

MAC 588 Assessment and Testing 1 Saint Martin's University - Master of Arts in Counseling Impacts Level

Kaj Kayij-Wint, PhD, LMFT

SAINT MARTIN'S UNIVERSITY MISSION AND CORE THEMES

Saint Martin's University is a Catholic Benedictine institution of higher education that empowers students to pursue a lifetime of learning and accomplishment in all arenas of human endeavor. Saint Martin's students learn to make a positive difference in their lives and in the lives of others through the interaction of faith, reason, and service. The university honors both the sacredness of the individual and the significance of community in the ongoing journey of becoming.

Faith	Reason	Service	Community
Students will learn the importance of approaching clients in good faith, especially those who have been marginalized because of ableism.	Students will gain an understanding of myriad methods of assessment and testing and will practice applying these methods through role plays and case study assignments.	To serve others well it can be important to learn what has been harmful to them in the past. Students will be able to approach the work of assessment and testing in counseling with ethically and culturally informed lenses.	Through online forums and group projects students practice compassion and communication in their community efforts.

COLLEGE OF EDUCATION AND COUNSELING MISSION STATEMENT

The mission of the College of Education and Counseling is to prepare a dynamic inclusive community of reflective professionals who use their knowledge, skills, and dispositions to positively transform the lives of those they serve.

MASTER OF ARTS IN COUNSELING (MAC) PROGRAM MISSION STATEMENT

The Master of Arts in Counseling Program (MAC) prepares professionals in the theoretical foundations and skills necessary for advanced positions in the fields of individual, couple, and family counseling. Built on a philosophy of service, intellectual hunger, fundamental respect, social justice, and a focus on the person of the counselor, the MAC program strives to embody spirit, empathic care, intellect, and wisdom. The MAC program is characterized by personal, social, and professional transformation, liberation, and enrichment.

MAC Faculty areas of interest include: anti-oppression, appreciative inquiry, access and technology, authentic leadership, collaboration, conflict as opportunity, decolonization, depth work, faith and community, indigenous wisdom, love, military families, professional identity, relational approaches to research, social change, spontaneity and creativity, subtle activism, and vulnerability. Our work strives to embody social justice through a continuing cultivation of ethical and culturally relevant methodologies. In resonance with the values of the American Counseling Association, the National Board for Certified Counselors, accrediting organizations for counseling programs, and our Catholic framework, we

recognize the dominance of white/euro-centric norms and teach cultural humility by rejecting antiimmigrant rhetoric and action. We affirm the self-determination of indigenous and native communities by hearing their stories and supporting decolonization. We work to deconstruct the walls of sexism and transphobia by integrating feminist and trans-valuing theories into our practice. We actively counter ageism, ableism, classism, racism and heterosexism in our communities by admitting their pervasiveness and implementing corrective actions. In the spirit of Benedictine sincere hospitality, we extend welcome to members of all faiths and to those who do not identify as having a religious membership.

COURSE DESCRIPTION AND CLASS FORMAT

MAC 588 is designed to help students gain familiarity with the nature and meaning of assessment and testing in counseling including issues such as assessing risk, reporting abuse, and working with the broad spectrum of symptoms contained in the DSM-5. Service to the community will also be emphasized.

Student Learning Objectives		Outcome Measures	
1.	Learn historical perspectives concerning the nature and meaning of assessment and testing in counseling.	Students will be able to name two historical elements that affected the development of the DSM.	
		Students will demonstrate application of two different assessment and/or testing methodologies used within therapeutic relationships and interventions.	
2.	Understand methods of effectively preparing for and conducting initial assessment meetings.	Students will demonstrate one intake/assessment meeting via in-class roleplay.	
3.	Learn procedures for assessing risk of aggression or danger to others, self- inflicted harm, or suicide.	Students will demonstrate one risk assessment via in-class roleplay.	
4.	Understand use of assessments to diagnose developmental, behavioral, and mental disorders and for intervention planning purposes.	Students will be able to name three diagnostic assessments or intervention strategies for major developmental, behavioral, and/or mental disorders.	
5.	Use of environmental assessments and systematic behavioral observations.	Students will be able to demonstrate environmental and systemic assessment and behavioral observations in three clinical case write-ups.	
6.	Understand basic concepts of standardized and non-standardized testing, norm-referenced and criterion- referenced assessments, and group and individual assessments.	Students will be able to apply basic concepts of testing in two YouTube video analysis papers.	
7.	Learn proper use of symptom checklists, and personality and psychological testing.	Students will be able to identify and use two symptom checklists and personality/psychological tests in analysis papers or via in-class roleplays.	
8.	Identify ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results.	Students will be able to identify three culturally relevant strategies for assessment and interpreting test results.	

STUDENT LEARNING OBJECTIVES AND OUTCOME MEASURES

COURSE CONTENT AREAS

These content areas will be emphasized in this course:

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ASSESSMENT & TESTING		
a. historical perspectives concerning the nature and meaning of		
assessment and testing in counseling		
b. methods of effectively preparing for and conducting initial assessment		
meetings		
 c. procedures for assessing risk of aggression or danger to others, self - inflicted harm, or suicide 		
d. procedures for identifying trauma and abuse and for reporting abuse		
 e. use of assessments for diagnostic and intervention planning purposes f. basic concepts of standardized and non - standardized testing, norm - referenced and criterion - referenced assessment , and group and individual assessments 		
g. statistical concepts, including scales of measurement, measures of		
central tendency, indices of variability, shapes and types of distributions, and correlations		
h. reliability and validity in the use of assessments		
i. use of assessments relevant to academic/educational, career, personal, and social development		
j. use of environmental assessments and systematic behavioral observations		
k. use of symptom checklists, and personality and psychological testing		
I. use of assessment results to diagnose developmental, behavioral, and mental disorders		
m. ethical and culturally relevant strategies for selecting, administering,		
and interpreting assessment and test results		

LICENSURE REQUIREMENTS

MAC 588 will meet WA licensure requirements for behavioral science in a field relating to mental health counseling in area (a) Assessment/Diagnosis, (g) Psychopathology/Abnormal Psychology, (o) Developmentally Disabled Persons, (q) Chronically Mentally III, see WAC 246-809-221. MAC 588 will also meet WA licensure requirements for marriage and family therapy in areas (d) Psychopathology, see WAC 246-809-121.

CHEMICAL DEPENDENCY PROFESSIONAL CERTIFICATION

MAC 588 may meet Washington chemical dependency professional certification areas (b) Pharmacological actions of alcohol and other drugs, (j) Service Coordination (implementing the treatment plan, consulting, continuing assessment and treatment planning), and (p) Psychopathology/Abnormal Psychology. See WAC 246-811-030.

SECTION TWO

INSTRUCTOR: Kaj Kayij-Wint, PhD, LMFT CONTACT INFORMATION: Sandy Brandt's phone: 438-4560 or <u>kaj.kayijwint@stmartin.edu</u> OFFICE HOURS: CECP Office; Office Hours: by appointment only CLASS DAY AND TIME: Thursdays 3:00-5:40 PM/6:00-8:40 PM BUILDING AND ROOM: OM415

I will try to respond as quickly as possible, but please do not expect me to be available 24/7. It may well take a day or two for me to get back with you. (For example, I do not do MAC work on Saturdays or Sundays). For technical problems, contact the SMU Technology Help Desk first at 360-486-8845. If they are not available, try me, but understand that I do not have their depth of technological knowledge.

