



**THE UNIVERSITY OF TEXAS AT ARLINGTON**

**School of Social Work**

**Semester/Year:** Spring 2017

**Course Title:** Brain and Behavior

**Course Prefix/Number/Section:** SOCW 5315-002/006/007

**Instructor Name:** Aakrati Mathur, MSW, Advanced Phd Candidate

**Faculty Position:** Adjunct

**Faculty Profile:** N/A

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**Office Hours:** N/A

**Day and Time of Class (if applicable):** Online

**Location:** Online

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

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

**A. Description of Course Content**

This course is a second-year blended option in the HBSE, Direct Practice, and CAP sequences. The focus of this course is on current advances in knowledge of the neurobiological underpinnings of human behavior and development, the interaction between those underpinnings and the social context and environment, the relevance to social work practice with individuals, families, groups, programs/organizations, and communities, and related assessment and intervention practice behaviors across several practice domains. The domains include human development, genetics, mental health and substance abuse, cognition, stress and trauma, and violence and aggression. The implications of neurobiological and environmental influences (including public health issues and health disparities) will be examined in terms of social justice, social work values, knowledge, and skills, as well as in terms of the structural and systematic arrangement and delivery of social welfare services at the micro, mezzo, and macro levels. Prerequisite: SOCW 5301 and SOCW 5317.

**B. Student Learning Outcomes**

**EPAS core competencies and related advanced practice behaviors addressed in this course:**

**Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.**

1. Advanced social workers in DPMHSA practice active self-reflection and continue to address personal bias and stereotypes to build knowledge and dispel myths regarding mental health and mental illness.
2. 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.
3. Advanced social workers 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.**

1. Advanced social workers implement an effective decision-making strategy for deciphering ethical dilemmas.

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

1. Advanced social workers evaluate, select and implement appropriate assessment and treatment approaches to the unique characteristics and needs of diverse clients.

**Educational Policy 2.1.4—Engage diversity and difference in practice.**

1. Advanced social workers in DPMHSA understand and can apply the relevant cultural, class, gender, race, age, disability, and other diversity issues that influence the prognosis and treatment of persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons with psychiatric disabilities, and their families and communities. They can relate social work perspectives, the evidence base, and related theories to practice with these groups.
2. Advanced social workers in children and families understand and can apply the relevant cultural, class, gender, race, age, disability, and other diversity issues to enhance the well-being of children and families from a strengths perspective.
3. Recovery-oriented social workers appreciate the complexities of identity and the myriad ways in which psychiatric conditions intersect with other factors of diversity. They understand historical and global differences in the definition of mental illness or psychiatric disability and the implications for practice.

**Educational Policy 2.1.5—Advance human rights and social and economic justice.**

1. Advanced social workers in DPMHSA understand the range of physical and mental health disease course and recovery issues associated with social stigma and marginalization of persons with mental health diagnoses and psychiatric disabilities, and incorporate them in their assessment and intervention.
2. Advanced social workers in children and families recognize the stigma and shame associated with “family dysfunction.”
3. Advanced social workers in children and families recognize disparities in the distribution of resources across families.
4. Advanced social workers in children and families advocate at multiple levels for services to families that increase effective family functioning.

Recovery-oriented social workers advocate for human rights and social and economic justice for individuals with psychiatric diagnoses. They acknowledge that these individuals are “agents of change in their lives” (AHP, 2011, p. 13) as well as agents of social change in their communities. They recognize that individuals with lived experience of psychiatric conditions have often faced significant and overt oppression, stigma, and shame associated with mental health history.

