

TEXAS A&M UNIVERSITY – CENTRAL TEXAS SOCIAL WORK DEPARTMENT

SOWK 4301 110: SOCIAL WORK AND MENTAL HEALTH

TUESDAYS AND THURSDAYS, 5:00 TO 7:30 PM, ROOM 305 WARRIOR HALL

SEMESTER: SUMMER 2022

INSTRUCTOR'S NAME: CLAUDIA RAPPAPORT, PHD, ACSW, MSSW

OFFICE NUMBER: 420D WARRIOR HALL

OFFICE PHONE: 254-519-5432

EMAIL: RAPPAPORT@TAMUCT.EDU. PLEASE EMAIL ME THROUGH THIS ADDRESS AND NOT THROUGH CANVAS. EMAILS ARE RESPONDED TO AS SOON AS POSSIBLE, USUALLY THE SAME DAY OR THE NEXT DAY IF SENT VERY LATE AT NIGHT. I DO NOT RESPOND TO EMAILS AT NIGHT IF I AM STILL UP GRADING PAPERS; ON SATURDAYS I DO NOT RESPOND UNTIL LATE DUE TO VOLUNTEERING AT HOSPICE ALL DAY.

OFFICE HOURS: MONDAYS AND WEDNESDAYS 12:30 TO 1:30 PM

TUESDAYS AND THURSDAYS 2:00 TO 4:30 PM

TO SCHEDULE AN ADVISING APPOINTMENT, CALL LAUREN AT 254-519-5406.

A NOTE ABOUT THE COVID-19 PANDEMIC: FOR THE MOST RECENT CAMPUS INFORMATION, SEE THE TEXAS A&M UNIVERSITY-CENTRAL TEXAS FALL 2021 RETURN TO CAMPUS PLAN ([HTTPS://WWW.TAMUCT.EDU/COVID19/](https://www.tamuct.edu/covid19/)). SEE THE CURRENT PROTOCOLS DESCRIBED LATER IN THIS SYLLABUS.

I. Course Description

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

Prerequisites: There are no prerequisites to this course other than Introduction to Social Work (SOWK 3300).

II. Nature of Course

This course will cover basic case management skills of working with individuals who require social work interventions because of a mental health diagnosis. Patients who have chronic mental health disorders often receive services from both a case manager and a clinical social worker, psychologist, or psychiatrist, and that collaboration is essential to successful treatment of those patients. In this course we will focus on the case manager's important role with these clients. Students will become familiar with mental health diagnoses as they exist in the DSM-5, issues regarding clients who are prescribed psychotropic medications to treat those diagnoses, and roles of social workers and social work case managers in providing services to those clients and their families.

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

This supports students' learning the model of **Generalist Social Work Practice:** Work with individuals, families, groups, communities and organizations in a variety of social work and host settings. Generalist practitioners view clients and client systems from a strengths perspective in order to recognize, support, and build upon the innate capabilities of all human beings. They use a professional problem-solving process to engage, assess, broker services, advocate, counsel, educate, and organize with and on behalf of clients and client systems. In addition, generalist practitioners engage in community and organizational development. Finally, generalist practitioners evaluate service outcomes in order 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. Program Mission

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

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

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

Program Framework

The Social Work Program curriculum is rooted in a framework established by the Council on Social Work Education (CSWE). Specifically, the program endeavors to develop social workers who promote human and community well-being by being able to demonstrate the following 10 core competencies upon graduation:

1. Identify as a professional social worker and conduct oneself accordingly (2.1.1a-f).
2. Apply social work ethical principles to guide professional practice (2.1.2a-d).
3. Apply critical thinking to inform and communicate professional judgments (2.1.3a-c).
4. Engage diversity and difference in practice (2.1.4a-d).

5. Advance human rights and social and economic justice (2.1.5a-c).
6. Engage in research-informed practice and practice-informed research (2.1.6a-b).
7. Apply knowledge of human behavior and the social environment (2.1.7a-b).
8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services (2.1.8a-b).
9. Respond to contexts that shape practice (2.1.9a-b).
10. Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities (2.1.10a-d).