REQUIRED TEXTS AND READINGS

- American Psychiatric Assn. (2003). Diagnostic and Statistical Manual of Mental Disorders (5th ed. Text Revised), D.C.
- Whitaker, Robert (2010). Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America. Crown Publishers: New York. (e-version available)
- Carlat, Daniel (2010). Unhinged: The Trouble with Psychiatry -- A Doctor's Revelations About a Profession in Crisis. Free Press: New York. (e-version available)
- Watters, Ethan (2010). Crazy Like Us: The Globalization of the American Psyche. NY: Free Press. (e-version available)
- Hornstein, Gail (2009). Agnes's Jacket: A Psychologist's Search for the Meaning of Madness. Rodale (Macmillan), NY. (e-version available)
- Ballou, Mary (2002). Rethinking Mental Health and Disorder: Feminist Perspectives
- Frances, Allen (2013). Saving Normal : An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life
- Greenberg, Gary (2013). The Book of Woe: The DSM and the Unmaking of Psychiatry

Note: the DSM-5 Case Book is **<u>not</u>** recommended for this class. In fact, you are requested **<u>not</u>** to buy it. You will learn more without instant access to the case answers. Here is a situation where a little struggle goes a long way toward learning.

METHODS OF INSTRUCTION

MAC classes have a significant class-webpage component. Methods include: lectures, dyad and group discussions, student presentations, skills practice in small groups and dyads, observations (outside of class), guest speakers, use of media (films, music, etc.). The MAC program places significant emphasis on role playing to insure skills mastery and self-confidence.

The major vehicles for learning will be lectures and group discussions based on students' questions and interests. There will also be readings, websites, YouTube videos, and movies to rent and view. This is not an online class but it uses Moodle and online discussion forums. For example, you will share your learning, insights, and application projects on Moodle for forum discussions. (I can help you with this). However, we will meet in class each week. This course could be considered a hybrid class. Because this is an active discussion-oriented class, and not a note-taking class, per se, please do NOT bring laptops/tablets to class. They put up walls and block discussion.

STUDENT EVALUATION AND GRADING POLICY

Grading in the MAC Program does not use a deficiency model where a student begins with an "A" and loses from there. Instead, we will follow the SMU guidelines of a reward model. The baseline (average) grade for undergraduates is a "C" and for graduate students is a "B." Therefore, students start out assumed to be average (with a "B"). Those performing above the average for MAC graduate students will earn a "B+" and those showing second-mile excellence earn an "A-" (an excellent grade). A grade of "A" indicates unusual distinction.

Not all classes are taught the same way. Some use a point system where a student receives "full points" (100% or A+) on a project if that student has satisfactorily completed all parts of a project. Other classes (like this one) assess the quality of each project and a grade of 100% is unusual and reserved for truly exemplary quality. This class specifically uses the following grading scale:

A = 93-100 Outstanding

• The work shows second-mile effort, goes well beyond the requirements for this project, and far exceeds MAC expectations for graduate work. It shows creativity and originality of thought, mastery of material, and deep analysis.

A- = 90-92 Excellent

• The work shows excellent effort, goes beyond the requirements for this project, and exceeds MAC expectations for graduate work. It shows good understanding of material, and excellent analysis.

B+ = 87-89 Above Average

• The work shows good effort, meets or exceeds the requirements for this project, and meets or exceeds MAC expectations for graduate work. It shows understanding of material, and good analysis. The work is above the average for MAC students (who are very good!).

B = 84-86 MAC Graduate Average

• The work meets the average for MAC students (i.e., it is very good!). The student has worked well with the abstract concepts and meets the MAC behavioral expectations. This level represents the standard expected of most MAC students.

B- = 80-83 Slightly Below Average

• While the student has met the formal requirements, the work fails to incorporate all aspects of the assignment or is superficial in parts. The student has not demonstrated a full comprehension of the material and the ability to work with abstract concepts in all areas.

C+ = 77-79 Unsatisfactory for Graduate Level

• The student has not met some of the formal requirements of the project. The work fails to incorporate most of the aspects of the assignment or is superficial overall. The student has not demonstrated adequate comprehension of the material and the little ability to work with abstract concepts.

C = 74-76 Work that Puts a Student on Academic Probation

• The student has failed to meet most of the formal requirements of the project. The student has not demonstrated adequate comprehension of the material and little ability to work with abstract concepts.

C- = 70-73 Not a Passing Grade for a Graduate Student

• The student's accomplishment leaves much to be desired. Requirements may have been cursorily met but without indicating minimal comprehension of the material and the ability to work with concepts. The main point of the assignment has been lost. This performance does not meet MAC academic expectations.

D+ = 67-69

D = 64-66

D = 60-63F = Below 60

It is my hope and expectation that we will move beyond grades as the driving emphasis of the class. If we focus on enthusiasm, professionalism, and effort, the grades should take care of themselves.

COURSE SCHEDULE

- Week 1 Orientation to the Class and to Psychopathology
 - 1b Overview of five axes system
 - Please come to class with the following activities already completed.

• Required Readings

- The Book of Woe Chpts. 1-3
- Rethinking MH & Disorder Preface and Chpt. 1
- "Introductory Material" (pp. xiii to 25 come with questions)
- Whitaker (2010). Chpts 1-4 (pp. 3-66) in Anatomy of an Epidemic.
- Harvard Mental Health Letter (1993, Sept). Psychiatric disorders and the Use of Mental Health Services (eReserve)File

You do not need to do the study group part. Just the readings.

- Learning Tools
- What's Normal; What's Pathology? (YouTube)Page
- 10 Warning Signs of NormalityURL
- Rosenhan Experiment (Wikipedia)URL
- Danger of Labeling (Gary Larsen Cartoon)File
- In-class video
- Weekly Activities

"Required Readings," "Learning Tolls," and "Weekly Activities" are due the week they are posted, not the next week; unless otherwise indicated.

- "Agnes of God" PG-13, 1985 (View this before first day!!)
- Clinical case exemplar: what your homework should look like.Forum

Week 2 - Neurodevelopment Disorders

- Autism Spectrum (Kaj Kayij-Wint PP)File
- Meurodevelopmental Disorders (Kavij-Wint PP)File
- Required Readings
- DSM: "Neurodevelopmental Disorders" (pp. 31-86)
- Hornstein (2009). Intro (ix-xxv); Chpts 1-3(pp. 1-29)in Agnes's Jacket.
- Whitaker (2010). Chpts 5-6 (pp. 67-125) in Anatomy of an Epidemic.

- Carlat (2010).Chpt 1-3 (pp. 1-68)in Unhinged: The Trouble w/Psychiatry.
- Greenberg (2013). Chpt. 4
- Ballou (2002). Chpts. 2; 10
- Growing up with ADHDURL
- Spotts, Peter N. (2003). Chemical Kids, Christian Science Monitor (ADHD meds) (eReserve)File
- One Person's Ideas re Child DiagnosesFile
- Learning Tools
- Temple Grandin on "All Kinds of Minds" (Video)URL
- Temple Grandin Temple Grandin (2010). The world needs all kinds of minds (Video)URL
- CCHR: ADHD—Labeling Normal Kids "Mentally III" (YouTube)Page
- CCHR: Big Pharma—Define 'Better' (YouTube)Page
- Psychiatry Drugs Foster Care Children Joshua (YouTube)Page
- Concern over High Medication Rates among Foster Kids (Internet)URL
- Study re. Foster Kids & Meds (ABC Video)URL
- Null, G (2005). The Drugging of our Children (1.43 hr YouTube)Page
- DEAD WRONG How Psychiatric Drugs Can Kill Your Child (1.45 hr YouTube)URL
- Clinical Case: "The Enigma"Page
- Clinical Case: "I'm Not Right"Page

Weekly Activities

- "Temple Grandin" PG (Also watch extras)
- "Adam" (2009) PG-13 (also watch Director's Commentary track)
- "Rain Man" R (Can edit with ClearPlay)
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- Clinical Cases Due.

