Short and Middle Term Outcome in Depression.” *Journal of Health Psychology, 18* (1), 139-152.


Golla, Heidrun; Maren Galushko; Holger Pfaff; and Raymond Voltz (2011). “Unmet Needs of Severely Affected Multiple Sclerosis Patients: The Health Professionals’ View.” *Palliative Medicine, 26* (2) 139-151.


Gottlieb, Lori (2000). *Stick Figure: A Diary of My Former Self.* New York: Simon and Schuster. (Anorexia)


Hanson, Bridget L.; and Joelle C. Ruthig (2012). “The Unique Role of Sleep Quality in Older Adults’ Psychological Well-Being.” *Journal of Applied Gerontology, 31* (5), 587-607.


Horowitz, A. V.; and J. C. Wakefield (2012). *All We Have to Fear: Psychiatry’s Transformation of Natural Anxieties into Mental Disorders.* New York: Oxford University Press.


Humphreys, Janice; Bruce A. Cooper; and Christine Miaskowski (2011). “Occurrence, Characteristics, and Impact of Chronic Pain in Formerly Abused women.” *Violence against Women, 17* (10), 1327-1343.


Jensen, Mary E.; Elizabeth A. Pease; Kris Lambert; Diane R. Hickman; Ora Robinson; Kathleen T. McCoy; Jennifer K. Barut; Kathleen M. Musker; Dana Olive; Connie Noll; Jeffery Ramirez; Dawn Coglliser; and Joan K. King (2013). “Championing People-First Language: A Call to Psychiatric Mental Health Nurses.” *Journal of the American Psychiatric Nurses Association*, 19 (3), 146-151.


Kelly, Catherine G., BSN, RN; Shirley Cudney, RN; Clarann Weinert, PhD, RN (2012). “Use of Creative Arts as a Complementary Therapy by Rural Women Coping with Chronic Illness.” *Journal of Holistic Nursing*, 30 (1) March, 48-54.


Kolesinska, Zofia; S. Faisal-Ahmed; Marek Niedziela; Jillian Bryce; Marta Molinska-Glura; Martina Rodie; Jipu Jiang; et.al. (20 more authors) (2014). “Changes Over Time in Sex Assignment for Disorders of Sex Development.” *Pediatrics*, 134 (3), September 1, 710-715.


Morgan, Stephanie, MSN, RN; and Linda H. Yoder, PhD, RN (2012). “A Concept Analysis of Person-Centered Care.” *Journal of Holistic Nursing*, 30 (1) March, 6-15.


Nachar, Nadim; Stephane Guay; Dominic Beaulieu-Prevost; and Andre Marchand (2012). “Assessment of the Psychosocial Predictors of Health-Related Quality of Life in a PTSD Clinical Sample.” *Traumatology*, 19 (1), 20-27.

Newton, Danielle; Christine Bayly; Christopher K. Fairley; Marcus Chen; Louise Keogh; Meredith Temple-Smith; Henrietta Williams; Kathleen McNamee; Jane Fisher; Dorothy Henning; Arthur Hsueh; and Jane Hocking (2013).
“Women’s Experiences of Pelvic Inflammatory Disease: Implications for Health-Care Professionals.” *Journal of Health Psychology*, 19 (5), 618-628.


Ocha, Witchayanee; and Barbara Earth (2012). “Identity Diversification among Transgender Sex Workers in Thailand’s Sex Tourism Industry.” *Sexualities*, 16 (1/2), 195-216.


Rabins, Peter; Constantine Lyketsos; and Cynthia Steeler (1999). Practical Dementia Care. New York: Oxford University Press.


Sajatovic, Martha, MD; and Luis Ramirez, MD (2001). *Rating Scales in Mental Health*. Hudson: Lexi-Comp.


Suren, Pal; Nina Gunnes; Christine Roth; Michaeline Bresnahan; Mady Hornig; Deborah Hirtz; Kari K. Lie; W. Ian Lipkin; Per Magnus; Ted Reichborn-Kjennerud; Synnve Schjolberg; Ezra Susser; Anne-Siri Oyen; George D. Smith; and Camilla Stoltenberg (2014). “Parental Obesity and Risk of Autism Spectrum Disorder.” *Pediatrics*, 13, 1128-1138.


Thacher, Jesse D.; Olena Gruzieva; Goran Pershagen; Asa Neuman; Magnus Wichman; Inger Kull; Erik Melen; and Anna Bergström (2014). “Pre- and Postnatal Exposure to Parental Smoking and Allergic Disease through Adolescence.” *Pediatrics*, 134 (3), September, 428-434.