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

1. Advanced social workers use advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and intervention with influence persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons with psychiatric disabilities, and their families and communities.
2. Recovery-oriented social workers can differentiate among evidence-based practices, promising practices, and those with little evidence to support positive treatment outcomes for individuals with psychiatric diagnoses. Recovery-oriented social workers critically examine the evidence for newly identified “evidence-based” practices and services for clients, particularly with regard to the inclusion of clients’ voices in intervention development and evaluation

**Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.**

1. Advanced social workers in DPMHSA distinguish mental health, mental illness, and mental well-being across the life span.
2. Advanced social workers in DPMHSA compare the various etiology and treatments for substance abuse and addiction.
3. Advanced social workers in DPMHSA understand the relevant organizational world-views and culture that influence persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons with psychiatric disabilities, and their families and communities. They can relate social work perspectives, the evidence base, and related theories to practice with these groups.
4. Advanced social workers in DPMHSA understand system resources available to clients across the life course, and the unique issues facing them in gaining access to and utilizing these resources and reforming policy and delivery systems to address unmet needs.
5. Advanced social workers in DPMHSA understand increased risk and protective factors related to bio-psycho-social-spiritual domains and incorporate them in their assessment and intervention, as well as a range of physical health and recovery issues associated with social stigma and marginalization of persons with mental health diagnoses and psychiatric disabilities.
6. Advanced social workers in children and families will be able to compare the various etiology and interventions relevant to children and families.
7. Advanced social workers in children and families understand the relevant organizational world-views and culture that influence how families function. They can relate social work perspectives, the evidence base, and related theories to practice with the multiple and complex issues that face families.
8. They understand increased risk and protective factors related to bio-psycho-social-spiritual domains and incorporate them in their assessment and intervention with families and children.

**Educational Policy 2.1.9—Respond to contexts that shape practice.**

1. Advanced social workers in children and families assess the quality of family member's interactions within their social contexts.
2. Advanced social workers in DPMHSA assess social contexts.
3. Advanced social workers develop intervention plans to accomplish systemic change that is sustainable.
4. Recovery-oriented social workers respond to the changing context of services for individuals with psychiatric diagnoses and seek to shape services that are sustainable and responsive to changing contexts.

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

1. Recovery-oriented social workers are guided by the 10 components of recovery practice in their engagement, assessment, intervention, and evaluation activities. Above all, recovery-oriented practitioners hold hope for the individual's recovery. They understand the interrelated connections among different aspects of wellness and mental health. Recovery-oriented social workers know how to work effectively in an integrated health/mental health setting with peer practitioners/specialists and representatives from other professional disciplines. Coordination continues throughout the process (from engagement through evaluation and/or the client moving on from services).

**Educational Policy 2.1.10(a)—Engagement**

1. Advanced social workers in DPMHSA use strategies to establish a sense of safety for a collaborative therapeutic relationship.
2. They know how mental health concerns and mental illness influence the development of the helping relationship.
3. Advanced social workers in children and families effectively use interpersonal skills to engage children and families in a collaborative therapeutic relationship.

**Educational Policy 2.1.10(b)—Assessment**

1. Advanced social workers in DPMHSA will be able to describe the structure of the DSM V and conduct an

- assessment using the DSM criteria and structure.
- 2. Advanced social workers use multidimensional bio-psycho-social-spiritual assessment tools.
- 3. They assess clients' readiness for change and coping strategies.

#### **Educational Policy 2.1.10(c)—Intervention**

- 1. Advanced social workers in DPMHSA describe causes (empirically validated and theoretical), 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. Advanced social workers in DPMHSA recognize the impact of illness phase-specific and treatment-phase-specific transitions and stressful life events throughout the individual's and family's life course; identify issues related to losses, stressors, changes, and transitions over their life cycle in designing theoretically based interventions and treatment.
- 2. Advanced social workers in children and families will be able to describe causes (empirically validated and theoretical), advanced assessment methods, and the most effective interventions and treatments for a variety of problems that affect children and families.
- 3. Advanced social workers in children and families recognize the impact of stressful life events (losses, stressors, changes, and transitions) throughout the individual's and family's life course.
- 4. They demonstrate the use of appropriate clinical techniques for a range of presenting concerns identified in the assessment, including crisis intervention strategies as needed.

#### **Educational Policy 2.1.10(d)—Evaluation**

Social workers critically analyze, monitor, and evaluate interventions.