Week 3 - Philosophies of Madness& Forms of Treatment

- PP Levels of ConfidenceFile
- Required Readings

- DSM: "Medication-Induced Movement Disorders and Other Adverse Effects of Medication" (pp. 709-714)
- Whitaker (2010). Chpts 7-9 (pp. 126-204) in Anatomy of an Epidemic.
- Frances (2013). Chapts. 1-3
- Ballou (2002). Chpt. 3
- Greenberg (2013). Chpt. 5
- Bethlem Royal Hospital (Wikipedia)URL
- Psychiatric Medication (Wikipedia)URL
- Chemical Imbalance Theory (Wikipedia)URL
- Icarus Project (2007). Harm Reduction Guide to Coming off Psychiatric DrugsURL
- Call for Retraction of Dishonest Research (Internet)URL
- Leo & Lacasse (2007) The Media and Chemical Imbalance Theory of Depression (Article)URL
- Learning Tools
- National Public Radio (2005, Nov. 16). 'My Lobotomy': Howard Dully's Journey -- 1 of 2 (Audio)URL
- Eact Sheet from book: Side EffectsFile
- Internet ad for PristiqFile
- Internet ad for Lunesta Dream KitFile
- Internet ad for SeroquelFile
- Internet Notice of Avandia LawsuitFile
- Internet for Panexa (to lighten things up a little!)File
- FDA Prescription Drug Advertising: Questions and Answers (Internet)URL
- Bass, Alison (2011). New Study Dismantles Myth of High Drug R/D Costs (Internet)URL
- Abilify Commercial Side Effects (Youtube)Page
- Abilify Kills (Youtube)Page
- Abilify will kill you. (Victim)URL
- Going Off of Seroquel, With a Few Bumps (Youtube)Page
- Clinical Case: "Too Smart for Friends"Page

- Clinical Case: "Radar Messages"Page
- Clinical Case: "No Fluids"Page

Weekly Activities

- "Birdy" R (Netflix instant; can sub.)
- "Frances" R
- "Ah-Hah!" Post Due.
- Post Your Biggest, Most Recent, "Ah-Hah!" Learning (here)Forum
- Clinical Cases Due.

Week 4 - Schizophrenia Spectrum & Psychotic Disorders

- Required Readings
- DSM: "Schizophrenia Spectrum" (pp. 87-122)
- Watters (2010). Chpt 3("The Shifting Mask of Schizophrenia in Zanzibar") in Crazy Like Us.
- Hornstein (2009).Chpt 4-6 (pp. 30-61)inAgnes's Jacket.
- Ballou (2002). Chpts. 3; 11
- Greenberg (2013). Chpt. 5
- Schizophrenia Tx Updates 2010File
- Abstract from Walter Freeman's 1942 book on Psychosurgery (Lobotomies)File
- Abstracts from 1955 & 2004 Articles on Lobotomy w/ Comments by G. EllisFile
- Freudenreich et al. (2007). Evaluation of First-Episode Schizophrenia (Cut down to 2 pages)
- Optional reading: Goldstein, R.(1987). More Forensic Romances: De Clérambault's Syndrome (DSM-5: Delusional Dis. Erotomatic Type) in Men (eReserve). File
- Optional Reading: Segal, Jonathan H. (1989). Erotomania (DSM-5: Delusional Dis. Erotomatic Type) Revisited: From Kraepelin to DSM-III-R (eReserve)File
- Powerful Choices: Peer Support (Internet click to right on "Full Text PDF")URL
- NY Times (2011) Since Talking Doesn't Pay, Psychiatrists Simply Write PrescriptionsURL
- Review of Integrated Mental Health and Substance Abuse Treatment for Patients With Dual DisordersFile

Learning Tools

- Hearing Voices Flyer Liverpool, UKFile
- One on One Professor John Nash (YouTube)Page

- Ebert Movie Review of "A Beautiful Mind"Page
- Schizophrenia Heather (YouTube)Page
- Schizophrenic Patient's Hyroglyphics from Western State in SteilacoomFile
- Hilpern, Kate (2007). How I tamed the voices in my head (Internet)URL
- The Freedom Center Website (Spend Some Time Exploring This Website & Bring Comments to Class)URL
- Clinical Case: "Wash Before Wearing"Page
- Clinical Case: "Vive La France"Page
- Weekly Activities
- "A Beautiful Mind" (PG-13)
- "Shutter Island" R
- "He Loves Me, He loves Me Not" PG-13, 2002 (French movie with subtitles)
- Clinical Cases Due.
- Freedom Center comments.

Week 5 - History of DSM/ICD; Confidence Levels, Other Issues

• Required Readings

- Whitaker (2010). Chpts 13-16 (pp. 263-358) in Anatomy of an Epidemic.
- Carlat (2010).Chpt 4 (pp. 69-97)in Unhinged: The Trouble w/Psychiatry.
- Frances (2013). Chpt. 4
- Greenberg (2013). Chpt. 6
- Ballou (2002). Chpt. 4
- Psychologists Win Prescribing RightsURL
- Concerns Raised About Combat Troops Using Psychotropic Drugs (Internet News)URL
- Drug Makers Are NAMI's Biggest Donors (Internet Read First Few Paragraphs)URL
- Dear NAMI: My Apologies. I've Been Unfair. (Sera Davidow, 2014)URL
- Newsweek (2011). Why Almost Everything You Hear About Medicine is Wrong (Internet)URL
- Learning Tools
- NAMI on Chemical Imbalance Belief (YouTube)Page
- National Public Radio (2005, Nov. 17). Howard Dully Talks about 'My Lobotomy' -- 2 of 2 (Audio)URL

- Dangers of Antidepressants Suppressed (Youtube)Page
- Antipsychotics Used for Other Purposes (Newspaper article)URL
- AstraZeneca's Marketing Strategy: Sue Us, Please! (Internet)URL
- Recommended, but optional video: Coming Off Psychiatric Drugs: A Harm Reduction Approach | Will Hall (YouTube 39 min)Page
- Frisch (2011). Voices Inside Their Heads: Gail Hornstein's Approach to Madness (eReserve)File
- Hornstein Letters (Star Magazine) (eReserve)File
- Capital Clubhouse Olympia/Lacey areaPage
- Capital Clubhouse InfoFile
- Eapital Clubhouse StandardsFile
- Capital Clubhouse PedestalFile
- Clinical Case: "Faithful to the Unfaithful"Page
- Clinical Case: "Blackouts"Page
- Clinical Case: "Three Voices" Page
- Weekly Activities
- "Frontline: The Released"

Watch here: Frontline: The Released

- Post your summary of the documentary, respond to three peer's posts, and respond to at least two comments made on your post (here)Forum
- "Ah-Hah!" Post Due.
- Post Your Biggest, Most Recent, "Ah-Hah!" Learning (here)Forum
- Clinical Cases Due.