Each core competency has specific, measurable practice behaviors that help students and their professors determine if the competency has been achieved. There are 41 total practice behaviors. The complete list of practice behaviors can be found in the TAMUCT Social Work Student Handbook.

IV. COURSE OBJECTIVES AND RELATED PRACTICE BEHAVIORS

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

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

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

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

The following table shows the relationship between: A) the course objectives, B) the CSWE-related practice behaviors, and C) the assignments used to assess each student's ability to fulfill the objectives related to the practice behaviors:

A. Objectives <i>(By the completion of the course, it is expected that you will be able to...)</i>	B. CSWE-Related Practice Behaviors <i>(This is the practice behavior that objective supports)</i>	C. Course Assignments <i>(This is the assignment used to assess your ability to fulfill the objective related to the practice behavior)</i>
1. Master strategies for engaging in appropriate and professional helping relationships with persons diagnosed with mental health disorders. Understand approaches that can result in engagement with complex clients. Recognize differences in professional roles between case managers, social workers and other members of mental health interdisciplinary teams.	2.1.7a 2.1.10a 2.1.10b 2.1.10c 2.1.3a 2.1.1c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
2. Become familiar with major concepts and theories related to mental health disorders, including how to utilize DSM-5 for establishing and understanding diagnoses	2.1.3a 2.1.7a	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
3. Recognize issues related to utilization of psychotropic medications to treat mental health disorders and side effects that can occur. Master strategies for helping clients deal with issues of adherence and non-adherence to their prescribed medications. Develop insight into what causes individuals to choose not to take such medications.	2.1.1a 2.1.2a 2.1.2b 2.1.2c 2.1.2d 2.1.4d 2.1.4c 2.1.5c 2.1.7a 2.1.7b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
4. Recognize issues of stigma, prejudice, oppression, and discrimination that are experienced by people who have been diagnosed with mental health disorders. Develop strategies for how to advocate for social and economic justice for such individuals and how to facilitate delivery of appropriate case management mental health services to this population.	2.1.1a 2.1.2a 2.1.2b 2.1.4b 2.1.4c 2.1.5a 2.1.5b 2.1.5c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
5. Master the ability to apply the NASW Code of Ethics in work with clients diagnosed with mental health disorders. Master ability to manage their own personal values and beliefs in order to maintain ethical and professional decision-making when dealing with ethical dilemmas that arise with clients.	2.1.2a 2.1.2b 2.1.2c 2.1.2d 2.1.4b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
6. Master the ability to write a professional social work record on a client who has a mental health diagnosis, including assessing client's life story, pinpointing client's strengths and challenges, developing intervention plan, and writing appropriate progress notes regarding providing case management to the client.	2.1.3a 2.1.3b 2.1.7a 2.1.10a 2.1.10b 2.1.10c	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions

7. Recognize importance of understanding human differences and human behavior and social environments when carrying out professional services with clients who have mental health disorders.	2.1.4c 2.1.7b	<ul style="list-style-type: none"> • Concept mastery quizzes • Mid-term and final exams • Case scenario/movie assignments • Client story and record • Class discussions
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V. Course Requirements

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

- a. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5). Arlington, VA: American Psychiatric Association. ISBN 978-0-89042-554-1.
- b. Bentley, Kia J.; and J. Walsh (2014). *The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Clients, Families, and Providers, 4th edition*. Belmont, CA: Brooks/Cole, Cengage Learning. ISBN 978-1-285-41900-8.
- c. Pruchno, Rachel (2014). *Surrounded by Madness: A Memoir of Mental Illness and Family Secrets*. Indianapolis: Dog Ear Publishing.
- d. Schiller, Lori; and Amanda Bennett (1996). *The Quiet Room: A Journey Out of the Torment of Madness*. New York: Grand Central Publishing. ISBN 978-044667-1330.

