



**THE UNIVERSITY OF TEXAS AT ARLINGTON**

**School of Social Work**

**Semester/Year:** Fall 2017

**Course Title:** Generalist Micro Practice

**Course Prefix/Number/Section:** SOCW 5304-002

**Instructor Name:** Sabine Rakos, LCSW

**Faculty Position:** Assistant Professor in Practice

**Faculty Profile:** TBA

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**Office Hours:** by appointment

**Day and Time of Class (if applicable):** Tuesdays 8:00-10:50am

**Location:** SWCA-316

Equipment: A laptop computer with wireless capability or equivalent is required for all SSW classes.  
Blackboard: <https://elearn.uta.edu>

**A. Description of Course Content**

This foundation level course introduces graduate students to both theory and methods for social work practice with individuals, families, and small groups. It emphasizes a generalist perspective, beginning interviewing and relationship skills, problem assessment, goal setting, and contracting. Special attention is given to the common roles assumed by social workers (e.g. facilitator, broker, advocate). Required of all except advanced standing students.

**B. Student Learning Outcomes**

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

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.

**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.

**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.

**Educational Policy 2.1.7 - Apply knowledge of human behavior and the social environment.** Social workers are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. Social workers

- utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation; and
- critique and apply knowledge to understand person and environment

**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(b) - Assessment**

Social workers

- collect, organize, and interpret client data;
- assess client strengths and challenges;
- develop mutually agreed-on intervention goals and objectives; and
- select appropriate intervention strategies.

**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.

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

Cournoyer, B. (2013). *The social work skills workbook*. Cengage Learning.

Hepworth, D., Rooney, R., Rooney, G. D., Strom-Gottfried, K., & Larsen, J. A. (2009). *Direct social work practice: Theory and skills*. Cengage Learning.

*\*Please note because these texts cover information pertinent to the social work licensing exam, we strongly encourage you to keep your textbooks.*

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

N/A

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

### **A. Personal Epistemology Paper**

Write a 6 - 8 page (double spaced) paper in which you explore your personal epistemology as a social worker. Epistemology is the branch of philosophy concerned with the nature and origin of knowledge. Epistemology asks the question How do we know what we know? In this paper, you will answer the following questions in your own words (No text book definitions or citations). Please use the number and the question as a heading for each section. No major quotations, as this is not a paper on what others think, but on what you think regarding each of these issues. [You will be graded down for excessive use of quotes.] I want to know what you think in your own words:

1. What is social work?
2. What does a social worker do?
3. What is therapy?
4. Do you believe in therapy? Why or why not? Where does this belief come from? In other words, how did you come to believe this? - How does your background (e.g., professional, familial, current relationships, ethnic-racial, religious, age, gender, socio-political perspectives) shape your answers to these questions?
5. What are your basic assumptions about people (Are people good or bad)?
6. How do people come to be good, bad or somewhere in between?
7. What is the development and origin of problems? (How do people come to experience certain problems like domestic violence, poverty, sexism, depression, etc.)? - How does your background (e.g., professional, familial, current relationships, ethnic-racial, religious, age, gender, socio-political perspectives) shape your answers to these questions?
8. Why do or don't people seek help?
9. What causes people to change? What helps or forces people to change?
10. Why do some people change while other people don't change?
11. How do you handle conflict/disagreements? - How does your background (e.g., professional, familial, current relationships, ethnic-racial, religious, age, gender, socio-political perspectives) shape your answer to this question?
12. What is your primary communication style (open and direct, beat around the bush)? How does your background (e.g., professional, familial, current relationships, ethnic-racial, religious, age, gender, socio-political perspectives) shape your answer to this question?
13. What groups of clients or issues do you anticipate struggling with in your clinical practice? Why do you think this is? Why?
14. How will you work toward making any identified changes? Please come up with **concrete** things you can do if you were faced with a clients with these characteristics. Note: I would try harder, I will not let it affect me, and I would ignore it are not good answers.
15. What do you think will be your strengths as a social worker? What areas do you need to improve or work on as a budding social worker?

GRADING: Comments will be structured not in terms of answering these questions correctly but rather in

terms of the depth, clarity, level of critical exploration, and the logical analysis (e.g., internal consistency or explanations assigned of any incongruent logic) in which students approach and examine these issues.