Week 6 - Bipolar Disorders and Depressive Disorders

- Bipolar and Related Disorders and Depressive Disorders(Kayij-Wint PP)File
- Required Readings
- DSM: "Bipolar Disorders (pp. 123-154); Depressive Disorders" (pp. 155-188)
- Watters (2010). Chpt 4 ("The Mega-Marketing of Depression in Japan") in Crazy Like Us.

- Whitaker (2010).Chpt 10-12 (pp. 205-262)in Anatomy of an Epidemic.
- Greenberg (2013). Chpt. 7
- Ballou (2002). Chpt. 7
- Gagliardi (2001). Depression & suicide. Study Guide for the MFT National Exam (eReserve)File
- Andrews, G. (2001). Placebo response in depression: Bane of research, boon to therapy (eReserve)File
- Optional reading: Gagliardi (2001). Illness & psychopharmacology. Study Guide for MFT Nat.I Exam (eReserve)File
- Breggin, Peter (Nov. 2011). New Research: Antidepressants Can Cause Long-Term Depression (article)URL
- Hougaard, Esben (2010). Placebo & antidepressant treatment for major depression (PsychINFO)URL
- El-Mallakh et al. (2011). Tardive Dysphoria, Medical HypothesisPage
- Carlat, Daniel (2007). Dr. Drug Rep (NY Times Mag)URL
- Learning Tools
- Sheppard (2000). How We Think (Brain Scan of Depression)Page
- Citizens Commission on Human Rights: No Brain Scans for Mental IllnessURL
- Clinical Case: "Wicked Lady"Page
- Clinical Case: "Who is Franco?" Page
- Weekly Activity
- Mini-assignment: Over a couple of days, listen to the commercials accompanying the evening news. Bring to next class (week below) a list of the side-effect warnings for any medication advertised to treat some kind of mental disturbance (or as much as you can scribble down - they go through the side-effects very quickly). Consider the "trade" of the disturbance (assuming the medication actually works) and the side-effects.
- "Prozac Nation" R (Can edit with ClearPlay)
- "Shine" PG-13
- "Silver Linings Playbook" R (Can edit with ClearPlay)
- Clinical Cases Due.

Week 7 - Anxiety, OCD, Trauma/Stressor Disorders

- Kayij-Wint Mini-Lecture on PTSD (PP)File
- Kavij-Wint Mini-Lecture on Anxiety Disorders (Kavij-Wint PP)File

- OCD in Kids & Teens (Kayij-Wint PP)File
- Required Readings
- DSM: "Anxiety Disorders" (pp. 189-233), "Obsessive-Compulsive Disorders" (pp. 235-264); "Trauma/Stressor Disorders" (pp. 265-290)
- Carlat (2010).Chpts 5-6 (pp. 98-140)in Unhinged: The Trouble w/Psychiatry.
- Watters (2010). Chpt 2("The Wave That Brought PTSD to Sri Lanka")in Crazy Like Us.
- Greenberg (2013). Chpt. 8
- HealthGuide (2011). Obsessive Compulsive DisorderURL
- Ritter et al. (2010). Generalized Anxiety Disorder (PsychINFO)URL
- Merskey, Harold (2007). Review of "The Bifuration of the Self" (PsychINFO)URL
- Phobia List (by Alphabet & by Fear) Worth a Fun Glance Amazing! (Internet)URL
- "Agoraphobia" (Presentation by a Former MAC Student)File
- Learning Tools
- What is Obsessive Compulsive Disorder? Dr. Tolin ExplainsFile
- Can We Make any Difference? (Buong Le)Page
- Clinical Case: "Memories" Page
- Clinical Case: "Phone Calls" Page
- Weekly Activities
- "As Good as it Gets" PG-13
- "What's Eating Gilbert Grape" PG-13
- Clinical Cases Due.
- Choose your YouTube Client.
- Choose a YouTube "Client' for the YouTube ProjectPage
- Post Your Group Members and YouTube Client here.Forum

Week 8 - Dissociative Disorders (& DID) and Somatic Disorders (& Factitious/Malingering)

- Somatic Symptom Disorders (Kayij-Wint PP)File
- Required Readings
- DSM: "Dissociative Disorders" (pp. 291-307); "Somatic Symptom Disorders," (pp. 309-327; pp. 726 (bottom)-727)
- Carlat (2010).Chpt 7 (pp. 141-161)in Unhinged: The Trouble w/Psychiatry.

- Hornstein (2009).Chpts 7-10(pp. 62-108)in Agnes's Jacket.
- Frances (2013). Chpts. 5-6
- Greenberg (2013). Chpt. 9
- Ballou (2002). Chpts. 6
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- On becoming one-self: Reflections on the concept of integration as seen through a case of dissociative identity disorder..File
- Harvard Mental Health Letter (1992, Mar). Dissociation (See what was taught 20 years ago!)File
- Franklin, J. (1990). Diagnosis of MPD Based on Subtle Dissociative Signs. J. of Nervous & Mental Disease, 178, 4-14File
- Cathy A Case of Factitious DisorderFile
- Munchausen by MommyFile
- Creating Alternatives to the Medical ModelURL
- Learning Tools
- Chart of Soma Circles by G. EllisFile
- Clinical Case: "Vertigo"Page
- Clinical Case: "Misery"Page
- Weekly Activities
- "Sybil" NR (made for TV)
- "Voices Within-The Lives of Truddi Chase" NR (made for TV) Watch here:
- "One Flew Over the Cuckoo's Nest" R (Can edit with ClearPlay)
- Clinical Cases Due.

Week 9 - Feeding/Eating, Elimination Disorders, and Sleep Disorders -

- Eating Disorders (Kayij-Wint PP)File
- Elimination Disorder (Kayij-Wint PP)File
- Sleep Disorders (Kayij-Wint PP)File
- DSM: "Feeding/Eating Disorders" (pp. 329-354); "Elimination Disorders" (pp. 355-360); "Sleep-Wake Disorders" (pp. 361-422)
- Watters (2010). Chpt 1 ("The Rise of Anorexia in Hong Kong")in Crazy Like Us.
- Ballou (2002). Chpt. 5
- Greenberg (2013). Chpt. 10
- Pritts, S, & Susman, J. (2003). Diagnosis of Eating Disorders in Primary CareURL

- Harvard Mental Health Letter (1994). Sleep Disorders Parts I & II (eReserve)File
- Eong, Michael What is This Thing Called Sleep? National Geographic Dec (eReserve)File
- Sex During Sleepwalking (2011)URL
- Learning Tools
- Why So Thin? (YouTube)Page
- The Truth About Eating Disorders: Anorexia (YouTube)Page
- Eating Disorder Victim/Survivor Blog (Internet)URL
- Clinical Case: "Fading Pharmacist"Page
- Clinical Case: "Cry Me a River"Page
- Clinical Case: "Mystery Mastery" Page
- Weekly Activities
- "Hunger Point" TV 14, 2003
 Watch here:
 "Dving to be Thin" 2012

Watch here:

- "Ah-Hah!" Post Due.
- Post Your Biggest, Most Recent, "Ah-Hah!" Learning (here)Forum
- Clinical Cases Due.
- YouTube Project #1 Paper Due in class.
- Post Your YouTube Project #1 here. All comments due by next Monday at 9 PM.Forum

