

**UNIVERSITY OF TEXAS AT ARLINGTON**

**School of Social Work**

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| **Semester/Year:** Spring 2015**Course Title:** Direct Practice in Mental Health**Course Prefix/Number/Section:** SOCW 6336**Instructor Name: Bonnie Dockery, LCSW, LMFT****Office Number: 1-800-697-4296 leave message****Phone Number: 1-800-697-4296 leave message****Email Address: bonnie.dockery@uta.edu****Office Hours: By appointment****Day and Time (if applicable): Monday 7:00 – 9:50 p.m.****Location (Building/Classroom Number): SWCA 217****Equipment: A laptop computer with wireless capability or equivalent is required for all SSW classes.****Blackboard:** [**https://elearn.uta.edu/webapps/login/**](https://elearn.uta.edu/webapps/login/) |

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

Focuses on assessment and intervention with those evidencing acute and chronic mental health problems and disabilities. The course addresses the delivery of services to various populations (children, adolescents, and adults), service delivery systems (community mental health, managed behavioral health care), and a wide range of problems. Topics include well-being, ethics, case management, treatment planning, managed care, DSM, PIE, and substance abuse. Required of all DP students specializing in Mental Health. Prerequisite: SOCW 6325.

**B. Measurable Student Learning Outcomes - CORE/Advanced Practice Behaviors:**

**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 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 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.**

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.**

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

1. Advanced social workers in mental health/substance abuse 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/substance abuse issues, and persons with psychiatric disabilities, and their families and communities.

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

1. Advanced social workers in mental health/substance abuse understand the range of physical and mental health/substance abuse disease course and recovery issues associated with social stigma and marginalization of persons with mental health/substance abuse diagnoses and psychiatric disabilities, and incorporate them in their assessment and intervention.
2. Advanced social workers in mental health/substance abuse describe the distribution and determinants of mental health/substance abuse and illness and identify health disparities.

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

1. Advanced social workers in mental health/substance abuse 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/substance abuse issues, and persons with psychiatric disabilities, and their families and communities.
2. Advanced social workers in mental health/substance abuse have the ability to critically assess and participate in research design and methodology related to practice with mental health/substance abuse service users.

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

1. Advanced social workers in mental health/substance abuse distinguish mental health/substance abuse, mental illness, and mental well-being across the life span.
2. Advanced social workers in mental health/substance abuse compare the various etiology and treatments for substance abuse and addiction.

**Educational Policy 2.1.8**—**Engage in policy practice to advance social and economic well-being and to deliver effective social work services.**

1. Advanced social workers in mental health/substance abuse communicate to stakeholders the implication of policies and policy change in the lives of those with mental health/substance abuse concerns and mental illness.
2. Advanced social workers in mental health/substance abuse advocate for policies that advance the social and economic well-being of those with mental health/substance abuse concerns and mental illness.

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

1. Advanced social workers in mental health/substance abuse assess the quality of client’s interactions within their social contexts.
2. Advanced social workers in mental health/substance abuse develop intervention plans to accomplish systemic change that is sustainable.

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

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

1. Advanced social workers in mental health/substance abuse use strategies to establish a sense of safety for a collaborative therapeutic relationship.

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

1. Advanced social workers in mental health/substance abuse will be able to describe the structure of the DSM-V and conduct an assessment using the DSM-V criteria and structure.

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

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.

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

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

**Competency-Based Performance Outcome Objectives for Advanced Skills and Practice Behaviors:**

Students will demonstrate through their field visit oral reports and discussions, written reports, or other alternative written assignments and through the policy analysis paper:

1. The participants will describe an effective decision-making strategy for deciphering ethical dilemmas in mental health treatment. EPAS 2.1.1, 2.1.2, 2.1.3, 2.1.8
2. Students will be able to define mental health, mental illness, and mental well-being. EPAS 2.1.2, 2.1.4, 2.1.5, 2.1.6
3. Students will be able to describe the structure of the DSM IV and conduct an assessment using the DSM criteria and structure. EPAS 2.1.8, 2.1.10 a-b
4. Students will be able to 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, trauma, and so forth for adolescents, adults, and older adults. EPAS EPAS 2.1.2, 2.1.5, 2.1.6, 2.1.7, 2.1.9, 2.1.10
5. Students will use critical thinking to adapt established assessment and treatment approaches to the unique characteristics and needs of diverse clients. EPAS 2.1.3, 2.1.7, 2.1.10
6. Students will be able to compare the various etiology and treatment options for substance abuse and addiction. EPAS 2.1.2, 2.1.5, 2.1.6, 2.1.9, 2.1.10

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

Sands, R. G., & Gellis, Z. D. (2012). *Clinical social work practice in behavioral mental health (3rd ed.)*. Boston: Allyn and Bacon. ISBN-13: 978-0-205-82016-0 or 0-205-82016-6

And other journal articles and book chapters as assigned in class.