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

B. Final Grades

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

Course Assignment	Percentage of final grade	Total possible points
Concept Mastery Quizzes and Case Scenarios	25%	2,500
Class Presentation on Your Client	5%	500
Client Story and Record:		
• Draft of client demographics and story	3%	300
• Draft adding strengths, challenges, priorities, and service goals	3%	300
• Draft adding first two contact/visit notes	6%	600
• Draft adding next two contact/visit notes	8%	800
• Final, complete client paper	10%	1,000
Mid-term Exam	15%	1,500
Final Exam	15%	1,500
Class attendance	5%	500
Class Participation	5%	500
Totals	100%	10,000 (Total points divided by 100 equals final grade)

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

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

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

Final Course Grades are based on the following:

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

C. *Course Assignments*

The following activities will be completed during the semester:

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

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

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

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

Client Story:

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

5. A list of the client's and family's major strengths, challenges, and what particular services the client/family are requesting from you (i.e., their priorities).

Client and Family Service Goals: List service goals that could be used by a case manager to address any challenges that exist in the client's/family's story, or used to further strengthen positive aspects that already exist in their story. Remember that service goals should be concrete and clearly stated (the exact kind of assistance to be provided), behavioral (what you and/or the client/family will do), feasible (within what is realistic for the client/family to accomplish), positively stated (what will be done, not what the client/family will STOP doing), and measurable (the client/family and you can know when the goal has been achieved). You need to include how your case management services will support the services being provided by their mental health and medical clinicians.

Minimum of Six Case Notes: The student will write at least 6 case notes summarizing case management contacts they had with the client. Those notes will specify:

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

See also the grading rubric at the end of this syllabus. Periodically the student will turn in to the professor the work they have done on the client story thus far to receive feedback that will enable them to make revisions to what has been written before the final paper is turned in for grading. **Papers must be typed and double-spaced. Papers that are single spaced will NOT be graded (i.e., they will receive a grade of 0).** Because corrections will be made by the professor to the record entries as they are turned in throughout the semester, I expect the final, graded client records to be professional in appearance and largely error-free. 75% of the grade on the final client record will be based on content of the information, how well the student followed instructions regarding what to cover in the entries, and the students' creativity in developing the client's story and information about their activities with them. 25% of the grade on the final client record will be based on the number of errors in punctuation, spelling, and grammar, based on the following:

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

3. *Concept Mastery Quizzes and Case Scenarios (25% 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.

4. Mid-Term and Final Exams (30% of final grade total, 15% each)

There will be two tests given in this course, a mid-term and a final exam. See the Course Schedule in this syllabus for exam due dates. They are both take-home exams. These exams will not be the type of exams students may be used to (such as multiple choice, true-false, matching, and short essay questions). That type of exam merely expects students to repeat back facts and definitions, and the concept mastery quizzes for this class will be verifying your ability to answer those kinds of questions. Instead, the mid-term or final exam will ask a few large questions that expect the student to demonstrate their ability to integrate the learning they have done in the class (from reading, class discussions, watching movies in class, etc.) and to show how they can APPLY that knowledge in performing case management functions with people who have mental health disorders and their families. **Exams must be typed and double-spaced.**

5. 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.

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

6. **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](http://www.safezoneapp.com) 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): [https://apps.apple.com/app/safezone/id533054756]

[Android Phone / Tablet](https://play.google.com/store/apps/details?id=com.criticalarc.safezoneapp) [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

Email: helpdesk@tamu.edu

Phone: (254) 519-5466

[Web Chat](http://hdc.tamu.edu): [http://hdc.tamu.edu]

Please let the support technician know you are an A&M-Central Texas student.