- 1. Advanced social workers in DPMHSA contribute to the theoretical knowledge base in the area of mental health and mental illness through practice-based research, and use evaluation of the process and/or outcomes to develop best practices.
- 2. Advanced social workers in children and families contribute to the theoretical knowledge base in the area of children and families through practice-based research, and use evaluation of the process and/or outcomes to develop best practices with children and families.

#### ***Upon completion of this course, the participant will be able to:***

- 1. Synthesize current knowledge on the parts of the human central nervous system and know their functions, so as to be able to read and interpret relevant new scientific information (such as that in news publications and in communications from primary care practitioners and specialists), and so to inform their recovery-oriented practice behaviors and understanding of target behavior/social problems. EPAS 2.1.3, 2.1.6, 2.1.7, 2.1.9
- 2. Distinguish among sources of knowledge to synthesize and apply appropriate neuroscientific information needed to make a recovery-oriented intervention plan, design a recovery-oriented program/delivery system, or develop a recovery-oriented policy for at least two target populations. EPAS 2.1.1-2.1.7, 2.1.9
- 3. Critique and propose modifications to an intervention plan, delivery system, or program which does not utilize appropriate, up-to-date neuroscientific information as its foundation. EPAS 2.1.10
- 4. Enhance critical thinking about the interface between human biology/neuroscience and recovery-oriented social work practice at the micro and macro levels, so that they can analyze the biological aspects of a practice problem, such as models of assessment, and consider it in making practice decisions. EPAS 2.1.1-2.1.7, 2.1.9, 2.1.10
- 5. Demonstrate the collection, organization, and interpretation of client biopsychosocial data within an assessment at the micro or macro level. EPAS 2.1.10a-b
- 6. Demonstrate the synthesis and application of biopsychosocial data within a recovery-oriented intervention plan at the micro or macro level. EPAS 2.1.10 c
- 7. Evaluate recovery-oriented practice outcomes related to neurobiological and environmental interactions. EPAS 2.1.10 d

#### **C. Required Textbooks and Other Course Materials**

American Psychological Association (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, D.C.: American Psychological Association.

Bremner, J.D. (2005). *The Brain Imaging Handbook*. New York: W.W. Norton & Company, Inc.

Johnson, H. (2014). *Behavioral neuroscience for the human services*. New York: Oxford University Press.

*Clinical Evidence* and *Best Practice* e-databases: The developing evidentiary base on mental health interventions contained in the Central Library e-databases *Clinical Evidence* and *Best Practice* will serve as another set of required “texts” in this course.

## **D. Additional Recommended Textbooks and Other Course Materials**

Ginsberg, L., Nackerud, L., & Larrison, C.R. (2004). *Human biology for social workers*. Boston: Pearson Education, Inc.

Lezak, M. D. (1995). *Neuropsychological assessment* (3<sup>rd</sup> ed.). New York: Oxford University Press.

Mange, E.J. & Mange, A.P. (1999). *Basic human genetics*. Sunderland, MA.: Sinauer Associates, Inc.

Szuchman, L.T. & Thomlison, B. (2004). *Writing with style: APA style for social work*. Belmont, CA.: Brooks/Cole.

Additional recommended readings will be assigned from professional journal sources and book chapters. They will be posted to the course’s BlackBoard site.

## **E. Descriptions of Major Assignments and Examinations**

Major Writing Assignments (**objectives 4-7**).

Grading rubrics are posted in BlackBoard:

Three major writing assignments will be given during the semester:

**I. The first** will be a critical analysis-response essay to the video shown in class 1. Respond to the following questions in **1-2 pages** 1) How does this video genre stimulate our thinking about neuroscience (the science of the brain)? 2) What specific elements of the video raised questions about possible neuroscience knowledge and related intervention development in the future (list specific questions that occurred to you with reference to specific parts of the video)? 3) What specific elements of the video addressed the interface between the human nervous system and forms of technology/chemistry designed to support or enhance human behavior and performance? 4) How do the technological interfaces suggested in the video seem similar to brain-assistive technology/medication/chemistry currently available in your community?

