

**THE UNIVERSITY OF TEXAS AT ARLINGTON**

**School of Social Work**

**Semester/Year:** Spring, 2017

**Course Title:** Advanced Micro Practice

**Course Prefix/Number/Section:** SOCW 5311-019

**Instructor Name:** Bruce Bower, MSW, LCSW

**Faculty Position:** Assistant Professor in Practice

**Faculty Profile:** N/A

**Office Number:** 201 D

**Phone Number:** N/A

**Email Address:** bower@uta.edu

**Office Hours:** Mon 1:00 to 5:00 PM

**Day and Time of Class (if applicable):** Thursdays, from 11:00 AM to 1:50 PM

**Location:** FA 414

Equipment: A laptop computer with wireless capability or equivalent is required for all SSW classes.

Blackboard: https://elearn.uta.edu/webapps/login/

**A. Catalog Course Description/Special Requirements (Prerequisites/Out of Class Meetings):**

[ This course builds] on the generalist perspective and basic familiarity with Social Work processes ( such as problem identification, assessment, contracting, plan implementation, and outcome evaluation, in the context of (1) existing psychotherapeutic modalities, and (2) the particular client characteristics that lend themselves to specific change modalities. Required of all Direct Practice students. Prerequisites: SOCW 5304; SOCW 5310; and SOCW 5551.

**Detailed course description:**

 Advanced micro practice builds on the generalist perspective and basic familiarity with Social Work processes (such as problem identification, assessment, contracting, plan implementation, and outcome evaluation), in the context of (1) existing psychotherapeutic modalities, and (2) the particular client characteristics that lend themselves to specific change modalities. In addition, this course assumes and builds on a prior knowledge of the importance of worker variables with respect to developing, maintaining and using the client-worker relationship to provide relevant help to clients who are asking for assistance. Therefore, the focus for students in the advanced year is to relate a range of intervention strategies to various client populations relevant to students’ work concerns, and relative to intended advanced specialty track. Theoretical underpinnings are explored; our philosophical approach is to prefer empirically supported methods, but to be technically eclectic in technique selection.

 Attention is paid to a range of change theories, intervention strategies, and therapeutic techniques employed at individual couple and family levels. Emphasis is placed on developing criteria for selecting intervention strategies that are appropriate to the specific goals of treatment. Application of practice theories will be presented in the context of sensitivity to ethnic and minority groups. The functional analysis of behavior, data-based treatment, and practitioner variables and accountability are common elements emphasized in this course.

**B. Measurable Student Learning Outcomes:**

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession’s history. Social workers commit themselves to the profession’s enhancement and to their own professional conduct and growth. Social workers

* advocate for client access to the services of social work;
* practice personal reflection and self-correction to assure continual professional development;
* attend to professional roles and boundaries;
* demonstrate professional demeanor in behavior, appearance, and communication; ● engage in career-long learning; and ● use supervision and consultation.

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| Aging Specialty  | Children and Families Specialty  | Health Specialty  | Mental Health/Substance Abuse Specialty  |
| 1. Advanced social workers in aging practice active self-reflection and continue to address personal bias and stereotypes to build knowledge to dispel myths regarding aging and stereotypes of older persons.    | 1 . Advanced social workers in children and families practice active self-reflection and continue to address personal bias and stereotypes to build knowledge and dispel myths regarding diverse family structures, families with complex family dynamics and families with multiple challenges and issues.    | 1 . Advanced social workers in health practice active self-reflection and continue to address personal bias and stereotypes to build knowledge and dispel myths regarding health and health care services.  | 1 . Advanced social workers in mental health/substance abuse practice active self-reflection and continue to address personal bias and stereotypes to build knowledge and dispel myths regarding mental health/substance abuse and mental illness.  |
| 2. Advanced social workers in aging develop an action plan for continued growth including use of continuing education, supervision, and consultation.  | 2. Advanced social workers in children and families develop an action plan for continued growth including use of continuing education, supervision, and consultation.  | 2 . Advanced social workers in health develop an action plan for continued growth including use of continuing education, supervision, and consultation.  | 2 . Advanced social workers in mental health/substance abuse develop an action plan for continued growth including use of continuing education, supervision, and consultation.  |

**Educational Policy 2.1.2 - Apply social work ethical principles to guide professional practice.**

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law. Social workers

* recognize and manage personal values in a way that allows professional values to guide practice;
* make ethical decisions by applying standards of the National Association of Social Workers Code of

Ethics and, as applicable, of the International Federation of Social Workers/International

Association of Schools of Social Work Ethics in Social Work, Statement of Principles;

* tolerate ambiguity in resolving ethical conflicts; and
* apply strategies of ethical reasoning to arrive at principled decisions.