Week 10 - Sexual Disorders, Paraphilic Disorders, and Gender Dysphoria

- Required Readings
- DSM: "Sexual Dysfunctions" (pp. 423-450); "Paraphilic Disorders" (pp. 685-705); Gender Dysphoria" (pp. 451-459)
- Hornstein (2009).Chpts 11-13(pp. 109-143)in Agnes's Jacket.
- Carlat (2010).Chpt 8 (pp. 162-188)in Unhinged: The Trouble w/Psychiatry.
- Greenberg (2013). Chpt. 11-12
- Frances (2013). Chpt. 6
- Sexual Addiction (Wikipedia)URL
- Wikipedia: Gender Identity Disorders (Internet)URL
- Fedoroff & Marshall (2010). "Paraphilias" in Cognitive-behavioral Therapy for Refractory Cases: Turning Failure into Success (PsychINFO)URL

LearningTools

- Gender dysphoriaURL
- FTM Transition: 5 Years on Testosterone Picture/TimelineURL
- Patrick Carnes Public Awareness of Sex Addiction (YouTube)Page
- Clinical Case: "No Joke"Page
- Clinical Case: "Evil Spirits"Page
- Clinical Case: "Masters & Johnson"Page
- Weekly Activities
- "My Life in Pink" R, 1997 (French movie with subtitles)
- "Boys Don't Cry" R, 1999 (This is a difficult movie to watch and includes a violent rape scene. Please take care of yourself by preparing yourself before watching).
- Clinical Cases Due.
- Choose a YouTube "Client' for the YouTube ProjectPage
- Post Your Group Members and YouTube Client here.Forum

Week 11 - Neurocognitive Disorders

- Required Readings
- DSM: "Neurocognitive Disorders" (pp. 591-614; fast-read 615-620; pp. 621-623; fast-read 624-643)
- Hornstein (2009).Chpts 19-22(pp. 189-234)in Agnes's Jacket.
- Carlat (2010).Chpt 9-10 (pp. 189-223)in Unhinged: The Trouble w/Psychiatry.
- Greenberg (2013). Chpts. 13-14
- Frances (2013). Ch. 7
 - Cowley, G. (2002). "The Disappearing Mind" Newsweek, June 24 (eReserve)File
- Excellent Post by MAC StudentPage
- Wikipedia: Vascular Dementia (Internet)URL
- Wikipedia: Aphasia (Internet)URL
- Learning Tools
- Understanding Alzheimer's Disease (Alzheimers #1) (YouTube)Page
- Mom's Battle with Alzheimers (YouTube)Page
- CCHR: Psychiatric Abuse of the Elderly (YouTube)Page

- "Stop Drugging Our Elderly" Part 1 of 3 (YouTube)Page
- "Stop Drugging Our Elderly" Part 2 of 3 (YouTube)Page
- "Stop Drugging Our Elderly" Part 3 of 3 (YouTube)Page
- Clinical Case: "Twisted Sister"Page
- Clinical Case: "No Dogs! Period!"Page

Weekly Activities

- "Away From Her" PG-13
- Clinical Cases Due.

Week 12 - Disruptive, Impulsive-Control, Conduct Disorder, Substance Use

Disruptive, Imp-Control, & Conduct Disorders (Kayij-Wint PP)File

Required Readings

- DSM: "Disruptive, Impulse, Conduct" (pp. 461-480); "Substance-Related & Addictive Disorders" (pp. 481-503; fast-read of 503-589)
- Hornstein (2009). Chpts 14-18(pp. 144-188)in Agnes's Jacket.
- Greenberg (2013). Chpt. 15
- Frances (2013). Chpt. 8
- Ballou (2002). Chpt. 8
- Goodenough (2003). Ritalin Debate: Some Experts Doubt Existence of ADHD (Internet)URL
- DeWeese (2002). Ritalin is Poison (Internet) (An extreme view I don't nec. agree with it)URL
- Study: Diet May Help ADHD Kids More Than Drugs (NPR report)URL
- Sacks, O. (1987). Rebecca. In The Man who Mistook his Wife for a Hat (pp. 178-186), NY: Harper/Row (eReserve)File
- Alcohol Recovery Study Finds More Than 75% Recover Without Treatment (Internet)URL
- Sacks, O. (1987). Witty Ticky Ray. The man who mistook his wife for a hat (pp. 93-101), NY: Harper/Row (eReserve)File
- Aust, Patricia (2002). Mental Retardation and ADHD w/ and w/o HyperactivityFile
- Barett (2002). Some Notes on ADHD and Peter R. Breggin's Unfair Attack on Ritalin (Internet)URL
- Olson, Steve (2004). Making Sense of Tourette's. Science, 30 (PsychINFO)URL

• Learning Tools

- CCHR: Psychiatry -- Labeling Kids with Bogus "Mental Disorders" (YouTube)Page
- Charges filed over girl's medications (YouTube)
- Pills for Grades (Internet)URL
- Clinical Case: "The Pretzel"Page
- Clinical Case: "Take That!"Page
- Weekly Activities
- "Frontline: Medicated Child"
 View here: The Medicated Child
- Clinical Cases Due.
- "Ah-Hah!" Post Due.
- Post Your Biggest, Most Recent, "Ah-Hah!" Learning (here)Forum

Week 13 -Personality Disorders

- Personality Disorders (Kayij-Wint PP)File
- Required Readings
- DSM: "Personality Disorders" (pp. 645-684)
- Hornstein (2009).Chpts 23-25(pp. 235-273) in Agnes's Jacket.
- Ballou (2002). Chpt. 9
- Greenberg (2013). Chpt. 16
- Frances (2013). Chpt. 9
- Huff (2004). Where Personality Goes Awry (Internet)URL
- Excerpts from John F. Nash, Jr. AutobiographyPage
- Johnson, Rogers, Spalding (2009). Personality Disorders (Starts after "Preface" -Internet)URL
- Ward, R. (2004). Assessment and Management of Personality DisordersURL
- Newspaper article: Characteristics of Serial KillersPage
- Mewspaper article: Why Did Bundy Kill & Kill Again?File
- Sewspaper article: Why Did Ridgway do it?File
- Learning Tools

• The Karpman

Triangle

- Karpman's "Drama Triangle" Explained (YouTube)Page
- Dateline "The Hanson Files Drug Trials" Series (Bing Videos)Page
- What is Borderline Personality Disorder? (Mental Health Guru) (YouTube)Page
- The Karpman Triangle for Understanding BPDURL
- What is Antisocial Personality Disorder? (Mental Health Guru) (YouTube)Page
- Geraldo's YouTube Interview w/Charles Manson (7 parts) (YouTube)Page
- Dobson's and Ted Bundy the Day Before His Execution (YouTube)Page
- These files may have been moved. Try this link: http://www.nbcnews.com/video/dateline/46615382#46615382 There are several of them - this is the first one.
- Clinical Case: "My Fan Club"Page
- Clinical Case: "The Good Deed"Page

Weekly Activities

- "The Great Santini" PG
- "Girl, Interrupted" R (Can edit with ClearPlay)
- "Fatal Attraction"
 Optional: "Play Misty for Me" R (Can edit with ClearPlay)
- Clinical Cases Due.
- YouTube Project #2 Due .
- Post Your YouTube Project #2 here. All comments due by next Monday at 9 PM.Forum
- Post Your Pamphlet Diagnoses here.Forum

Week 14 – Break

Required Readings

- Greenberg (2013). Chpts. 17-18
- Frances (2013). Chpts. 9 & Epilogue
- Learning Tools
- Clinical Case: "Fire Setter"Page

- Clinical Case: "The Radiologist"Page
- Clinical Case: "Lady Macbeth" Page
- Clinical Case: "I Am Vishnu"Page
- Weekly Activities
- Post Clinical Cases Here.