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

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders 5*. Washington, D. C.: APA.

Bentley, K. J., & Walsh, J. (2006). *The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers (3rd ed.)*. Belmont, CA: Brooks/Cole.

Fischer, J., & Corcoran, K. (2013). Measures for clinical practice (5th ed.), Vol. 2. New York: Oxford University Press. ISBN-10: 0199778604 | ISBN-13: 978-0199778607.

Zide, M. R., & Gray, S. W. (2012). *Psychopathology: A competency-based assessment model for social workers (3rd Ed.)*. Belmont, CA: Brooks/Cole.

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

***Exams*** (Objective 1-6)

The exams will be in-class experiences. They will pull together the information from the class presentations and readings. The last four digits of your social security numbers will be used for identification and anonymity during grading. The exams address Student Learning Outcomes 1-4, and 6.

***Training Video***. (Objectives 2, 4, and 5).

 Students will assume the role of trainers for a local community mental health agency. The videotape will train the clinical staff to work with a particular type of client and treatment. You must select and present the essential and advanced skills necessary for the clinicians and last approximately 30 minutes. The material must (1) touch on the assessment strategies and ethical issues, (2) emphasize the treatment methods for the disorder(s), and (3) any other elements that are essential for working with the particular type of mental health client such as client’s age, gender, ethnicity, philosophical or theological perspectives, and personal orientations.

The video should be a demonstration and a teaching tool. It should contain the most relevant materials to justify your selection of assessment tools, intervention methods, possible medications, ethical issues, and maintenance strategies. A reference list of sources should be included with your video (using APA format). You may work in pairs for this project; however, each student will be responsible for his or her own video and materials. (You may not submit one video for two people.) The following is a possible outline for the presentation:

 Part 1: Information about typical clients with a particular mental health concern at your hypothetical agency – Description of the mental health concern, diagnostic criteria, assessment tools, validity and reliability of viable treatment options. (5-10 minutes)

 Part 2: Scenes showing the various elements or stages of the treatment approach. (15 to 20 minutes total)

Personal Reminder: I will be the only person who will see your video. Do not worry about your on-camera persona. The grade is dependent on the content and the demonstration of your skills. Do not spend money on professional video services. (If you use the class assignment as an excuse to buy a video camera, tell you banker, partner, agency, etc. that I did not require or even slightly recommend it!)

**F. Grading Policy:**

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

 Training Video: April 13 100 points (20%)

Exam I ( mid-term) : March 16 200 points (40%)

Exam II ( final) : May 4 200 points (40%)

**G. Make-Up Exam or Assignment Policy**: If you are **absent on March 16**, you must schedule a date to make up the mid-term exam with the instructor. There will be an automatic 20 point deduction for taking the mid-term late. If you submit your training video past the due date ( April 13), there will be an automatic deduction of 5points for each day it is submitted late.

**The final exam will not be given prior to the scheduled date and there will be no make-up available for the final.**

**Once submitted for grading, an assignment cannot be re-submitted.**

**There will be no opportunities provided for extra credit for this class.**

**GRADING SCALE for final course grade**

**Final semester grade will be determined according to the following points earned against possible total semester points:**

**Points Grade**

**450-500 points A**

**400-449 points B**

**350-399 points C**

**300-349 points D**

**299 points or under F**

**H. 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. For this course, here is the attendance policy:

Attendance is taken in this class to enable the University to document the attendance of scholarship/loan recipients. I believe that you are responsible for your own behavior. My experience, however, is that people who do not attend class, do not do well on the exams.I encourage you to make this course a great learning opportunity.

**I. Course Schedule:**

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. 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 ( Jan. 26)– Social Workers and Mental Health Client.**

To introduce the course requirements and expectations; To put students at ease about the content and expectations of the course; Definitions: Mental Health, Mental Illness, Mental Well-Being; Mental Health Themes and Concepts; Social Deviance, Societal Reactions, Labeling, and, Community Norms; Historical and Professional Perspectives on Mental Health; Research Based Practice.

**Week 2: ( Feb. 2) Definitions, Themes, Concepts, Research, Social Context, and Assessment of Mental Disorders.**

Development of Mental Health Problems: Heredity, biology, genetics; Psychosocial development and social learning; Social stress, systems/ecological perspectives; Ethical Dilemmas in the Delivery of Mental Health Service; Categorizing Mental Illnesses – DSM V; Racial, Ethnic, and Cultural Issues.

Sands, R. G., & Gellis, Z. D. (2012): Scan Chapters 1-6.

Brown, H. (2013). *Mental therapists slow to adopt proven techniques*. NY: New York Times.

Jordan, C., & Franklin, C. (1995). Chapters 1 & 3.

Zide, M. R., & Gray, S. W. (2012). Chapter 1.