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%2Fdynamicforms.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 [WOnline](https://tamuct.mywconline.com/) [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 [WOnline](https://tamuct.mywconline.com/) [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) [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](https://cm.maxient.com/reportingform.php?TAMUCentralTexas&layout_id=2) online [https://cm.maxient.com/reportingform.php?TAMUCentralTexas&layout_id=2]. Anonymous referrals are accepted. Please see the [Behavioral Intervention Team](https://www.tamuct.edu/bit) 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 functioning, including mental health issues, owing to the fact that her social work career was focused on medical social work (working with children, adolescents, and their parents who had a wide variety of medical and mental health disorders, chronic conditions, and disabilities). She also has some experience with mental health disorders within her own family. In her 25 years of practice as a social worker and as a case manager before coming to Killeen to teach social work in August 2000, Dr. Rappaport has seen direct evidence of how important it is for all social workers to have at least a basic understanding of human functioning, mental health disorders, and other chronic conditions and disabilities that are commonly experienced by people who turn to social workers for assistance with their ability to continue functioning and maintaining quality of life.

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

IX. Course Schedule

Date	Description of Day’s Reading Assignments, Topics Covered, and Assignments Due
Tuesday 6/7/22	Review course syllabus Introduction to the course Handout: “Client Assessment and Treatment Planning,” “Psychotropic Medications and Medication Adherence” Receive assigned diagnosis/diagnoses on which you will base your fictional client Video: Scenes from “A Beautiful Mind”
Thursday 6/9/22	Bentley & Walsh, pp. 1-23 <ul style="list-style-type: none">• The larger context of psychopharmacology and social work• Neuroscience, biology, mind-body connections, causality, and scientific context• Changing and expanding roles DSM-5: Intellectual disability, pp. 33-41 Autism Spectrum Disorder, pp. 50-59 Handout: “Common Interventions for Clients with Autism-Spectrum Disorder” Intellectual disabilities, continued Video: Excerpts from “Profoundly Normal” (1:26)
Tuesday 6/14/22	Bentley & Walsh, pp. 24-50 <ul style="list-style-type: none">• Overview of social work roles in medication management across settings• Practice settings: Mental health, child welfare, aging, corrections• Partnership model of social work practice• Social work roles and values DSM-5: Attention Deficit-Hyperactivity Disorder, pp. 59-66 Specific Learning Disorders, pp. 66-74 Tic Disorders, including Tourette’s Disorder, pp. 81-84 Handout: “Common Interventions for ADHD” Video: Excerpts from “Twitch and Shout” (0:58) (library video) (RC 375.T94) TURN IN DRAFT #1 CONTAINING CLIENT DEMOGRAPHICS AND STORY