**II. The second** will be an opportunity to apply up-to-date knowledge of neurobiological underpinnings associated with human brain development/change related to a specific environmental factor during a specific life stage or trajectory from the topics below. Search for and critically analyze recent peer-reviewed neuroscientific research on them (the number of sources will vary by topic), and summarize what you have learned about the neurobiological underpinnings of the factor, with implications for social work practice, in **5-10 pages (APA style)**.

Select one of the following topics (environmental factor is italicized: 1) Neurobiological underpinnings for the effects of prenatal *maternal nutrition and breastfeeding* on a selected domain of infant development (e.g., speech and language, cognitive, growth); 2) Child neurobiological underpinnings of “best fit” *parental temperament and child-rearing practices* at specific brain development stages (e.g., neonatal, infancy,

toddlerhood); 3) Neurobiological effects on development of a *mild traumatic brain injury* experienced between the ages of 18-25 in a typically developing human; 4) Implications of typical brain changes in aging for the effects of “best fit” *social support systems and environmental modifications* for the elderly. 5) Neurobiological underpinnings for effects of *substance abuse* and process of addiction at a specific life stage/age. 6) Implications of the neuroscience evidence on the relationship between motor and perceptual development in infants for *child-rearing environments*.

**III. The third** will be an opportunity to select appropriate neuroscientific information needed to do an assessment, make an intervention plan, design a program/delivery system, or develop a policy for a target population OR to carry out a critique and propose modifications to an existing assessment tool/protocol, intervention plan, policy, delivery system, or program (described in the social work literature) which does not currently utilize appropriate, up-to-date neuroscientific information as its foundation. What would a neuroscientifically-informed approach look like? **10-15 pages (APA style) plus references.**

Select one of these topics: 1) Programs to address the needs of incarcerated adults with mental illness. 2) The intervention options available in a public mental health delivery system in a particular state or county. 3) Program models for children and adolescents with early onset mental conditions, early aggressiveness, or other neurological disorders in a public school system. 4) Program/policy/health care reform for persons with early stage Alzheimer’s disease. 5) Assessment and intervention plan for veterans with mild traumatic brain injury and their families. 6) Policy/architecture-space use/program model promoting increased breastfeeding of infants. 7) Assessment tools and policies to handle youth sports-related concussions optimally. 8) Home and community (e.g., day care, church nursery, public parks, supermarkets) environment assessment tools to guide developmentally optimal settings for infants.

**Two multiple choice questions will be given during the semester. They will be made up of a variety of objective questions from reading assignments and lectures/exercises (objectives 1-4).**

## F. Grading

All papers must be grammatically correct using APA style. Papers with many grammatical errors and misspellings will not receive a satisfactory grade.

The following list of course requirements and percentages will be utilized:

Paper I	10%	10 Points
Examination I	20%	20 Points
Paper II	15%	15 Points
Examination II	25%	25 points
Paper III	30%	30 Points
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Total	100%	100 Points

Course Grading Scale.

The following scale will be used for calculating an overall course grade:

<u>Grade</u>	<u>Percentage</u>	<u>Points</u>
A	100% - 90%	100 - 90
B	89% -80%	89 - 80
C	79% -70%	79 - 70
D	69% - 60%	69 - 60
F	59% and below	59 - 0

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.

### **G. Make-Up Exams**

Extra Credit opportunity is available. You may send me the correct answers of the questions you got incorrect in the examination and you will get half points back. Also make up points may be considered case by case.

### **H. Attendance**

At The University of Texas at Arlington, taking attendance is not required but attendance is a critical indicator in student success. 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. However, while UT Arlington does not require instructors to take attendance in their courses, the U.S. Department of Education requires that the University have a mechanism in place to mark when Federal Student Aid recipients "begin attendance in a course." UT Arlington instructors will report when students begin attendance in a course as part of the final grading process. Specifically, when assigning a student a grade of F, faculty report the last date a student attended their class based on evidence such as a test, participation in a class project or presentation, or an engagement online via Blackboard. This date is reported to the Department of Education for federal financial aid recipients. As the instructor of this section,

Please post your introduction in the discussion forum.