### Grading Rubric for Epistemology Paper:

15 points possible	5 or 4 points	3 or 2 points	1 or 0 points
<b>Depth of Thought &amp; reflection of experience</b>  <b>5 points</b>	Groundwork is clearly laid out for the direction of the paper.  Author makes succinct, insightful conclusions based on the experience.  A full reflective cycle is evidenced	Readers are introduced to the overall topic.  Remarks show some degree of reflection, though not all thoughts are supported in body of paper.	Neither implicit nor explicit reference is made to topic.  No indication author applied much thought to the paper.
<b>Synthesis &amp; Congruency</b>  <b>5 points</b>	Transitions tie sections together as well as adjacent paragraphs.  Paper flows from general ideas to specific conclusions.	There is a basic flow from one section to the next, but not all sections or paragraphs fall in a natural or logical order.	The paper appears to have no direction, with subtopics appearing disjointed.
<b>Clarity of Writing and Mechanics</b>  <b>5 points</b>	Writing is crisp, clear, and succinct.  Writer incorporates creative voice when appropriate.  No spelling, grammar, or punctuation errors are made.	Writing is generally clear, but unnecessary words are occasionally used.  Meaning is sometimes hidden.  A few spelling, grammar or punctuation errors are made.	It is hard to know what the writer is trying to express.  Writing is convoluted.  Misspelled words, incorrect grammar, and improper punctuation are frequent.

LEARNING OBJECTIVES ADDRESSED BY THIS ASSIGNMENT: The purpose of this assignment is to encourage students to think critically and explicitly about the world views (i.e., formal/informal theories and mythologies) they endorse and the ways in which these are informed by their familial background, socio-cultural experiences, and/or personal beliefs and values.

**Addresses the following Core Competencies (Skills and Behaviors): Educational Objectives 2.1.3 subpoints 1,2,3**

### B. Ethics Group Presentation

In this assignment, students will be working in groups. Each group is responsible for determining an ethical course of action for handling the dilemma in the assigned scenario. Groups will utilize resource materials in:

NASW Code of Ethics available at <http://www.naswdc.org/pubs/code/code.asp>  
Counoyer et al. Chapter 5 (page 176)  
Lecture and Class Discussions

Each group will review a case presenting an ethical dilemma from the list below and discuss the dilemmas in light of the reading. That is, groups should discuss what ethical principles (according to the Code of Ethics) and/or practice issues are at play. Each group will review their scenario, identify the ethical dilemma(s), discuss the dilemma(s) utilizing the ethical decision-making materials discussed in class, and work to arrive at a consensus (class time will be provided for this, although it may not be enough). **In discussing the cases, please follow steps 1-4 of Reamer's 7-Step Process on the Ethical decision making handout.**

Each group will make a 15-20 minute presentation in class. Presentations should include the following (divided among the members of your group):

#### **Steps 1-4 of Reamer's 7-Step Process:**

1. Identify the ethical issues, including the social work values and duties that conflict.
2. Identify the individuals, groups, and organizations that are likely to be affected by the ethical decision.
3. Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risks for each.
4. Thoroughly examine the reasons in favor of and opposed to each possible course of action, considering the relevant ethical theories, principles, and guidelines; codes of ethics and legal principles; social work practice theory and principles; personal values (including religious, cultural, and ethnic values and political ideology), particularly those that conflict with one's own.

Each group should also turn in *a typed handout to the instructor at the time of their presentation listing their responses to the above questions*. Power points, role play, posters, etc may be used for the presentation. Be creative!

#### **Grading Criteria**

Presentations will be evaluated on the group's ability to clearly address each of the above questions thoroughly and concisely during the presentation. Students are to provide feedback on group members (including themselves) via an evaluation form on Blackboard. This evaluation will be part of your grade. The evaluation form WILL NOT be shared with anyone other than the instructor.

Rubric: Presentation (5 points) + Thoroughly Discussed Dilemma utilizing Reamers 7 Step Process, Steps 1-4 (5 points) + Typed handout on day of presentation (2.5 points) + Submitted evaluation form (2.5 points) - Group evaluation average (0 to -10 points)= 15 points

<b>Ethics Case Study Scenarios</b>
<b>Post-Partum Depression and Risk:</b>
<p>Janie, a 33 year old female, was admitted to a behavioral health hospital for treatment of acute, post-partum depression and suicidal ideation. Janie reported to her ob/gyn shortly after the birth of her daughter that she was having thoughts of harming her newborn because she believes she is not a "good enough" mother. Janie is a high functioning individual with a high level of education and good support. Prior to this episode of post-partum depression, Janie had no history of mental health concerns. Janie is very sad she has these thoughts and is very concerned as to why she has them. Janie exhibits great insight and is aware she has unresolved issues surrounding her family of origin—such as her decision to leave the Mormon Church, her parents' explanation of her adoption, and emotional abuse by her mother. Janie is able to verbalize these issues in treatment and appears to be making good progress. You as a hospital social worker have developed a good rapport with Janie, her husband, and her in-laws (with whom she is living). You have consulted with Janie's psychiatrist who believes Janie's psychotropic medications are effective and who is ready to discharge Janie to return home and continue treatment in an outpatient setting; however, your supervisor and the hospital's risk management director believe you should make a Child Protective Services (CPS) referral. Would a probable CPS investigation add more stress to Janie and set her back in her recovery? Do you believe Janie has enough support at home to negate calling in a report? Who is your client?</p>