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Thursday 6/16/22	<p>Bentley & Walsh, pp. 51-85</p> <ul style="list-style-type: none"> • Basic Psychopharmacology • Central nervous system, nerve cells, neurotransmitters • How drug moves through body, effects on body • 5 classes of psychotropic medications • Pharmacogenomics • Adverse effects of medications <p>DSM-5: Delusional disorder, pp. 90-93 Brief Psychotic disorder, pp. 94-96 Schizophreniform disorder, pp. 96-99 Schizophrenia, pp. 99-105 Schizoaffective disorder, pp. 105-110</p> <p>Handout: "Common Interventions for Schizophrenia"</p> <p>RECEIVE ASSIGNMENT ON "SURROUNDED BY MADNESS," DUE IN ONE WEEK</p> <p>Video: Watch excerpts of "The Soloist" (1:56)</p>
Tuesday 6/21/22	<p>Bentley & Walsh, pp. 86-144</p> <ul style="list-style-type: none"> • The 5 classes of medication: Anti-psychotics – Antidepressants – Mood Stabilizers – Anti-Anxiety Medications – Psychostimulants <p>DSM-5: Bipolar I Disorder, pp. 123-132 Bipolar II Disorder, pp. 132-139 Cyclothymic Disorder, pp. 139-141</p> <p>Handout: "Common Interventions for Bipolar Disorder"</p> <p>Video: "Of Two Minds" (1:29)</p>
Thursday 6/23/22	<p>Bentley & Walsh, pp. 145-168</p> <ul style="list-style-type: none"> • Intervention concerns with specific populations • Gender, pregnancy, sexual adverse effects, older adults, children and adolescents, cultures, dual diagnoses <p>DSM-5: Disruptive mood dysregulation disorder, pp. 156-160 Major depressive disorder, pp. 160-168 Persistent depressive disorder (dysthymia), pp. 168-171 Premenstrual Dysphoric disorder, pp. 171-175</p> <p>Handout: "Common Interventions for Depressive Disorders" Handout: "Common Interventions for Youth with Disruptive Behavior Disorders"</p> <p>Video: "Depression: Out of the Shadows" (1:30)</p> <p>ASSIGNMENT ON "SURROUNDED BY MADNESS" DUE</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Tuesday 6/28/22	<p>DSM-5: Obsessive-compulsive disorder, pp. 237-242 Body Dysmorphic disorder, pp. 242-247 Hoarding disorder, pp. 247-251</p> <p>Handout: "Common Interventions for Obsessive-Compulsive Disorder" Handout: "Common Interventions for Body Dysmorphic Disorder"</p> <p>TURN IN DRAFT #2 CONTAINING CLIENT DEMOGRAPHICS, CLIENT STORY, STRENGTHS/ CHALLENGES/CLIENT & FAMILY PRIORITIES, AND INITIAL SERVICE PLAN GOALS</p> <p>Video: Excerpts from "Phoebe in Wonderland" (1:40)</p>
Thursday 6/30/22	<p>Bentley & Walsh, pp. 195-214</p> <ul style="list-style-type: none"> • Medication Education for clients and families <p>DSM-5: Reactive attachment disorder, pp. 265-268 Disinhibited social engagement disorder, pp. 268-270 Post-traumatic stress disorder, pp. 271-280</p> <p>Handout: "Common Treatments for Reactive Attachment Disorder" Handout: "Common Treatments for Post-Traumatic Stress Disorder"</p> <p>Video: Excerpts from "Reign Over Me" (2:04)</p> <p>Class discussion of writing client case notes</p> <p>RECEIVE ASSIGNMENT FOR TUESDAY'S CLASS (WE WILL NOT MEET)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Tuesday 7/5/22	<p>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 THREE VIDEOS 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.