Week 15 - Personality Disorders - continued

- Characters with Personality Disorders (Kayij-Wint PP)File
- "Changes: DSM-IV to DSM-5" (pp. 809-816)
- "Other Conditions for Clinical Attention (V-Codes)" (pp. 715-727)
- Required Readings
- Hornstein (2009).Chpts 26(pp. 274-282)in Agnes's Jacket.
- Watters (2010). "Introduction" & "The Global Economic Crisis & Future of Mental Illness." (pp. 1-7 & pp. 249-255) in Crazy Like Us.
- Greenberg (2013). Chpts. 19-20
- A Final StatementPage
- Whitaker (2010).Epilogue (pp. 361-362)in Anatomy of an Epidemic.
- Learning Tools
- Clinical Case: "Anna O."Page
- Clinical Case: "The Miscarriage"Page
- Clinical Case: "Garbage Collector" Page
- Weekly Activities
- Clinical Cases Due.
- Course Evaluation

SMU ACADEMIC CALENDAR

Fall 2019		
Main, 04, STAR (16 Week)		
Faculty & Student Convocation	August 23, Friday	
Fall Semester Lacey Campus Classes Begin	August 26, Monday	
Labor Day (University Closed)	September 02, Monday	
Add/Drop Deadline (No Notation) Attendance Accounting Due	September 06, Friday	
Midterm Grades Due to Registrar	October 21, Monday	
Fall Break	October 21-22, Monday - Tuesday	
Advising Week; Classes Meet Students Encouraged to Schedule Meeting with Advisors	November 04-08, Monday - Friday	
Saint Martin's Day/Veteran's Day Observed (University Closed)	November 11, Monday	
Last Day for Withdrawal (W grade)	November 15, Friday	
Priority Registration for Spring 2020 Begins	November 18, Monday	
Thanksgiving Recess; No Lacey Classes, University Open	November 27, Wednesday	
Thanksgiving Recess (University Closed)	November 28-29, Thursday - Friday	
Study Week - No University-Sponsored Social or Club Activities	December 02-06, Monday - Friday	
Conferral Date, Fall Graduates	December 14, Saturday	
Final Grades Due to Registrar	December 16, Monday	

COURSE AGREEMENT

Please fill this out completely before our first class.

Na	meCourse N	Name Semester Year			
Preferred Pronoun (optional) Age (optional) Ethnicity (optional)					
Ade	dressZip_	Email			
Ph	one Numbers: work (Please indicate which numbers can be	home placed on a class list for students in this class.)			
Re	ational Status (optional) Children	Ages			
Presently employed? Place of Employment					
B.A	. Degree from	Major			
1. What do you hope this course will help you accomplish? What is your curricular /learning agenda? What are your learning goals? Please be specific.					
2.	 Please describe yourself as a learner. How do you learn best? What is your learning style? Have you taken the Myers-Briggs test? (If so, please list type.) 				
3.	 Please describe your previous exposure, training or education in issues of social membership, power and oppression. 				
4.	 How will you know, at the end of this semester, if you have reached your goals for this course? (Please be as specific as you can.) 				
5.	What do you bring to this course? What will you o	ontribute?			
6.	Self-care is an important part of a good learning e challenge and support? How? (Please be as spec	experience. Are you prepared to monitor your levels of cific as you can.)			

- 7. Are you willing to commit to being a supportive learning partner with all of us in this class? How will you do that?
- 8. There may be a class assistant offering support in this class. Will you take the opportunity to talk with them and the faculty about any concerns, challenges, or support that you might need? Is there anything you want faculty to know?
- 9. I have read the syllabus and schedule. I have read and understand it.

Signed: _____

Date:_____

Please review and return week two

Ground Rules and Class Agreement

- 1. We want to create an atmosphere that lends itself to open discussion. Respect and confidentiality support the creation of a space where open discussion can happen.
- 2. Acknowledge that racism and sexism, as well as other forms of oppression, exist.
- 3. We cannot be blamed for the misinformation we have learned, but we will be held responsible for repeating misinformation after we have learned otherwise.
- 4. We will assume that people are always doing the best they can.
- 5. We will share information about our groups with other members of the class and we will never demean, devalue, or in any way "put down" people for their experiences.
- 6. We each have an obligation to actively combat the myths and stereotypes about our own groups and other groups so that we can break down the walls that prohibit group cooperation and group gain.

(Note: These guidelines are adapted from guidelines initially developed by Lynn Weber Cannon, Professor of Sociology, Memphis State University)

Please answer and discuss the following:

- 1. What three values do you think it is most important for us to uphold as a group?
- 2. What behaviors will support these values?

3. What behaviors will detract from these values? What behaviors would you see as unacceptable in the context of this class?

4. How do you think conflict should be handled in this class?

5. What does respect mean to you? What has characterized your best classroom experience?

SECTION THREE

HOW TO GET STARTED:

Be sure you have read the policies related to this class. Click on "Assignments and Academic Policies for this Class" (Moodle).

OTHER IMPORTANT CLASS INFORMATION

See the MAC Moodle Space for the Following Topics:

- FAQ Why is the MAC program offering online or hybrid classes?
- Yes, grammar and spelling DO count! (even in Forums and especially in posted assignments)

Assignments and Academic Policies for this Class (Important!) Resource (Moodle)

POINT VALUES FOR GRADED ASSIGNMENTS AND ACADEMIC POLICIES

The format of this class was designed to allow flexibility within a tight weekly structure. This means that you need to stay up with each week, but are discouraged from trying to work ahead. I have designed the class with each week having the same basic sequence of activities in order to best organize all we have to do. You will work through the weekly activities in approximate order.

Point Values for the Graded Assignments

"Ah-hah!" Posting	4 posts	10 Points
YouTube Project	2 projects	40 Points
Case Studies	Homework	20 Points
Particip/Attendance/Professionalism	@10 pts. each	30 Points

Please note that you are expected to complete/view **all readings, PPTs, movies, and videos posted on the Moodle weekly assignments. This will be graded under participation and professionalism. You are also expected to view the "Shrink Rap" **at least** once a week.

DESCRIPTION OF GRADED ASSIGNMENTS

"Ah-hah!" or, Your Latest and Greatest Academic Jolt

Four times this semester, you will be asked to post the most significant information you learned from any of the main learning tools in this class. Share your latest "academic jolt" from any of these sources. The emphasis should be on what you learned about the relevant section of this class. Philosophizing, musings, reminders that are triggered from previous learning and discussion gained from life experiences are all welcome as a part of what you post. But concentrate on this semester in this class. In other words, share a significant "ah-hah!" experience you had that week with the most topics in MAC 588.

In addition, I am most impressed by your growth -- I want to know:

- How did you grow this week and on this topic?
- What did you specifically learn?
- What excited you?
- What rocked your world?

• Comment on what shocked you, surprised you, enlightened you, and moved you.

No matter when you decide to post, be sure to post no later than the relevant Wednesday evening by 9:00 pm. That is the "drop-dead" deadline and no points will be awarded for any learning posts after that time. Posts should be between 250 and 750 words. Presentation errors (spelling, grammar, and punctuation errors) definitely count, but the major emphasis will be on the depth and significance of what you learned and what you, therefore, have to teach others via your post. Discussion often begins right away. Everyone is responsible to respond to at least three "Ah-hah!" posts (more if possible). From experience: a) later posts will receive fewer comments and b) the discussion will fade out by Sunday evening. Any replies you post after that will likely not be read by others. I will not be reading posts or replies past Wednesday evenings (9 pm), so will not be awarding any credit for replies after that time. The four postings (and your replies to others) are required and will be a total of 10 points of your grade.