### **Domestic Abuse and Pregnancy**

Samantha is a 29 year-old woman who has endured 10 years of domestic abuse. She sought assistance with the local women's shelter and has been estranged from her husband for the last two years, living in hiding; however, she was unable to file for divorce for the following reasons 1) divorce proceedings as court records would reveal her location to her estranged husband, 2) she cannot afford a divorce, and 3) she is fearful a divorce would push her estranged husband "over the edge" and he would kill her. Samantha is now pregnant by her boyfriend with whom she lives and feels safe. She knows she cannot afford to care for the baby and believes adoption would be in the baby's best interest. Samantha has contacted the adoption agency at which you work. You consult with your agency's legal team who advise that in the State of Texas, a woman who is pregnant and married (even though estranged as there is no legal "separation" in Texas) MUST notify the husband of the pregnancy before an adoption plan can be pursued. Samantha tells you that if she cannot pursue adoption, she will deliver the baby to the police station after birth or will leave it at another location as she is certain her estranged husband will kill both her and the baby if he is aware she is pregnant. What do you recommend to Samantha? What do you recommend to the judge and/or legal team?

### **The Board Member and Mrs. Lang**

Mrs. Lang's husband died a few months ago. It is now evident that she can no longer cope alone. Her family physician urged her to enter a home for the aged. But Mrs. Lang told her social worker that she was not yet ready to leave her own home. The Social Worker accepted Mrs. Lang's decision since she did not feel that it is ethical to apply pressure on clients. The Social worker was also aware that the family doctor had "succeeded" in receiving assent only after he applied heavy pressures on Mrs. Lang. In reviewing this case with her supervisor, the social worker learned that the family doctor was a board member of the agency. The Supervisor thought that cooperating with this board member would be far better than fighting him for the sake of protecting the "right" of one client, especially when it was clear that Mrs. Lang could no longer live alone. Should the fact that the physician is a board member make any difference in resolving this dilemma?

### **Birth Control for Teenagers**

Pam Welsh, a fourteen year old teen, is not getting along with her parents. After Pam ran away from home twice, her parents took her for therapy to a social worker. During therapy, Pam told her social worker that she is sexually active. She asked the worker for help in avoiding pregnancy. She is afraid of becoming pregnant, but she is even more afraid that her puritanical parents may learn of her sexual activities. Should the social worker help Pam obtain birth control pills, even though she knows that Pam's parents have taken a strong public stand against supplying them to teens? Is it ethical for the social worker to ignore the parents' values? Can she ignore her client's request? To whom is she accountable?

### **A Hostile Mother and Parental Rights**

Andrea became pregnant while in high school. Her son Richard, now four years old, has been in foster care since he was six months old. The boy's father is not known. Andrea is described by her social worker as an angry and hostile woman. She visits her son irregularly. The foster parents report that during these visits she often slaps him and abuses him verbally. Andrea has frequently threatened to surrender her parental rights. At yesterday's session with her social worker, Andrea again said that she wanted to see no more of Richard. Should her social worker take this request literally and ask her to sign surrender papers?

### **What about Mentally Ill Patients on Death Row?**

Mrs. Powers is a correctional social worker with many years of experience. In just two more years she will reach retirement age with full vesting in the state's retirement plan. Recently she was assigned to work on a multidisciplinary team that included a psychiatrist, psychologist, nurse, and social worker. The objective of the team is to treat mentally ill prisoners on death row and to return them to a state of competency so that they may be legally executed. What are the highest interests and rights of a client? What are the limits of a social worker's responsibility to society?

### **A Homosexual Affair in the Office**

Lou and Nellie Barnes have been married for fifteen years, but are not happy with their marriage. They decided to seek the help of a social worker. In this social agency, clients with marital problems are seen at first individually and only later jointly. In one of the early sessions Lou Barnes told his social worker that he has been having an affair with one of the men at his office. His wife knows absolutely nothing about this office affair. Lou has no intentions of terminating it. He feels that he is strong enough to handle both his wife and his boyfriend and neither needs to know about the other. What are the social worker's responsibilities to Mr. Barnes? To Mrs. Barnes? Would she be betraying confidential information if she told Mrs. Barnes about her husband's office affair? Would she be party to Mr. Barnes's concealment if she kept quiet? What is the ethical thing to do?

### **Discriminatory Practices and an Agency Employee**

Several Social agencies in your city, including the one for which you work engage in discriminatory practices against minority group children. There is now a Court case about this matter. Lawyers for the plaintiff have asked you to testify about specific instances of such discriminatory practices. You oppose these practices and repeatedly have spoken against them at staff meetings, but you hesitate to testify in Court because (1) you are afraid that you may be fired if you testify against your agency, (2) you are not sure whether the confidential relationship you have with your clients permits you to reveal this information, and (3) you are not certain whether it is ethical for you to use agency records for this purpose.