</p> <p>Bentley and Walsh, pp. 169-194</p> <ul style="list-style-type: none"> • Referrals, decision-making and meaning of psychiatric medication <p>DSM-5: Separation Anxiety disorder, pp. 190-195 Specific phobias, pp. 197-202 Social anxiety disorder (social phobia), pp. 202-208 Agoraphobia, pp. 217-221 Panic Disorder, pp. 208-214 Panic attacks, pp. 214-217 Generalized Anxiety disorder, pp. 222-226</p> <p>Handout: "Common Interventions for Phobias" Handout: "Common Interventions for Anxiety Disorders" Handout: "Common Interventions in Panic Disorder"</p> <p>Videos: "Anxiety Disorders" (0:22) (Films on Demand) "Anxiety Disorders: Psychotropic Medications" (0:16) (Films on Demand) "Panic Disorder and Agoraphobia: When Fear Takes Control" (0:52) (Films on Demand)</p>
Thursday 7/7/22	<p>Bentley & Walsh, pp. 215-240</p> <ul style="list-style-type: none"> • Medication monitoring and management <p>Bentley & Walsh, pp. 241-260</p> <ul style="list-style-type: none"> • Medication <p>DSM-5: Dissociative Identity disorder, pp. 292-298 Dissociative amnesia, pp. 298-302 Depersonalization/derealization disorder, pp. 302-306 Somatic symptom disorder, pp. 311-315 Illness anxiety disorder, pp. 315-318 Conversion disorder, pp. 318-321 Factitious disorder, pp. 324-326</p> <p>Handout: "Common Interventions for Somatic Symptom Disorder and Factitious Disorders" Handout: "Common Interventions for Dissociative Disorders"</p> <p>Video: Excerpts from "Sybil" (1:30)</p> <p>Turn in draft #3 of client story, service plan, and first 2 contact/visit notes</p> <p>RECEIVE TAKE-HOME MID-TERM EXAM and ASSIGNMENT ON "THE QUIET ROOM"</p>
Tuesday 7/12/22	<p>Factitious disorders, continued</p> <p>Movie: "Mommy Dead and Dearest" (Factitious Disorder Imposed on Another, previously known as Munchausen Syndrome by Proxy) (1:22) (Films on Demand)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Thursday 7/14/22	<p>Bentley & Walsh, pp. 261-280</p> <ul style="list-style-type: none"> • Future directions in psychopharmacology: Implications for social workers <p>DSM-5: Pica, pp. 329-331 Rumination, pp. 332-333 Avoidant/restrictive food intake, pp. 334-338 Anorexia nervosa, pp. 338-345 Bulimia nervosa, pp. 345-350 Binge-eating disorder, pp. 350-353</p> <p>Handout: "Common Interventions for Eating Disorders"</p> <p>Video: Excerpts from "Thin" (1:42)</p> <p>TAKE-HOME MID-TERM EXAM IS DUE</p>
Tuesday 7/19/22	<p>DSM-5: Insomnia disorder, pp. 362-368 Hypersomnolence disorder, pp. 368-372 Narcolepsy, pp. 372-378 Obstructive sleep apnea, pp. 378-383 Central sleep apnea, pp. 383-386 Sleep-related hypoventilation, pp. 387-390 Nightmare disorder, pp. 404-407 Restless legs syndrome, pp. 410-413</p> <p>Handout: "Common Interventions for Insomnia Sleep Disorder"</p> <p>Assignment is due on "The Quiet Room"</p>
Thursday 7/21/22	<p>DSM-5: Delayed ejaculation, pp. 424-426 Erectile disorder, pp. 426-429 Male hypoactive sexual desire disorder, pp. 440-443 Premature ejaculation, pp. 443-446 Female orgasmic disorder, pp. 429-432 Female sexual interest/arousal disorder, pp. 433-436 Genitor-pelvic pain/penetration disorder, pp. 437-440 Substance/medication-induced sexual dysfunction, pp. 446-450</p> <p>Handout: "Common Interventions: Sexual Dysfunctions (Not Including Paraphilias)"</p> <p>Video: Excerpts from "The Sessions" (1:35)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Tuesday 7/26/22	<p>DSM-5: Gender dysphoria, pp. 452-459 Oppositional defiant disorder, pp. 462-466 Conduct disorder, pp. 469-475 Intermittent explosive disorder, pp. 466-469 Pyromania, pp. 476-477 Kleptomania, pp. 478-479</p> <p>Handout: "Common Interventions for Oppositional Defiant Disorder, Conduct disorder, Intermittent Explosive Disorder" Handout: "Common Interventions for Pyromania" Handout: "Common Interventions for Kleptomania" Handout: "Common Interventions for Gender Dysphoria"</p> <p>Excerpts from "The Good Son" (1:26)</p> <p>Turn in draft #4 of client story, service goals, and 1st 4 contact/visit notes – THIS IS YOUR LAST CHANCE TO TURN IN A DRAFT OF YOUR PAPER</p>