**Week 3 ( Feb. 9) – Mood Disorders: Assessment and Treatment**

Clients with Depression; Multiple Dimensions of Assessment; Effective Treatments.

Sands, R. G., & Gellis, Z. D. (2012): Chapter 8.

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. American *Journal of Psychiatry, 165*, 969-977.

Bentley, K. J., & Walsh, J. (2006). Chapter 4-5.

Blazer, D. G. (2004). The epidemiology of depressive disorders in late life. In S. P. Roose, & H. A. Sackheim (Eds.), *Late life depression* (pp. 3-11). New York: Oxford University Press.

Dimidjian, S., Hollon, S. D., Dobson, K. S., et al. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression,  *Journal of Consulting and Clinical Psychology, 74*(4).

Lebowitz, B. D., et al. (1997). Diagnosis and treatment of depression in late life. Consensus statement update. *Journal of the American Medical Association, 278*(14), 1186-90.

Ravindran, A. V., & Ravindran, L. N. 2009). Depression and Comorbid Anxiety: An Overview of Pharmacological Options. *Psychiatric Times. 26*(6).

Zide, M. R., & Gray, S. W. (2012). Chapter 6.

DSM-5

**Week 4 ( Feb. 16) - Mood Disorders ( cont.) Bipolar Disorder**

Sands, R.G., & Gellis, Z.D ( 2012) pp 162,228, 303

DSM-5

**Weeks 5 ( Feb. 23) – Anxiety Disorders: Assessment and Treatment**

Explanatory Theories: The learning and maintenance of fears; Assessment and interventions; Effective Treatments.

Sands, R. G., & Gellis, Z. D. (2012): Chapter 9.

Averill, P. M., & Beck, J. G. (2000). Posttraumatic stress disorder in older adults: A conceptual review. *Journal of Anxiety Disorders, 14,* 133-156.

Gray, M. J., & Acierno, R. (2002). Symptom presentation of older adult crime victims: Description of a clinical sample. *Anxiety Disorders, 16*, 299-309.

Marrick, R. P., & Petters, L. (1988). Treatment of severe social phobia: Effects of guided exposure with and without cognitive restructuring. *Journal of Consulting and Clinical Psychology, 56*, 251-260.

Ozar, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology, 58*, 472-486.

Zide, M. R., & Gray, S. W. (2012). Chapter 7.

**Week 6 ( March 2) Anxiety Disorders ( cont.); Stress-related Disorders**

Sands, R. G., & Gellis, Z. D. (2012): Chapter 9.

Averill, P. M., & Beck, J. G. (2000). Posttraumatic stress disorder in older adults: A conceptual review. Journal of Anxiety Disorders, 14, 133-156.

Gray, M. J., & Acierno, R. (2002). Symptom presentation of older adult crime victims: Description of a clinical sample. Anxiety Disorders, 16, 299-309.

Marrick, R. P., & Petters, L. (1988). Treatment of severe social phobia: Effects of guided exposure with and without cognitive restructuring. Journal of Consulting and Clinical Psychology, 56, 251-260.

Ozar, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. Journal of Personality and Social Psychology, 58, 472-486.

Zide, M. R., & Gray, S. W. (2012). Chapter 7.

Sands, R.G., & Gellis, Z.D ( 2012) : pp 149, 152-53, 155-56, 199, 201, 206

DSM - 5

**Week 7 ( March 16) – Mid-Term Exam**

**Week 8 – ( March 23) Sexual Disorders**

Survey of Sexual Disorders: Dysfunction and conditioning

Leiblum, S., & Rosen, R. (1989). *Principles and practice of sex therapy: Update for the 1990s*. New York: Guilford.

Schover, L. R., Friedman, J., Weiler, S., Heiman, J. R., & LoPiccolo, J. (1982). A multi-axial diagnostic system for sexual dysfunctions: An alternative to DSM-III. *Archives of General Psychiatry, 39*, 614-619.

Butler, R. N., & Lewis, M. I. (2002). *The new love and sex after 60 (3rd ed.).* New York: Random House Publishing Group.

Inelman, E. M., Gasparini, G., & Enzi, G. (2005). HIV/AIDS in older adults: A case report and literature review. *Geriatrics, 60*(9), 26-30.

Messinger-Rapport, B. J., Sandhu, S. K., & Hujer, M. E. (2003). Sex and sexuality: Is it over after 60? *Clinical* Geriatrics, 11(10), 45-53.

Segraves, R, Balon, R, & Clayton, A. (2007). Proposal for changes in diagnostic criteria for sexual dysfunctions. *Journal of Sexual Medicine, 4*(3), 567-580.