### **An Affair with a Married Man**

Lottie Kanyala is thirty-eight years old. She has never been married and had all but given up hope of ever making it with a man. In despair she turned to a social worker for help in rebuilding her life. Half a year later she told her social worker that she was having an affair with a married man whom she had met at a church social. Bill was the most wonderful fellow any woman could want. She asked the social worker to help her develop the necessary interpersonal skills that will permit her to hold onto him. This social worker believes strongly in the sanctity of the marriage vows and thinks that adultery is wrong. Yet she is also aware that for Lottie this might be the only chance of having a meaningful relationship with a man. What are the ethical implications of acceding to Lottie's request? Of not acceding to it? What consideration should be given to the worker's values?

### **Taking on a Private Client**

Christine Ross is the only social worker in a remote mountain community where she staffs the county welfare office. Her friend, Kay Jordan, the principal of the county high school, has told her about a very disturbed student in her school. This student has lately engaged in some very bizarre behavior and Kay has no doubt that he needs professional help. Since the nearest mental health clinic is 130 miles away. Kay asked Christine to provide therapy for this student. The student is not eligible for service from the county welfare department (which in any case does not provide therapy). Therefore, Kay asked Christine to take him on as a private client. Christine has never before provided therapy for this kind of very disturbed person, but she is willing to try. Is it ethical for her to do so when there is no possibility of obtaining supervision?

### **Paul and His Illegal Immigrant Parents**

Paul Aquizap, a third grader, has shown signs of depression and apathy. He is frequently absent from school. His teacher has referred him to the school social worker since her attempts to contact Paul's parents have not been successful. On a home visit the social worker discovered that Paul's parents are illegal immigrants, that they speak almost no English, and that they were hardly ever at home since they worked very long hours. Paul is left alone at home almost all the time. He finds it difficult to manage. Should the social worker ignore the illegal status of Paul's parents and focus his attention on helping Paul? Is this legal? Is it ethical?

### **Threats from Your Client**

You have been treating Jason Conger, a severely disturbed person, for several months. In recent week she has become increasingly aggressive toward you, claiming (wrongly) that you are planning to harm him. Today he told you that if you do not stop persecuting him, he will get even with you by harming your child.

You are very concerned since you know that Jason has been involved in the past in physically abusing children. Should you report this threat to the police? Should you arrange for a commitment to a mental hospital? Should you withdraw from this case? Or what should you do? What are the ethical dilemmas you must resolve before you can make a decision?

#### **A Prior Incident between a Father and a Daughter**

During family therapy involving a father, a mother, and their sixteen-year-old daughter, the discussion turns to an incident that happened three or four years earlier. Late one evening when the father was drunk, he entered the daughter's bedroom and started to play with her breasts. The daughter's cries awakened the mother, who put an immediate stop to the incident. Next morning the father remembered nothing.

All agree that there was no prior or subsequent sexual abuse. The family is able to talk openly about this incident and the pain that it caused for all members of the family.

The family feels that there is no reason why the social worker should report this incident now. Your professional judgment concurs with the family's wishes, but you also know that the law requires you to report such incidents. What should you do?

#### **A New Friend and Peer Consultation**

Last night social worker Mark Sussna met Valerie Aylon at a party at a friend's apartment.

In the course of the evening they discovered that they shared many interests. It was almost a case of "love at first sight." Mark made a date to meet Valerie the following evening.

Today one of Mark's colleagues discussed a complicated case with him. Mark soon realized that the client being discussed was his new friend, Valerie Aylon. What should he do? Should he tell his colleague to consult with someone else? Or should he keep silent so that he can find out more about Valerie, information which will help him determine whether they are really suitable? Or should he terminate his friendship with Valerie? (Note: peer consultation is the accepted practice in this agency so that confidentiality is not an issue.)

#### **Getting Help for Clyde Lukke**

Clyde Lukke voluntarily entered Sunnyside Psychiatric Hospital on Wednesday afternoon. He complained of severe depression and was afraid that he might commit suicide. The admitting psychiatrist diagnosed his case as depression, recurrent. The usual treatment at Sunnyside for this diagnostic category is three to five weeks hospitalization, followed by long-term intensive individual therapy. Five days after admission, Angela Mennikka, the floor social worker, was notified by the business office to prepare the patient for discharge. Ms. Mennikka was surprised since discharge orders are usually discussed by the floor staff before they are entered. Rarely is discharge an administrative decision. Upon inquiry she learned that Mr. Lukke's HMO benefits are limited to one week of psychiatric hospitalization. She also learned that this HMO, like many similar organizations, reimburses only for time-limited group therapy, not for individual therapy. Should the social worker prepare a routine discharge and let the HMO staff worry about how to help Lukke? Or should she take an advocate stance to ensure that Lukke will get the treatment he needs? What is expected in this situation from a professional social worker who wants to engage in ethical practice?