Please note: Skipping either the posts of your learning or the three replies to others' posts (either because of forgetting, being out of town, or illness, etc.) will **also** be reflected in the participation grade at 1 point loss per skipped post and on the professionalism grade at 2 points loss per skipped post.

Two Application Projects Based on YouTube Cases

In addition to the weekly learning, there will be two "Application Projects" during the semester. These projects are both similar in that they involve you looking at YouTube videos (posted by real people who are describing their mental health challenges) and analyzing their situations as they present them on YouTube. These two YouTube projects will need to be completed in groups of four and posted as **one shared post** with four names. In addition, you will be with **different partners** for each assignment. This will give you the benefit of arguing, negotiating, and convincing new people and opening yourself up to new ideas. The four of you must equally contribute to your posting, although you do not need to agree on each guiding question in the project. Include your intellectual disagreements as a part of your posting; that always enriches what you have to say, and we have to discuss. Your group will post your summary in the related forum page.

Now, back to the projects: Both completed projects will be written as papers (remember, you will turn it in one copy) with the MS Word documents then attached to the forum page.

The final paper will include:

- 1. A thorough analysis of the client's symptoms and current diagnoses.
- 2. A discussion of your findings regarding these symptoms and diagnoses (based on course readings, class discussions, and the DSM-5).
- 3. A discussion of any disagreements or difficulties that came up during the group work.
- 4. An in depth diagnostic formulation with the five axes and recommendations for the client your group chose.

Papers **may not exceed 1,500 words** and **may not be less than 500 words**. Presentation errors definitely count, especially with four students working on the paper together. The presence of more than two presentation errors will result in an automatic loss of points. However, the major emphasis will be on the theoretical analysis of the YouTube cases.

The other students will usually start to reply to the project posts as soon as the first posts go up. So discussion often begins right away - as soon as the first Projects appear. Obviously, until the Projects are posted, the rest of us have nothing to discuss (hence the Wednesday 9:00 pm "drop-dead" deadline). Each group member is responsible to individually respond to at least three Project posts (more if possible), but they will post as their schedules permit. As discussed above, I can tell you that later posts will receive fewer comments with the discussion fading out by Wednesday evening. Any replies you post after that will likely not be read by others. I will not be reading replies past Wednesday 9:00 pm, so will not be awarding any points for replies after that time. Again, the student group who posted the original YouTube project will be expected to be heavily involved in the discussion -- defending what they wrote,

clarifying their position, answering questions, etc. (but not necessarily responding one-for-one to every comment made).

I know that most of you, in your replies, will avoid even constructive disagreement with the ideas expressed by your peers. Instead, you will focus on thanking and praising each other. While positive reinforcement is always nice and always welcome, I encourage you to not waste opportunities for growth and learning by doing nothing but praising. Kind and constructive questioning of ideas (not personalities) needs to be a part of our discussions. Let's avoid either the Simon Cowell nasty extreme or the Steven Tyler "That was just beautiful!" extreme.

The forums will only work if everyone returns to the threaded discussions several times for replies and replies-to-replies. We can expect to enjoy lively discussions and learn a great deal from each other. The Projects will be graded by the instructor as soon as possible. That may not be for several days. Again, posts that contain the too many presentation errors of the average MAC student cannot be graded higher than MAC average (which is a B - 85%). You are encouraged to read the grammar rules in the MAC Moodle page and consult the Writing Center as needed. Do not expect that works which reflect poorly on your professionalism will receive grades of A- or A. These YouTube projects will be worth 20 points each for a total of 40 points of your total semester grade.

Guiding questions (only meant to guide your thinking as you prepare for and complete the diagnostic formulation):

- Is this young woman mentally ill? Why or why not? Each "client" has received, and bought-into, a DSM diagnosis. Compare specific symptoms that the person describes with formal DSM criteria. Discuss with your group the closeness of the match (or lack thereof). What is your opinion of the quality or completeness of the DSM diagnosis in this case.
- Discuss with your group examples of errors of understanding that this person reveals or examples of regurgitated psycho-babble. Consider the idea of chemical imbalance for this case. Identify at least one other diagnosis you might like to investigate. Match symptoms that you think you see with DSM criteria for your new diagnosis. (Don't overlook Axis II traits or disorders.)
- 3. Assuming you have questions over the use of specific meds or over psychotropics in general, how might you establish your credibility (evidence that is leading your thinking) when writing up your paper?
- 4. How is the person who is being diagnosed more than merely a DSM diagnosis? Consider the strengths and coping mechanisms that this person has developed to compensate. Caution: don't show off how broad-minded you are; create substantive and in-depth analyses. In fact, consider all the negatives that struck you as a first impression (they will have struck others that way, too). How could you use both the strengths and the negatives clinically? What non-psychiatric interventions might you take (from other approaches such as Systems, Cognitive, Rogerian, etc.)?

Case Studies

One of the most important assignments of this course will be the completing of the diagnostic case studies. You will find these cases to be interesting and challenging puzzles to solve. They are invaluable in learning to use the DSM-5. Consider them your second highest priority (second only to reading the relevant chapter in the DSM). Be sure to have them completed in time for each class session. We will discuss the diagnoses in class.

ATTENDANCE, PARTICIPATION, & PROFESSIONALISM

First day of class:

Missing the first day of class or being 30 minutes or later to the first day of class will result in you being dropped from the class. This is non-negotiable.

Moodle Participation

You are expected to complete/view **all** postings, readings, PPTs, movies, and videos posted on the Moodle weekly assignments. This will be graded under participation and professionalism. You are also expected to view the "Counseling Couch" **at least** once a week.

Attendance is an essential aspect of any graduate-level class. MAC faculty members do not merely teach out of the textbooks, but have additional material that is vital to hear. You cannot "make up" an absence by getting notes from another class member. In fall and spring semesters, one missed class is equal to an entire week of an undergraduate class; in the summer, it is equal to two weeks. Of course, illness, family emergencies, and professional opportunities happen. Such problems and/or opportunities always involve costs. Academic grades are just another, normal, obvious part of those costs. It is unrealistic to hope that absences, even "legitimate" ones, will have no consequence since they represent lost classroom work, missed lectures/materials, and group process foregone. Nor can absences be made up by extra papers or assignments, which would not be fair to other students. Simply put, the higher the number of absences, the greater the costs. However, students are expected to monitor their own attendance, just as they would out in the working-world. Please do not shift the burden to faculty, putting them in the position of policemen or school teachers being given doctor's notes. Attendance will be reflected in the attendance grade - normally at an automatic minimum of 5 points loss per absence, an additional 2 points loss for professionalism, and 3 points loss for participation, for a total of 10 points lost per absence. In other words, attendance will figure significantly in your total semester grade. Please understand what this means. Two or more tardies will result in a loss of 1 professionalism and 2 participation points automatically for a total of 3 points lost. At the end of each semester, at least one student is horrified that we really meant what is presented here; we do mean it.

You will have the opportunity to earn up to 20 "**participation and professionalism**" points by the way you approach the material, your fellow students, and the instructor. The MAC faculty members are not just teaching course content, but are also training mental health professionals. For that reason, a significant portion of the grade is based on student participation and professionalism. Along with demonstrated skill and mastery in areas of academic content, a portion of your participation/professionalism grade will be based on an evaluation of certain **behavioral and attitudinal expectations**. The most loss of points will be for skipping of readings or activities -- especially PowerPoints and YouTube videos created by the instructor. That is like missing classroom lectures and being absent. Points will also be lost for failure to post, "flaming" posts, lateness, failure to consider other ideas, disruptive behaviors, undermining the learning environment, showing lack of respect to peers or instructor, chewing gum, clicking pens, and the like.