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| Aging Specialty  | Children and Families Specialty  | Health Specialty  | Mental Health/Substance Abuse Specialty  |
| 1. Advanced social workers in aging implement an effective decision making strategy for deciphering ethical dilemmas on behalf of all older clients.  | 1 . Advanced social workers in children & families implement an effective decision making strategy for deciphering ethical dilemmas specific to the multiple and diverse needs of families and children.  | 1 . Advanced social workers in health implement an effective decision-making strategy for deciphering ethical dilemmas specific to the multiple and diverse needs in health care interventions and settings.  | 1 . Advanced social workers in mental health/substance abuse implement an effective decision-making strategy for deciphering ethical dilemmas in mental health/substance abuse treatment.  |

**Educational Policy 2.1.3 - Apply critical thinking to inform and communicate professional judgments.**

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information. Social workers

* distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
* analyze models of assessment, prevention, intervention, and evaluation; and
* demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.

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| Aging Specialty  | Children and Families Specialty  | Health Specialty  | Mental Health/Substance Abuse Specialty  |
| 1. Advanced social workers in aging evaluate, select and implement appropriate assessment, intervention, and evaluation tools for use with the unique characteristics and needs of diverse older clients.  | 1 . Advanced social workers in children and families evaluate, select, and implement appropriate assessment intervention and evaluation tools for use with diverse groups of families and children.  | 1 . Advanced social workers in health evaluate, select, and implement appropriate assessment, intervention, and evaluation tools for use with diverse groups of clients in health settings.  | 1 . Advanced social workers in mental health/substance abuse evaluate, select and implement appropriate assessment and treatment approaches to the unique characteristics and needs of diverse clients.  |

**Educational Policy 2.1.6 - Engage in research-informed practice and practice-informed research.**

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers

* use practice experience to inform scientific inquiry and ● use research evidence to inform practice.

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| Aging Specialty  | Children and Families Specialty  | Aging Specialty  | Children and Families Specialty  |
| 1. Advanced social workers in aging synthesize and apply advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and interventions with older adults.  | 1. Advanced social workers in children & families use advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and interventions with children and families.  | 1 . Advanced social workers in aging synthesize and apply advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and interventions with older adults.  | 1 . Advanced social workers in children & families use advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and interventions with children and families.  |
| 2. Advanced social workers in aging develop effective models, programs, policies and interventions and assess their effectiveness using valid and reliable measures specific to older adults.  | 2. Advanced social workers in children and families develop effective models, programs, policies and interventions and assess their effectiveness using valid and reliable assessments for identifying family problems, risks and protective factors, vulnerability and resilience factors and consequences for different family groups and family members.  | 2 . Advanced social workers in aging develop effective models, programs, policies and interventions and assess their effectiveness using valid and reliable measures specific to older adults.  | 2 . Advanced social workers in children and families develop effective models, programs, policies and interventions and assess their effectiveness using valid and reliable assessments for identifying family problems, risks and protective factors, vulnerability and resilience factors and consequences for different family groups and family members.  |

**Educational Policy 2.1.10(a-d) - Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.**

Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

**Educational Policy 2.1.10(c) - Intervention**

Social workers

* initiate actions to achieve organizational goals;
* implement prevention interventions that enhance client capacities;
* help clients resolve problems;
* negotiate, mediate, and advocate for clients; and ● facilitate transitions and endings.