#### **Who Will Help Lydia?**



A growing number of social workers engage in divorce mediation. A divorce mediator is not accountable to one client, but tries to help two people who are in conflict. The divorce mediator is expected to be impartial and not favor one or the other side to the conflict. The task is to help these two persons arrive at an agreement regarding property division, child custody and support, alimony, and so forth.

Lydia and Art Dante have requested Jessica Cusamos to serve as their mediator in preparation for their divorce. Jessica is an MSW social worker with an extensive private practice. During the first meeting with the Dantes, Jessica Cusamos learned that Art Dante is an experienced businessman, a skillful negotiator, and a quick thinker.

Lydia Dante, on the other hand, appears emotionally immature, has no business experience, and is unable to make decisions without help. It quickly became clear to Jessica that Art will leave Lydia all but penniless unless she receives help. Is it ethical for Jessica to step in and help Lydia—or must she remain neutral?

### **Jennifer, the Agency, and Her Foster Parents**

Jennifer has been in foster care for most of her seventeen years. Several months ago she discovered that she was pregnant. She began to see her social worker, Ms. Rosetti, more frequently. Her foster parents are aware of her condition. Because of some of Jennifer's health problems and because of her family history, her physician recommended that she undergo an amniocentesis. The test results revealed that Jennifer's fetus would probably be severely damaged and would have only a marginal chance of surviving more than six months. When this became known, the agency's assistant director spoke with Ms. Rosetti and asked her if she had discussed an abortion with Jennifer. Unless Jennifer aborted, the agency would have to pay large sums of money for this baby which, at best, would live less than a year. Ms. Rosetti knows that Jennifer is ambivalent about carrying the fetus to term and is not at all sure whether she wants to be a mother. But Ms. Rosetti also knows that the foster parents with whom Jennifer has an excellent relationship oppose abortion on religious grounds.

### **Who's to Know?**

A local psychologist has just completed a battery of intelligence tests for a retarded teenager served by your agency. You have learned that this boy's test results are just above the score required to continue services for him and his family. Your supervisor, concerned about what will happen if services are cut all, asked you to suggest to the psychologist that she "report a slightly lower score, thus ensuring that the agency could continue to provide services to this client.

### **Divorce and the Need to Lie**

June and Warren Eades have come to you for marital counseling. They have been married for three years, have no children, and are now convinced that they are not compatible. After meeting with you for ten weeks, they have come to the joint decision to seek a divorce. From a clinical point of view, you see no reason why this mature decision should not be implemented so that these two adults can be free to pursue other relationships. But you also know that your state does not provide for divorce by mutual consent. Adultery and extreme cruelty are the only causes accepted for divorce. What are the ethical implications if you refer them to a lawyer who you know will help them fabricate the evidence necessary to obtain a divorce?

### **Parents Who Believe In Faith Healing**

You are a child welfare worker responsible for a caseload of foster children. One of the children has been diagnosed with a fast-progressive illness which is often, but not always, fatal. You know the natural parents believe in faith healing and will not permit the medical treatment which would provide the only hope (other than a long shot) that the illness will not be fatal.

### **A "Fuller" Relationship with a Client**

Ever since Al Dwyer opened his private practice office, clients have become the center of his life. He finds it gratifying that he can use his insight and skills to help others without being handicapped by agency rules and requirements. Al has become so involved in the lives and problems of his clients that he has begun to neglect his family. His wife, in particular, has no understanding for what he is trying to do nor does she understand why he has to spend so much time in the office.

Recently Al has begun working with a new client. Elana P. Her major problem appears to be her sexual inhibitions that have prevented her from forming meaningful relationships. Al Dwyer is aware that he is sexually attracted to this new client and is wondering whether he can help her by developing a "fuller" relationship with her.

### **The Child of an AIDS Victim**

You are a hospital social worker who has been working with a drug abusing young mother who contracted AIDS and died, leaving behind a two-year-old girl who now needs a foster care placement. You know that it is extremely difficult to find foster parents willing to take in children who have been exposed to AIDS. Must you tell potential foster parents the child's background even though the child tests HIV negative?

### **Dementia and Care**

Linda is a home health care manager. She has been seeing Mr. and Mrs. Jones for over a year. Mrs. Jones is suffering from advanced stages of dementia, and her husband, age 82, is committed to caring for her at home. Their son lives in another state, they have few friends still living, and Mr. Jones refuses respite services due to his wife's extreme fear of change and of strangers. Due to Mr. Jones's frail condition, Linda has become increasingly concerned about his capacity to care for his wife, yet he consistently refuses to consider other options. Would Linda be violating the Code of Ethics if she were to arrange respite care or a placement for Mrs. Jones?