Thursday 7/28/22	<p>DSM-5: Alcohol use disorder, pp. 490-497 Alcohol intoxication, pp. 497-499 Alcohol withdrawal, pp. 499-501 Caffeine intoxication, pp. 503-506 Caffeine withdrawal, pp. 506-508 Cannabis use disorder, pp. 509-516 Cannabis intoxication, pp. 517-519 Cannabis withdrawal, pp. 517-519 Phencyclidine use disorder, pp. 520-523 Other hallucinogen use disorder, pp. 523-527 Phencyclidine intoxication, pp. 527-529 Other hallucinogen intoxication, pp. 529-530 Hallucinogen persisting perception disorder, pp. 531-532 Inhalant use disorder, pp. 533-538 Inhalant intoxication, pp. 538-540 Opioid Use disorder, pp. 541-546 Opioid intoxication, pp. 546-547 Opioid withdrawal, pp. 547-549 Sedative, hypnotic, or anxiolytic use disorder, pp. 550-556 Sedative, hypnotic, or anxiolytic intoxication, pp. 556-557 Sedative, hypnotic, or anxiolytic withdrawal, pp. 557-560 Stimulant use disorder, pp. 561-567 Stimulant intoxication, pp. 567-569 Stimulant withdrawal, pp. 569-570</p> <p>Handout: "Common Interventions: Substance Abuse Disorders"</p> <p>Video: "Getting the Addict into Treatment" (0:19)</p> <p>Video: Excerpts from "Sister Helen" (1:29)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Tuesday 8/2/22	<p>DSM-5: Delirium, pp. 596-602 Major and mild neurocognitive disorders, pp. 602-611 Major or mild neurocognitive disorders due to Alzheimer's disease, pp. 611-614 Major or mild frontotemporal neurocognitive disorder, pp. 614-618 Major or mild vascular neurocognitive disorder with Lewy bodies, pp. 618-621 Major or mild neurocognitive disorder, pp. 621-624 Major or mild neurocognitive disorder due to traumatic brain injury, pp. 624-627 Substance/medication-induced major or mild neurocognitive disorder, pp. 627-632 Major or mild neurocognitive disorder due to HIV infection, 632-634 Major or mild neurocognitive disorder due to prion disease, pp. 634-636 Major or mild neurocognitive disorder due to Parkinson's disease, pp. 636-638 Major or mild neurocognitive disorder due to Huntington's disease, pp. 638-640</p> <p>Handout: "Common Interventions: Dementias"</p> <p>Video: "Halting Dementia" (0:49) (Films on Demand)</p> <p>RECEIVE TAKE-HOME FINAL EXAM</p>
Thursday 8/4/22	<p>Alzheimer's disease, continued</p> <p>Video: "Still Alice" (1:42)</p> <p>TURN IN FINAL VERSION OF CLIENT STORY/CLIENT RECORD ASSIGNMENT FOR GRADING</p>
Tuesday 8/9/22	<p>DSM-5: Cluster A Personality Disorders Paranoid Personality Disorder, pp. 649-652 Schizoid Personality Disorder, pp. 652-655 Schizotypal Personality Disorder, pp. 655-659 Cluster B Personality Disorders Antisocial Personality Disorder, pp. 659-663 Borderline Personality Disorder, pp. 663-666 Histrionic Personality Disorder, pp. 667-669 Narcissistic Personality Disorder, pp. 669-672 Cluster C Personality Disorders Avoidant Personality Disorder, pp. 672-675 Dependent Personality Disorder, pp. 675-678 Obsessive-Compulsive Disorder, pp. 678-682</p> <p>Handout: "Common Interventions: Personality Disorders"</p> <p>Video: Excerpts from "Black Swan" (1:48)</p>