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| Aging Specialty  | Children and Families Specialty  | Health Specialty  | Mental Health/Substance Abuse Specialty  |
| 1. Advanced social workers in aging describe empirically validated and theoretical causes, advanced assessment methods, and the most effective interventions for a variety of problems which effect older adults  | 1. Advanced social workers in children and families will be able to describe empirically validated and theoretical causes, advanced assessment methods, and the most effective interventions treatments for a variety of problems that effect children and families.  | 1 . Advanced social workers in health will be able to describe empirically validated and theoretical causes, advanced assessment methods, and the most effective interventions treatments for a variety of problems that affect health.  | 1 . Advanced social workers in mental health/substance abuse describe empirically validated and theoretical causes, advanced assessment methods, and the most effective treatments for a variety of disorders: mood, anxiety, cognitive, substance abuse, sexual, eating, psychotic disorders for adolescents, adults, and older adults.  |

1. ***Required* Text(s) and Other Course Materials:**

Prochaska, J.O., and Norcross, J.C. (2014). *Systems of psychotherapy: A transtheoretical analysis* (8 th edition). Belmont, CA: Brooks/Cole Publishing.

Coady, N. & Lehmann, P. (Eds.) (2016). *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (3rd Edition). New York: Springer Publishing.

American Psychological Association. (2009). *Publication manual of the American Psychological Association,* (6th edition). Washington DC: Author.

1. **Additional *Recommended* Text(s) and Other Course Materials:**

Barth, F.D. (2014). *Integrative clinical social work practice.* New York: Springer.

Brandell, J.R. (Ed.). (2011). *Theory and practice in clinical social work* (2nd edition). Thousand Oaks, CA.: Sage Publications.

Duncan, B.L., Miller, S.D., Wampold, B.E., and Hubble, M.A. (Eds.). (2010). *The heart and soul of change:*

*Delivering what works in therapy* (2nd edition). Washington: American Psychological Association.

Green, W. & Simon, B.L. (Eds.). (2012). *Columbia guide to social work writing.* New York: Columbia University Press.

Jones-Smith, E. (2016). *Theories of counseling and psychotherapy: An integrated approach* (2nd edition). Thousand Oaks, Ca.: Sage Publications.

Nichols, M.P. (2009). *The lost art of listening: How learning to listen can improve relationships* (2nd edition). New York: Guilford.

Pinker, S. (2014). *The village effect: How face-to-face contact can make us healthier, happier, and smarter.* New York: Spiegel & Grau.

Stricker, G. (2010). *Psychotherapy integration.* Washington: American Psychological Association.

Turner, F.J. (Ed.) (2011). *Social work treatment: Interlocking theoretical approaches* (5th Edition). New York: Oxford University Press.

**E. Major Course Assignments & Examinations:**

**Discussion Papers:**

Final grades will be partially based on ***four (4)*** bi-weekly discussion papers of one of the theories presented in class over the past two weeks. These four papers should be ***no less than four (4) and no more than five (5) pages*** each, from our discussions of the theories as applied to the semester case occurring during the previous two weeks. Note that for these discussion reports, no references are required; the point of this discussion exercise is to encourage critical thinking of the material. At the beginning of the semester all of you will have been given as case (or cases) that we as a class will be following throughout the course. Each week we will take as much time as possible to discuss the case and your thoughts about how the intervention model could be applied to the case. This will give you some foundation for how you can discuss the case in your discussion paper. Your discussion papers are to be submitted every second week (the due dates are listed in the course outline, above), so it is a good idea to write your thoughts down as they are being discussed. You should only submit one report on one intervention model. Please note that these reports are to be handed in on the dates specified below. ***No late reports will be accepted!*** These will count for 50% of your final grade, and are to be submitted through Blackboard and SafeAssign by 11:58 PM on the due dates listed below. The grading rubric for the discussion papers is as *follows*:

1. Provide a clear statement as to which issue of the client's is being discussed
2. State which intervention model you are discussing
3. What are the key features of the intervention model,
4. Provide a brief statement about how you will apply the model
5. Give a brief statement about which aspects of the model would be most helpful, and why (or why not).

**Discussion paper due dates:**

February 16, 2017

 March 02, 2017

 March 23, 2017

 April 06, 2017

1. **Overall impression of the model:** This requires discussing why you chose this model based on knowledge of

(a) yourself and your own preferences; (b) your assessment of the strengths and weakness of the model; and (c) knowledge of the evidence from the literature of this model's effectiveness (this covers the evidence base of the model).

1. **Grading Policy**

 As per the UTA Graduate Catalog.