### **I. Course Schedule**

Should technical problems arise with course delivery, alternate but equivalent assignments may be given so long as the overall learning objectives, general time frame and grading structure for the course are sustained.

**Week 1** Introduction: What relevance does the study of advances in biology and neuroscience knowledge across the lifespan have for social workers? Ungraded knowledge pretest using clickers. READING ASSIGNMENT: First chapters in both texts. **Written Assignment 1 due posted to BlackBoard through blackboard.**

**Week 2-5** Review of current knowledge about the brain and associations with dimensions of human behavior.

The behavioral geography of the brain: Executive functions of the brain and implications for human behavior, with discussion, as illustrations, of psychotropic medications and other sources of neurological changes which affect human behavior. READING ASSIGNMENT: The second and third chapters in your neuroscience textbook (Johnson) and all the brain imaging textbook (Bremner) should be read by Class 5.

**Week 6-12** Advances in knowledge on neurological functions affecting human behavior across the life span and application to social work in various practice settings. Special emphasis will be given to particular social problems and domains such as human development, cognition, genetics, aggression and violence, stress and trauma, and substance abuse and addiction. READING ASSIGNMENT: All but the final chapter in your neuroscience textbook (Johnson) should be completed by class 12.

**Week 13-14** Implications of advances in neuroscience and integration with evidence-based theories of human behavior for service delivery, program design, and social policy. Methods for accessing and evaluating up-to-date neurobehavioral knowledge as a social work practitioner. The last class on November 21 will be devoted to case discussions from students' field placements and applications to theses/integrative papers/employment portfolios. READING ASSIGNMENT: The chapters in your neuroscience textbook (Johnson) should be completed by Class 13.

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.

## **J. 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.

## **K. Grade Grievances**

See BSW Program Manual at: [https://www.uta.edu/ssw/\\_documents/bsw/bsw-program-manual.pdf](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](http://www.uta.edu/ssw/_documents/msw/msw-program-manual.pdf)

## **L. 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, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to [resources@uta.edu](mailto:resources@uta.edu), or view the information at <http://www.uta.edu/universitycollege/resources/index.php>.

The IDEAS Center (2<sup>nd</sup> Floor of Central Library) offers **free** tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. To schedule an appointment with a peer tutor or mentor email [IDEAS@uta.edu](mailto:IDEAS@uta.edu) or call (817) 272-6593.

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 oneself or someone else, supportive services are available. For immediate, 24-hour help call MAVS



Talk at 817-272-TALK (817-272-8255). 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](mailto:dillard@uta.edu) or by Cell phone: **(817) 675-8962**, below 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.uta.edu/library/help/subject-librarians.php>

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

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. 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://www.uta.edu/aaofaol/>).

## O. 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). Only those students who have officially documented a need for an accommodation will have their request honored. 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](http://www.uta.edu/disability) or calling 817-272-3364.

Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services, (CAPS)** [www.uta.edu/caps/](http://www.uta.edu/caps/) or calling 817-272-3671 is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

## **P. Non-Discrimination Policy**

*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](http://uta.edu/eos).*

## **Q. Title IX Policy**

The University of Texas at Arlington ("University") is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. *For information regarding Title IX, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or [jmhood@uta.edu](mailto:jmhood@uta.edu).*

## **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 in their courses by 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. Additional information is available at <https://www.uta.edu/conduct/>.

## **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. 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/>

## **U. Student Feedback Survey**

At the end of each term, students enrolled in face-to-face and online classes categorized as "lecture," "seminar," or "laboratory" are directed to complete an online Student Feedback Survey (SFS). Instructions on

how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student's feedback via the SFS database is aggregated with that of other students enrolled in the course. Students' anonymity will be protected to the extent that the law allows. UT Arlington's effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit <http://www.uta.edu/sfs>.

## **V. Final Review Week**

For semester-long courses, 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.