### **Evidence Based Therapy thrown to the wayside**

Jackie attended an exciting workshop on the "Parentified Child" and has come to see that much of her work with women in recovery focuses on this issue. She has done reading on the concept and discusses it regularly over lunch with a colleague who shares her interest. Lately, she has begun to focus her work with clients not on their substance abuse and relapse issues but rather on the childhood issues that she feels may be contributing to their addictive behavior. She feels it would be unethical to continue "treating the symptoms and not the underlying problem." Is Jackie in violation of the Code of Ethics? What activities, if any, would assure you that she has met the standard of competence?

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.2(a, b, c, and d) Educational Policy 1.3(a, b, c) Educational Policy 2.1.7(a).

### **C. Role-plays Active Participation -**

On a number of occasions throughout the semester, you will meet in groups of three to practice skills learned in class and in assigned readings. You will take turns being the social worker and the client. Students are expected to participate fully as part of their class participation. The goal of these exercises is for you to become increasingly comfortable with yourself, to improve your skills and to learn from others. As an observer, I want you to gain insight into what is NOT said as much as what is said, and to notice when the body language of the role players does not match what they are saying. *The role-plays will not be graded; however, participation in the exercises is required as part of your class participation grade.*

**Rubric for Active Participation in Role Play-** Very active effort in all role plays=5 pts, Moderately active effort in all role plays=4 or 3 pts, Limited active effort in most role plays=2 or 1 pts, No role play activity= 0

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.1(a, b) Educational Policy 2.1.2(a, b, c, and d) Educational Policy 2.1.3(a, b, and c) Educational Policy 2.1.6(a) Educational Policy 2.1.7(a) Educational Policy 2.1.10(a)-( i, ii, iii, iv, and v) Educational Policy 2.1.10(b)-( i, ii, iii, iv, v) Educational Policy 2.1.10(c)-( i, ii, iii, iv, and v) Educational Policy 2.1.10(d)-( i, ii, iii, iv, v)

#### **D. Skills Presentation -**

Students will demonstrate the skills that they have learned throughout the semester in a final brief 2 person role-play segment involving basic interviewing skills utilized by the social work practitioner during an initial meeting. The role play is expected to last 5 minutes. The topic of the first meeting (i.e., why the social worker is meeting the client) should be submitted to me by the start of class on 10/10/17 . Some class time will be provided to discuss and prepare the role-play; however, it may not be enough. It is likely that students will need to spend some time on this assignment outside of the regular class period. Additional information on the content and grading of this assignment will be provided in class and posted on Blackboard in the *Assignment* folder.

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.1(a, b) Educational Policy 2.1.2(a, b, c, and d) Educational Policy 2.1.3(a, b, c) Educational Policy 2.1.6(a) Educational Policy 2.1.7(a) Educational Policy Educational Policy 2.1.10(a)-( i, ii, iii, iv, v) Educational Policy 2.1.10(b)-( i, ii, iii, iv, v) Educational Policy 2.1.10(c)-( i, ii, iii, iv, v) Educational Policy 2.1.10(d)-( i, ii, iii, iv, v)

#### **E. Documentation Exercise-**

Using the session completed for your skills presentation, you will select one of the formats (e.g., SOAP, BIRP) taught in class to compose a progress note which will describe your session from the clinician's perspective. Additional information on the content, style, and grading of this assignment will be provided in class and posted on Blackboard in the *Assignment* folder. It is due the class following your skills presentation.

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.10(b)-(i, ii, iii, iv, and v) Educational Policy 2.1.10(c)-( i, ii, iii, iv, v)

#### **F. Biopsychosocial Assessment:**

Students will complete a biopsychosocial of an individual of their choosing. A biopsychosocial history is a comprehensive assessment of an individual. The assessment does not have a specific length, but should not exceed 10 double-spaced pages. It is expected that you will complete the assessment fully and in a professional manner. This includes paragraph form (no bullet points), complete descriptions, and using formal writing (without contractions, slang, etc.). This assignment will also have a reflective component in which you will evaluate how well you were able to engage the client and use the interviewing skills studied in class.

Grading Criteria: This will be based on completeness of the information gathered, clarity of writing, and applicability of the intervention(s) recommended.