 The course grade is based on the following:

 Discussion papers: 50 points (12.5 points each)

 Class participation: 10 points

 Total: 60 points.

 The final grade will be based on a total of 60 points, recalculated to be a percentage score with the final grade based on the percentage. The letter grade will then be assigned according to University requirements.

Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels, see "Student Support Services," below. Your final grade will be based on a percentage to two (2) decimal places. The final percentage grade will be rounded up, according to usual mathematical procedure (for example, 69.50% to 69.99% will be rounded up to be 70%). The letter grade will then be based on this rounded figure.

1. **Make-Up Exam or Assignment Policy:**

All assignments are to be submitted electronically through Blackboard and SafeAssign. There will be no makeup assignments.

1. **Attendance Policy:**

At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. As the instructor of this section, each week I will pass around a sign-in sheet which will be used as a part of the class participation grade. It is your responsibility to make sure you sign in, especially if you come to class late.

1. **Course Schedule:**

**Date Topics Covered Required Readings\_\_\_\_\_\_\_\_**

Jan 19 Introduction to the course Prochaska & Norcross, Ch. 1

 -Introduction of the instructor Coady & Lehmann, Ch. 1,2

 -Introduction of the students

 -Review of the syllabus

 -Theory thinking

 -What is theory?

 -What is practice theory?

-What is the relationship

between theory and the choice

of intervention?

 -Critical thinking skills

 -Introduction of the case(s)

Jan. 26 Psychodynamics I Prochaska & Norcross, Ch. 2

 -History

 -Ego psychology

Feb. 02 Psychodynamics II Coady & Lehmann, Ch. 7

 -Object relations theory Prochaska & Norcross, Ch. 3

 -Attachment theory

 -Adlerian approaches

Feb. 09 Relational Theory/Therapy Coady & Lehmann, Ch. 8

Feb. 16 Interpersonal Psychotherapy (IPT) Prochaska & Norcross, Ch. 7

Feb. 23 Family Systems (Bowen) Prochaska & Norcross, Ch. 12

 Structural Family Therapy (Minuchin)

Mar. 02 Rational-Emotive Behavior Therapy Prochaska & Norcross, Ch. 9, 10

 Cognitive Therapy Coady & Lehmann, Ch. 10

Mar. 09 Dialectical Behavior Therapy Prochaska & Norcross, Ch. 11

Mar. 23 Existential Theory/Therapy Prochaska & Norcross, Ch. 4, 5

 Humanistic/Person-Centered Therapy Coady & Lehmann, Ch. 14, 15

Mar. 31 Motivational Interviewing Prochaska & Norcross, Ch. 5, 15

 Constructivism and Interventions

Apr. 07 Narrative Therapy Coady & Lehmann, Ch. 18, 19, 20

 Solution-focused Therapy

Apr. 14 Emotion-Focused Therapy Prochaska & Norcross, Ch. 6

 Cody & Lehmann, Ch. 15

Apr. 21 Crisis Intervention Coady & Lehmann, Ch. 11

Apr. 28 Integration I - BASIC-ID Prochaska & Norcross, Ch. 16

May 05 Integration II - Common Factors Coady & Lehmann, Ch. 1, 2, 3, 21

As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course.

1. **Expectations for Out-of-Class Study:**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional three hours (for each hour of class or lecture per week) of their own time in course-related activities, including reading required materials, completing assignments, preparing for assignments and exams, and reviewing online content, etc.

1. **Grade Grievance Policy:**

See BSW Program Manual at: https://www.uta.edu/ssw/\_documents/bsw/bsw-program-manual.pdf

Or

MSW Program Manual at: http://www.uta.edu/ssw/\_documents/msw/msw-program-manual.pdf

1. **Student Support Services:**

UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals and writing support, students may visit the Office of Advising and Student Success located on the third floor of Building A of the School of Social Work Complex or contact the Administrative Assistant at 817-272-3647. Also, the Maverick Resource Hotline may be contacted at

817-272-6107, or send a message to resources@uta.edu, or view the information at www.uta.edu/resources.