Date	Description of Day's Reading Assignments, Topics Covered, and Assignments Due
Thursday 8/11/22	DSM-5: Voyeuristic Disorder, pp. 686-688 Exhibitionistic Disorder, pp. 689-691 Frotteuristic Disorder, pp. 691-694 Sexual Masochism Disorder, pp. .694-695 Sexual Sadism Disorder, pp. 695-697 Pedophilic Disorder, pp. 697-700 Fetishistic Disorder, pp. 700-702 Transvestic Disorder, pp. 702-704 Other Paraphilic Disorders, p. 705 Handout: "Common Interventions: Paraphilias" Video: Law and Order episode about pedophilia (0:40) TAKE-HOME FINAL EXAM IS DUE TODAY

IX. Bibliography

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

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Grading Rubric for Client Story and Client Record, Draft 1
(On the 75% of the grade based on content)

<i>Item</i>	<i>Possible Points</i>	<i>Points Earned</i>
Initial referral/Intake	5	
Client demographics	10	
Current diagnoses	15	
Client story and current status	70	
Total	100	

Grading Rubric for Client Story and Client Record, Draft 2
(On the 75% of the grade based on content)

<i>Possible Points</i>	<i>Points Earned</i>
Corrected Draft 1 of the paper	20
Client’s strengths	15
Client’s challenges	15
Client’s services being requested from you	5
Initial service goals	45
Total	100

Grading Rubric for Client Story and Client Record, Draft 3
(On the 75% of the grade based on content)

	<i>Possible Points</i>	<i>Points Earned</i>
Corrected Draft 2 of the paper	30	
Progress note #1	35	
Progress note #2	35	
Total	100	

Grading Rubric for Client Story and Client Record, Draft 4
(On the 75% of the grade based on content)

<i>Item</i>	<i>Possible Points</i>	<i>Points Earned</i>
Corrected Draft 3 of the paper	40	
Progress note #3	30	
Progress note #4	30	
Total	100	

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

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

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

APA CHECKLIST

The following checklist is designed to serve as a guide for you when writing papers in the Social Work Department. Use of this guide will support your success when using APA and help to prevent plagiarism. All instructors in the Social Work Department will use this checklist as a guide when grading your papers for APA policy 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 and the name of the university, professor’s name, 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:
<http://www.bu.edu/ssw/files/2010/10/BUSSW-style-guide-6th-ed-April-13.pdf>
- Sample APA Paper Owl Purdue:
http://owl.english.purdue.edu/media/pdf/20090212013008_560.pdf
- Son of Citation Machine Citing Support:
<http://citationmachine.net/index2.php?reqstyleid=2&newstyle=2&stylebox=2>

EXAMPLES OF APA ERRORS

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

Correct Citation Example:

In-Text: (Dobson & Pewter, 2013)

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

- ❖ Using quotation marks without page number/paragraph information.

- Incorrect: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013).
 - Correct: “Many children in America are diagnosed with ADHD” (Dobson & Pewter, 2013, p. 5).
- ❖ Example of how to cite a class handout: (Be sure to use the hanging indent on your paper)
- Rappaport, C. (2021). *The muscular system*. [Class handout]. SOWK 3305: Biological Foundations of Social Work Practice. Social Work Department, Texas A&M University-Central Texas: Killeen, TX.
- ❖ Example of how to cite a movie: (Be sure to use the hanging indent on your paper)
- Cassavetes, N. (Director). (2002). *John Q.* [Motion picture]. New Line Cinema, Burg/Koules Productions, & Evolution Entertainment.
 - To obtain information for a movie citation, look up the movie on the internet and select the IMDb listing. 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

Dr. Claudia Rappaport

_____ 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:
 - 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.
 - I want to be a social worker. You do not capitalize it here because it is not a proper noun.
 - My biggest supporter is Mother. You need to capitalize mother here because you are using it as a person’s name.
 - I live with my mother and my father. You do not capitalize them here because you are not using them as names.
 - I graduated from Alamo Heights High School. You capitalize high school here because it is the name of a specific high school.
 - I graduated from high school. You do not capitalize it here because it is not a proper noun. **Also note that you need the word “from”. I graduated high school is slang without the word from.**

Confusing different forms of words that sound the same.

- **Where:** I asked him where he was born.
- **Were:** There were 25 questions on the test.
- **Wear:** I asked him what he was going to wear to the interview.
- **Their:** These parents really love their children.
- **There:** There are too many students in this class.
- **They’re:** This is the contraction for “they are.” **Note: You usually do not use contractions in formal written work.**

Two different forms for possessives:

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

- **This is my parents' house. Use the apostrophe after the s if it is BOTH parents' house. Both parents live in the house.**
- **Parents are very important people. You do not use any apostrophe because you are simply making a noun plural. Never use an apostrophe unless you are making a noun a possessive word (meaning it belongs to someone).**