Wallace, M. (2007). Sexuality assessment for older adults. Retrieved February 2, 2010 from <http://hartfordign.org/resources/Try_This_Series/issue10.pdf>

DSM - 5

**Week 9: ( March 30) Feminist Mental Health Practice**

1. Sands, R. G., & Gellis, Z. D. (2012): Chapter 7.

**Week 10 – ( April 6) Eating Disorders**

Types of eating disorders; Assessment and Treatment

Fairburn, C. G., Cooper, Z., & Shafran, R. (2002). Cognitive behavior therapy for eating disorders: A “transdiagnostic” theory and treatment. *Behavour Reseach and Therapy, 41*, 509-528.

Fairburn, C. G., & Wilson, G. T. (Eds). (1993). *Binge eating: Nature, assessment and treatment*. New York: Guilford.

Perri, M. G., McAllister, D. A., Gange, J. J., Jordan, R. C., McAdoo, W. G., & Nezu, A. M. (1988). Effects of four maintenance programs on the long-term management of obesity. *Journal of Consulting and Clinical Psychology, 56*, 529-534.

Zide, M. R., & Gray, S. W. (2012). Chapter 10.

DSM - 5

 **Week 11 ( April 13) : Psychotic Disorders: Assessment and Treatment of Schizophrenia& Other Psychotic Disorders**

Severe Mental Disorders: Theories, Concepts, and Philosophies; Theoretical Issues; Effective Treatment

Sands, R. G., & Gellis, Z. D. (2012): Chapter 10 - 12.

Bentley, K. J., & Walsh, J. (2006). Chapter 6-7.

Zide, M. R., & Gray, S. W. (2012). Chapter 5.

DSM – 5

**Week 12 ( April 20): Substance Abuse Treatment and Comorbid Disorders**

Dual Diagnosis and Substance Abuse; Etiology of Substance Use Disorders; Assessment

Sands, R. G., & Gellis, Z. D. (2001): Chapter 13.

Farkas, K. (2004). Substance abuse problems among older adults. In S. L. Ashenberg-Straussner (Ed.), *Clinical work with substance-abusing clients (2nd ed*., pp. 330-346). New York: Guilford Press.

Zarit, S. H., & Zarit, J. M. (2007). Other common mental health problems in later life (pp. 99-114). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd ed.). New York: Guilford Press.

Zide, M. R., & Gray, S. W. (2012). Chapter 4.

DSM – 5

**Week 13: Dementia and Delirium**

**Week 14: FINAL EXAM**

Zide, M. R., & Gray, S. W. (2012). Chapter 3.

### Note*: Grades will be posted to the campus MyMav system at course completion and made available on the University Schedule for posting of grades. Grades cannot be given by email or individually by the instructor, per University Policy.*

**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 Grievance Policy**:

See BSW/MSW Program Manual.

**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 or contact Ms. Jennifer Malone, Coordinator of the Office of Student Success and Academic Advising located on the third floor of Building a of the School of Social Work Complex. Dr. Chris Kilgore serves as a writing coach and resource as well and has posted an online writing clinic. 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](http://www.uta.edu/resources).

**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) 675-8962, 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 handicapped individuals.

**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. Americans with Disabilities Act:**

The University of Texas at 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)*. 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 that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. 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](http://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 is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://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:**

At the end of each term, students enrolled in classes categorized as “lecture,” “seminar,” or “laboratory” shall be 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 enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**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. School of Social Work - Definition of Evidence-Informed Practice:**

Evidence-informed practice (EIP) is a guiding principal for the UTA-SSW. This approach is guided by the philosophy espoused by Gambrill (2006) and others who discuss evidence-based practice (EBP). Though many definitions of EIP/EBP saturate the literature, we offer two definitions that most closely define our understanding of the concept and serve to explicate our vision of EIP for the UTA-SSW:

The use of the best available scientific knowledge derived from randomized, controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgment, and practice wisdom (Barker, 2003, p. 149). ...the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances (Strauss, et al., 2005).

The University of Texas at Arlington School of Social Work vision statement states that the “School’s vision is to promote social and economic justice in a diverse Environment.”  Empowerment connects with the vision statement because, as Rees (1991) has pointed out, the very objective of empowerment is social justice.  Empowerment is a seminal vehicle by which social justice can be realized.  It could well be argued that true social justice cannot be realized without empowerment. Empowerment, anchored with a generalist base, directs social workers to address root causes at all levels and in all contexts, not simply “symptoms”.  This is not a static process but an ongoing, dynamic process, a process leading to a greater degree of social justice and equality.

University of Texas at Arlington-School of Social Work: Definition of Empowerment

Empowerment is defined by Barker (2003:142) as follows: In social work practice, the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances.

*Note: Please also consider conserving paper by formatting and two-sided printing of syllabi with ½ inch margins. Please help our fragile environment by recycling all paper when finished, as well as plastic bottles, cans, etc., in the many recycling stations available in the Social Work Complex. Thank you.*