The UT Arlington School of Social Work community is committed to and cares about all of our students. If you or someone you know feels overwhelmed, hopeless, depressed, and/or is thinking about dying by suicide or harming self or someone else, supportive services are available. For immediate, 24-hour help call 1-800-273-TALK or visit http://www.suicidepreventionlifeline.org/ for a live chat. For campus resources, contact Counseling and Psychological Services (817-272-3671 or visit http://www.uta.edu/caps/index.php) or UT Arlington Psychiatric Services (817-272-2771 or visit https://www.uta.edu/caps/services/psychiatric.php) for more information or to schedule an appointment. You can be seen by a counselor on a walk-in basis every day, Monday through Friday, from 8:00 AM to 5:00 PM in Ransom Hall, Suite 303. Getting help is a smart and courageous thing to do - for yourself and for those who care about you.

**M. Librarian to Contact:**

The Social Sciences/Social Work Resource Librarian is John Dillard. His office is in the campus

Central Library. He may also be contacted via E-mail: dillard@uta.edu or by Cell phone: **(817) 6758962. B**elow are some commonly used resources needed by students in online or technology

supported courses: http://www.uta.edu/library/services/distance.php The

following is a list, with links, of commonly used library resources:

Library Home Page.................... http://www.uta.edu/library

Subject Guides........................... http://libguides.uta.edu

Subject Librarians....................... http://www-test.uta.edu/library/help/subject-librarians.php

Database List.............................. http://www-test.uta.edu/library/databases/index.php

Course Reserves......................... http://pulse.uta.edu/vwebv/enterCourseReserve.do

Library Catalog.......................... http://discover.uta.edu/

E-Journals................................... http://utalink.uta.edu:9003/UTAlink/az

Library Tutorials ........................ http://www.uta.edu/library/help/tutorials.php

Connecting from Off- Campus.. http://libguides.uta.edu/offcampus

Ask a Librarian........................... http://ask.uta.edu

**N. Emergency Exit Procedures:**

Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exits, which are the stairwells located at either end of the adjacent hallway. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

**O. Drop Policy:**

Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships (http://wweb.uta.edu/aao/fao/).

**P. Disability Accommodations:**

UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with*

*Disabilities Amendments Act (ADAAA),* and *Section 504 of the Rehabilitation Act.* All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a letter certified by the **Office for Students with Disabilities (OSD).** Students experiencing a range of conditions

(Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

**The Office for Students with Disabilities, (OSD)** www.uta.edu/disability or calling 817-272-3364.

**Counseling and Psychological Services, (CAPS)** www.uta.edu/caps/ or calling 817-272-3671.

Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at www.uta.edu/disability or by calling the Office for Students with Disabilities at (817) 272-3364.

**Q. Title IX:**

The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit uta.edu/eos. For information regarding Title IX, visit www.uta.edu/titleIX.

**R. Academic Integrity**

Students enrolled all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

 UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including ( but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. Per UT System *Regents’ Rule* 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University.

**S. Electronic Communication:**

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at http://www.uta.edu/oit/cs/email/mavmail.php.

**T. Student Feedback Survey:**

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at http://www.uta.edu/oit/cs/email/mavmail.php.

**U. Final Review Week:**

This ONLY applies to courses administering a major or final examination scheduled in the week and locations designated for final examinations following last classes. A period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**V. Campus Carry**

Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more

information, visit http://www.uta.edu/news/info/campus-carry/

**Appendix**

**Semester Case** (McBride & Atkinson, 2009)

Laura is a 47 year-old woman who presently lives with her common-law partner of 15 years. They do not have any children, and Laura noted at intake that this was her explicit decision, as she never wanted any. Laura has a bachelor of arts and a law degree, and is currently employed as a partner in a law firm. Her family doctor referred her for treatment of depression…

**History of Presenting Problem**

Laura presented with a history of chronic feelings of dissatisfaction with her life, marked by recurrent periods of major depression. She reported that her most recent episode of depression which began approximately 8 months prior to the intake appointment was precipitated by a number of stressors, including the departure of several coworkers (which resulted in an increase in her workload). She felt that she did not have a good balance between personal life and work; she often skipped lunches and worked until 8:00 P.M. In addition, Laura reported that she was saddened this summer when her family doctor advised her that she is currently in menopause. She indicated that although she never wanted to have children, the fact that this chapter of her life has closed has been difficult for her to accept. Finally, Laura indicated that since the death of her father 5 years ago, she has been increasingly involved in her 86-year-old mother’s care. She has always found her mother to be a difficult woman and has been having increasing conflict with her, which leaves her feeling both resentful that the responsibility has fallen on her shoulders and guilty for having these negative feelings and thoughts.