#### **Rubric for the Biopsychosocial Assessment**

25 points	Excellent	Good	Fair	Poor
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<b>Identification of the Main Issues/ Problems</b>  <b>All required content</b>  <b>5 points</b>	Identifies & understands all of the main issues  Evidence of all required content  5 points	Identifies and understands most of the main issues  Evidence of all required content  4 or 3 points	Identifies and understands some of the issues  One or two areas of required content are inadequately addressed or missing  2 points	Identifies and understands few of the issues and/or more than two areas of required content are inadequately addressed or missing  1 point
<b>Assessment of the Issues 10 points</b>	Insightful and thorough assessment of all the issues with reasonable clinical justification 10 points	Thorough assessment of most of the issues with reasonable clinical justification 9, 8 or 7 points	Superficial assessment of some of the issues in the case 6, 5 or 4 points	Incomplete assessment of the issues and clinical justification is not adequate 3, 2 or 1 points
<b>Effective solutions/strategies recommended and documented in observable measures</b>  <b>10 points</b>	Well documented, reasoned, evidence-based with references  Evidence of efficient and effective plan and appropriate comments on treatment plans and interventions and/or proposals for solutions, to all issues in the case scenario  Culturally responsive referrals were identified 10 points	Appropriate, well thought out comments about treatment plans and interventions or proposals for solutions, to most of the issues in the case scenario  Most culturally responsive referrals were identified  9, 8 or 7 points	Superficial and/or inappropriate treatment plans or intervention to some of the issues in the case scenario  6, 5 or 4 points	Little or no action suggested, and/or inappropriate treatment plans or intervention to all of the issues in the case scenario  3, 2 or 1 points

Learning Objectives Addressed: The purpose of this assignment is for students to begin the process of conceptualizing the initial assessment process in terms of, (a) knowing what information is required in a biopsychosocial assessment; (b) the process of actually interviewing someone with the view to gathering said information; and (c) organizing that information in a way that allows for making recommendations about interventions.

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.7 subpoint 1 and Educational Policy 2.1.10(b) subpoint 1-4

## H. Theory to Practice Comparison Paper-

The paper is to compare two practice models (e.g., motivational interviewing, solution-focused brief therapy, narrative therapy, case management, psychoeducation, etc.) from your review of practice models and the literature. The paper should be 7-8 pages in length and written APA style. At least 5 professional references are required. Two of these references must be from social work books or journals. Please do not use your

textbook as a reference.

### Rubric for Theory Comparison Paper

25 points possible	25-20 points Excellent	19- 12 points Good	11-5 points Poor
Depth of Thought & Analysis 20%	Groundwork is clearly established at the onset. Author makes succinct, insightful conclusions based on the review.	Readers are introduced to the overall topic. Remarks show some degree of analysis, though not all thoughts are supported in body of paper.	Neither implicit nor explicit focused topic. No indication author applied much thought to the paper.
Synthesis & Congruency 20%	Paper flows with content and transitions tie paragraphs well.	There is basic flow and transitions do not always tie paragraphs	Minimal to no direction and does not tie paragraphs
Thoroughness 40%	The appropriate content is covered in depth without redundancies.	Pertinent content is not covered in sufficient depth, or as explicitly, as expected	Major sections of pertinent content have been omitted, glossed over, or unnecessarily repeated.
Clarity of Writing and Mechanics 20%	Writing is crisp, clear, and succinct. Writer incorporates creative voice when appropriate. Minimal spelling, grammar, or punctuation errors are made.	Writing is generally clear, but unnecessary words are occasionally used. Meaning is sometimes hidden. Several spelling, grammar or punctuation errors are made.	It is hard to know what the writer is trying to express. Writing in convoluted. Misspelled words, incorrect grammar, and improper punctuation are frequent.

**Addresses the following Core Competencies (Skills and Behaviors):** Educational Policy 2.1.7 subpoints 1 and 2; Educational Policy 2.2.10 b subpoints 1-4; Educational Policy 2.2. 10 c subpoints 1-5

### PAPERS - GENERAL INFORMATION AND EXPECTATIONS

All papers must follow APA guidelines. **At a minimum** this means:

- Points will be deducted if you do not follow these guidelines. See the following website for additional help with APA format: <http://owl.english.purdue.edu/owl/resource/560/01/>
- Written work must be clear, concise, and grammatically correct. Deficiencies in areas such as spelling, punctuation, sentence structure, and incoherent organization will result in lower grades. As stated, plagiarism (using someone else's words, thoughts, or ideas and claiming them as your own - i.e., using direct sentences written by others) will result in a failing grade for the course.
- Please use formal and professional language when completing papers and assignments for this course (i.e., Why Social Work paper and Psychosocial Assessment). This includes refraining from the use of contractions (e.g., can't, don't, won't, etc.).

**\*\*Unless otherwise indicated by the instructor, all designated assignments must be submitted through Blackboard. Hard Copies are not to be turned in unless specified otherwise.**

## F. 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,

It is recognized that brevity of the course requires attendance for EVERY class. Successful course completion depends upon experiencing and contributing to the learning process. Active participation during classtime is expected of students and is essential for performing well in the course. Points are deducted for non-attendance, coming late or leaving early.

**Missing due times and dates for required work:** All required course work that is not turned in by the stated time and date will be subjected to point deductions. A full 10% of available points will be deducted for any tardy work that was turned in with a 24 hour notice made to the instructor. Missing a deadline without prior tardy work notice to your instructor will result in a 15% point loss. Additionally, 5% point losses will occur for each day that passes without the required work for up to 3 days.