Verkaik, Renate; Martine Busch; Trees Koeneman; Rianny van den Berg; Peter Spreeuwenberg; and Anneke L. Francke (2014). “Guided Imagery in People with Fibromyalgia: A Randomized Controlled Trial of Effects on Pain, Functional Status and Self-Efficacy.” *Journal of Health Psychology, 19* (5), 678-688.


Widman, Laura; Carol E. Golin; and Seth M. Noar (2012). “When do Condom Use Intentions Lead to Actions? Examining the Role of Sexual Communication on Safer Sexual Behavior among People Living with HIV.” *Journal of Health Psychology, 18* (4), 507-517.


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 adherence, 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 (preferred by the professor)
   - 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 1-9 spelled out (e.g. “one”, “five”, “seven”)
   - Numbers 10 and above 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
   - Page # (always starts with “1” at the top right)
   - Title of work (in bold and followed by an extra space), your name, Department of Social Work-Texas A&M University-Central Texas, Dr. Claudia Rappaport, due date of assignment, all centered and not in bold. This should also be double spaced.
   - Title should be no more than 12 words, first letters of words are capitalized except “and”, etc.

C. Abstract Page
   - This is page 2 (upper right corner)
   - 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 indentation at the beginning of this paragraph
   - Must be double spaced

D. START OF YOUR BODY
   - Continue page number on every page in upper right corner
   - 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
   - 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
   - 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 2021a, 2021b, 2021c, etc., as needed.
☐ Double space references
☐ Remove extra 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. (2017). *Social work treatment: Interlocking theoretical approaches* (6th ed.). Oxford University Press.

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

- Boston University School of Social Work:

- Sample APA Paper Owl Purdue:
  [http://owl.english.purdue.edu/media/pdf/20090212013008_560.pdf](http://owl.english.purdue.edu/media/pdf/20090212013008_560.pdf)

- Son of Citation Machine Citing Support:

**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)

  - 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)

- 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: (Be sure to use the hanging indent on your paper)

- Example of how to cite a movie: (Be sure to use the hanging indent on your paper)

  - To obtain information for a movie citation, look up the movie on the internet and select the IMDb listing. Get the name of the director and the year at the beginning of the entry. Click on Full Cast and Crew, then on Company Credits to list the production companies (ignore the list of distributors, but be sure to list all of the production companies).

- Example of how to cite a television show: (Be sure to use the hanging indent on your paper)
  - Smith, J. W. (Writer and Director), Anderson, D. D. (Director). (2020, March 26). Title of episode (do not use italics), (Season number, Episode number). (TV series episode). In P. P. Johnson (Executive Producer), Title of television series (in italics), Production companies listed and separated by ;

______

**Checklist to avoid some common errors using APA in papers**

_____ The title on the front page is repeated on the first page of the text of the paper, and both titles are exactly the same wording.

_____ Entire paper has to be in one consistent font (professor prefers Times New Roman 12 font). You can’t change font in title, on the front page, etc., to be decorative.

_____ The front page can ONLY contain the page number; the title of the paper (in bold) followed by an extra space; your name; Department of Social Work, Texas A&M University-Central Texas; Dr. Claudia Rappaport; and due date of assignment. Nothing else!!

_____ No contractions (isn’t) are used anywhere in the paper unless quoting someone.

_____ There is no extra line space between paragraphs (to achieve this, go to page layout, then go to spacing and make sure that the spacing is set to 0).

_____ All paraphrasing from another source has an in-text citation, and the format would be like this: (Rappaport, 2022). If exact words are used from the source, then you also use quote marks and the page number is included in the in-text citation (the format would be: Rappaport, 2022, p. 2 or pp. 3-4). If you are using more than one Rappaport handout for citations, you will have to use Rappaport 2022a, Rappaport 2022b, etc., and the letters will be assigned based on the titles of the handouts being in alphabetical order on your reference page.
When writing a paper about an interview of a person, you use personal communication citations within the text of the paper. After every paragraph in which you summarize information given in the interview, your in-text citation will appear like this: (C. Rappaport, personal communication, August 1, 2022). THERE IS NO REFERENCE PAGE ENTRY FOR PERSONAL COMMUNICATION CITATIONS.

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 about five minutes we are leaving for school.
• Example: In 2000 Dr. Rappaport came to teach at TAMUCT.

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:
  o I am a student in the Social Work Department at Tarleton State University-Central Texas. It is correct to capitalize social work here because it is in the name of a Department.
  o I want to be a social worker. You do not capitalize it here because it is not a proper noun.
  o My biggest supporter is Mother. You need to capitalize mother here because you are using it as a person’s name.
  o I live with my mother and my father. You do not capitalize them here because you are not using them as names.
  o I graduated from Alamo Heights High School. You capitalize high school here because it is the name of a specific high school.
  o 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).