 At intake the results of [the diagnostic interview]… were consistent with a diagnosis of major depressive disorder, recurrent, moderate as defined by the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision [(DSM-5; American Psychiatric Association, 2013)]. Her symptoms of depression included sad mood, loss of interest, difficulties sleeping (e.g. middle insomnia), fatigue, difficulties concentrating, and self-criticism. Laura also reported symptoms that would meet DSM-IV-TR criteria for social phobia, generalized. She reported experiencing anxiety in a number of different social situations (e.g. parties, meetings, speaking to people in authority, being assertive, formally speaking to peers, and maintaining conversations). She reported fears that she will not have anything to say; that she will appear “boring,” “socially inept,” or foolish; or that others might become upset, grow defensive, and reject her. Laura indicated that she invariably experiences anxiety in these situations and recognized that her fear is excessive. She believed that her anxiety was interfering with work (e.g., being less able to network, turning down speaking engagements), and that she might have more friends if it were not for her anxiety.

**Family History**

Laura grew up with both parents and two younger brothers. Her mother was formally trained as a nurse, but stayed home to raise her children on the insistence of her father, a pharmacist. She indicated that her mother was the matriarch of the household. Laura recalled that her parents frequently fought in front of the children, with her mother typically becoming angry and screaming at her father while he ignored her and read the newspaper. She suspected that her mother was unhappy in their marriage and felt very isolated. Both parents would often physically punish the children, hitting them very hard with boards. She remembered several instances of abuse where her mother or father would walk her down to a cold room in the basement or the back shed and repeatedly hit her with a board (40 or 50 blows) – enough to leave her “black and blue for weeks.” This abuse stopped when she was about 14 years old. She also noted that her mother often made her feel as if she was “a sneaky, bad child,” whose natural tendency would be toward dishonesty and malevolent behavior were it not for strict discipline. As a result, Laura would often over-compensate and be “extra good” to prove to her mother that she was not devious or troublesome. She also had memories of her father as an emotionally distant and cold person. She did not remember receiving any physical affection from him and noted that he would become visibly uncomfortable if she gave him a hug (which she rarely did). She found that she could only connect with him when talking about work, and was terribly saddened after his death because she felt that she had lost the opportunity to “really get to know him.” Regarding her upbringing, Laura wrote in her diary, “I never got the message [that] someone would love me – that I was loveable. I NEVER got that latter message.”

 Laura suspects that her mother might have suffered from depression, but is unsure because her mother has always been reluctant to discuss these emotional difficulties, preferring to show a “stiff upper lip.” She reported that a distant relative committed suicide during the Great Depression. She also reported that both of her grandfathers were “alcoholics.”

**Relationship History**

In terms of her relationships, Laura felt she had let many friendships slip away over the years due to increased job stress, especially over the past 4 – 5 years. She rarely disclosed personal issues or troubles to friends, including her romantic partner for fear of upsetting others or being seen as a complainer.

 Laura described a good relationship with her partner, but she admitted to “keeping her distance” and being uncomfortable opening up and sharing her private thoughts and feelings with him. Laura had not had many boyfriends before him, commenting, “I wasn’t ever much into relationships.” It was her decision never to marry or have any children. She noted that she never saw herself as being “maternal” and was never interested in being a mother. As a result she was confused as to why she is so saddened by menopause and the knowledge she can never have children, but she did note that menopause “underscores my feeling that I don’t really love anyone.”

**Mental Status**

Laura arrived on time for her intake appointment. She was very well groomed and formally dressed. Her affect appeared depressed, which was congruent with her reported mood. She cried at several points during the interview, but appeared uncomfortable with the tears and apologized for becoming emotional. There was nothing remarkable about her speech, and no motor or perceptual abnormalities were noted. Laura was friendly and cooperative throughout the assessment, and her alliance potential was judged to be good. There was no evidence of active suicidal ideation or intent.

**Reference**

McBride, C. and Atkinson, L. (2009). Attachment theory and cognitive-behavioral therapy. In J.H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 434-458). New York: Guilford.