## G. Grading

### COURSE GRADING STRUCTURE

Task/Assignment	Possible Points	% of Grade	Grade Scale	
Personal Epistemology Paper	15	15%	A	93% - 100%
Ethics Group Presentation	15	15%	A-	90%- 92%
Role-plays Active Participation	5	5%	B+	87%- 89 %
Skills Role Play Presentation	15	15%	B	83%- 86 %
Documentation Exercise	5	5%	B-	80%- 82 %
Biopsychosocial Assessment	20	20%	C+	79 % or lower
Theory to Practice Comparison Paper	25	25%	C	
TOTAL POINTS POSSIBLE	100	100%	C-	

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.

## H. Make-Up Exams

There are no exams for this class. Grades are determined from the assignments. Please note make-up and late assignment policies under the attendance section.

## I. Course Schedule

Week	Date	Topic	Readings C: Cournoyer H: Hepworth et al.	Assignments Due
1	8/28/17	Introductions; Syllabus and Course Overview The Challenges of Social Work Introduction to Professionalism Direct Practice: Domain, Philosophy, Roles Critical Thinking, Scientific Inquiry, and Career-Long Learning Overview of the Helping Process	C: Chapter 1-3 H: Chapter 1-3	Select Ethics Presentation Team Mates and Placement
2	9/5/17	Valuing Diversity, Advancing Human Rights and Social Justice, and Promoting Social Well-Being through Policy Practice. Ethical Decision Making Operationalizing the Cardinal Social Work Values	C: Chapters 4 and 5 H: Chapter 4  Social Work Code of Ethics <a href="http://www.socialworkers.org/pubs/code.code.asp">http://www.socialworkers.org/pubs/code.code.asp</a>	
3	9/12/17	Ethics Presentations		Personal Epistemology Paper Due at start of class
4	9/19/17	Ethics Presentations		

<b>5</b>	9/26/17	Talking and Listening--The Basic Interpersonal Skills Building Blocks of Communication: Conveying Empathy and Authenticity  Preparing, Beginning Verbal Following, Exploring, and Focusing Skills. Begin Thinking about your role play for skills presentation	C: Chapter 6, 7 and 8 H: Chapter 5 and 6	
<b>6</b>	10/3/17	Exploring Eliminating Counterproductive Communication Patterns Begin Planning your role play for skills presentation	C: Chapter 9 H: Chapter 7 SOAP Notes: <a href="http://fcm.unm.edu/education/physician-assistant-program/docs/template_clin_soap_note.pdf">http://fcm.unm.edu/education/physician-assistant-program/docs/template_clin_soap_note.pdf</a> BIRP Notes: <a href="http://www.acbhcs.org/providers/QA/docs/2013/TR_BIRP_Progress_Note_Checklist.pdf">http://www.acbhcs.org/providers/QA/docs/2013/TR_BIRP_Progress_Note_Checklist.pdf</a>	
<b>7</b>	10/10/17	Skills Presentations and Documentation Exercise		
<b>8</b>	10/17/17	Skills Presentations and Documentation Exercise		
<b>9</b>	10/24/17	Assessing Assessment: Exploring and Understanding Problems and Strengths. Assessment: Intrapersonal, Interpersonal, and Environmental Factors. Assessing Family Functioning in Diverse Family and Cultural Contexts. Forming and Assessing Social Work Groups	C: Chapter 10 H: Chapters 8-11	
<b>10</b>	10/31/17	Happy Halloween! Class will be held.  Biopsychosocial Assessment		



<b>11</b>	11/7/17	Contracting, Working, Evaluating Developing Goals and Formulating a Contract. Planning and Implementing Change-Oriented Strategies. Developing Resources, Organizing, Planning, and Advocacy as Intervention	C: Chapter 11-12 H: Chapters 12-14	
<b>12</b>	11/14/17	Enhancing Family Functioning and Relationships. Intervening in Social Work Groups.	H: Chapters 15 and 16	Biopsychosocial Assessment Due
<b>13</b>	11/21/17	Additive Empathy, Interpretation, and Confrontation. Managing Barriers to Change	H: Chapters 17 and 18	
<b>14</b>	11/28/17	Termination Phase	C: Chapter 13 H: Chapter 19	Theory Comparison Paper Due
<b>15</b>	12/5/17	Practice Skills		
<b>16</b>	12/12/17	Theory to Practice Comparison Paper- discussion and Wrap Up		

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 Brooke Troutman. Her office is in the campus Central Library. She may also be contacted via E-mail: [brooke.troutman@uta.edu](mailto:brooke.troutman@uta.edu) or by phone: (817)272-5352 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. 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://www.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). 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.

## Q. 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).*

## R. 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).*

## S. 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/>.

## **T. 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>.

## **U. 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/>

## **V. 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>.

## **W. 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.