The following will have a definite and significant impact on the attendance, participation, and professionalism part of your final grade:

- Degree to which work is edited, proofread, free of style errors, and meets the standards of a graduate program
- Whether work is submitted in a timely manner
- Degree of professionalism in demeanor and self-presentation
- Attendance at all class sessions especially extent of "non-excused" absences
- Involvement in out-of-class events (such as dyad meetings and group participation)
- Degree of promptness to class either at the beginning of class or in coming back from breaks, etc.
- Strict avoidance of any kind of ethical or legal violations
- Extent of enthusiastic and positive exchange with fellow students and the teacher
- Ability to ask questions and offer comments that further class discussions and Moodle Forum discussions.

For more details on grading policies and professionalism expectations of the MAC program, please visit the MAC website and utilize your Student Handbook.

SMU AND MAC POLICIES

GRADE REQUIREMENT

MAC students are expected to maintain a grade point average of 3.0 ("B") or better in their coursework and to receive a grade of at least a "C+" in any MAC course. Students whose cumulative grade point average falls below 3.0, or who receive a grade of "C" in any single class, will be placed on immediate academic probation and their candidacy reviewed by the core MAC faculty. A student who: 1) fails to return the grade point average to a 3.0 by the end of the next semester, or 2) receives two grades of "C," or 3) receives any grade lower than a "C" in any class may be withdrawn from the MAC Program and from Saint Martin's University.

CONFIDENTIALITY POLICY

Confidentiality is an essential principle in all MAC courses. Because at times we may discuss highly personal material and actual clients, we will hold to standards of strict confidentiality. This means that what is said in class must stay in class.

IN CASE OF EMERGENCY OR SCHOOL CLOSURE

In case of unexpected instructor absence, every attempt will be made to notify you via email or phone call prior to the class session. Please also check my website/moodle. In case of inclement weather or school closure emergency – please review status on the university website.

ACCESS AND ACCOMMODATIONS

Your experience in this class is important to me. If you have already established accommodations with Disability Support Services for Students (DSS), please communicate your approved accommodations to me at your earliest convenience so we can discuss your needs in this course.

If you have not yet established services through DSS, but have a temporary health condition or permanent disability that requires accommodations (conditions include but not limited to: mental health, attention-related, learning, vision, hearing, physical or health impacts), you are welcome to contact DSS at 360-438-4580, dss.testing@stmartin.edu, or smu.dss@stmartin.edu. DSS offers resources and coordinates reasonable accommodations for students with disabilities and/or temporary health conditions. Reasonable accommodations are established through an interactive process between you, your instructor(s) and DSS. It is the policy and practice of the Saint Martin's University to create inclusive and accessible learning environments consistent with federal and state law.

ACADEMIC INTEGRITY POLICY

Saint Martin's University is a community of faculty, students and staff engaged in the exchange of ideas in the ongoing pursuit of academic excellence. Essential to our mission is a focused commitment to scholarly values, intellectual integrity and a respect for the ideas, beliefs and work of others. This commitment extends to all aspects of academic performance. All members are expected to abide by ethical standards both in their conduct and their exercise of responsibility to themselves and toward other members of the community. As an expression of our shared belief in the Benedictine tradition, we support the intellectual, social, emotional, physical and spiritual nurturing of students.

Acts of academic dishonesty, plagiarism and cheating are considered unethical actions and a violation of university's academic policy. Please make sure you are citing all sources and doing your work individually unless otherwise instructed. Students in the MAC Program are expected to hold the highest ethics which includes ethics in writing. Plagiarism, intentional or unintentional, will result in consequences. Copying another student's paper or helping another student write a paper are examples of academic dishonesty. Consequences will range from a 0 on the assignment to dismissal from the MAC Program.

ATTENDANCE POLICY

Attendance is an important aspect of overall professionalism. In fall and spring semesters, one missed class is equal to an entire week of an undergraduate class. In the summer it is equal to 2 weeks. Of course, illness, family emergencies, and professional opportunities happen. Such problems/opportunities always involve costs and academic grades may be part of that cost. It is unrealistic to hope that

absences, even "legitimate" ones will have no consequences since they represent lost classroom work, missed lectures and group/class process. Nor can absences be made up by extra papers or assignments which would not be fair to other students. We expect students to monitor their own attendance as part of overall professionalism. Please do not shift the burden to the faculty, putting them into the position of police or judges.

Please do not come to class ill, especially if you are contagious. You can arrange with a classmate to skype or facetime in. There may be times that format will have to be turned off.

POLICY ON BABIES IN CLASS

It is the policy of the MAC Program to not have babies or children in classes. We do, however, want to support parents of infants. If you have someone to be on campus with your baby you can leave class to tend to the baby when needed.

SEXUAL MISCONDUCT/SEXUAL HARASSMENT REPORTING

Saint Martin's University is committed to providing an environment free from sex discrimination, including sexual harassment and sexual violence. There are Title IX/sexual harassment posters around campus that include the contact information for confidential reporting and formal reporting. Confidential reporting is where you can talk about incidents of sexual harassment and gender-based crimes including sexual assault, stalking, and domestic/relationship violence. Confidential Reporters at Saint Martin's include – Dr. Emily Coyle, Assistant Professor of Psychology, Angela Carlin, Director of Campus Ministry, and Kelly Simmons, Director of the Counseling Center. This confidential resource can help you without having to report your situation formally unless you request that they make a report. The formal reporting process is through the following individuals: Dean of Students – Ms. Melanie Richardson, Associate VP of Human Resources – Ms. Cynthia Johnson, Director of Public Safety – Mr. Will Stakelin, or the Interim Provost |Vice President of Academic Affairs – Dr. Kate Boyle. Please be aware that in compliance with Title IX and under the Saint Martin's University policies, all educators must report incidents of sexual harassment and gender-based crimes including sexual assault, stalking, and domestic/relationship violence. If you disclose any of these situations in class, on papers, or to me personally, I am required to report it.

CENTER FOR LEARNING, WRITING, & ADVISING

The Center for Student Learning, Writing and Advising offers free academic services for all Saint Martin's students at all levels of achievement in pursuit of intellectual growth and academic excellence. The Learning Center is home to the STEM Study Center which provides subject area peer tutoring (science, technology, engineering, and math as well as business/ accounting/economics, and world languages). At the Writing Center, students meet with trained peer readers to discuss their academic, personal and professional writing. The Advising Center works with students with academic advising, connecting with campus support resources, transition and self-exploration guidance, personalized academic improvement plans, learning workshops, and support major change. The Advising Center staff also works closely with the University's Early Alert Program — a referral system that supports student success. Saint Martin's Disability Support Services is located in the Center for any student with a disability who is interested in using their accommodations. These students can connect with the Disability Support Services Coordinator who will evaluate the documentation, determine appropriate accommodations, and serve as a learning resource and advocate with assisting students in meeting their academic goals. https://www.stmartin.edu/academics/academic-resources/center-student-learning-writing-and-advising

COUNSELING AND WELLNESS CENTER

The Counseling and Wellness Center (CWC) is committed to helping you meet the challenges of life you may experience during college. The CWC promotes and enhances the health and development of students through professional mental health services, education and training. Integrating faith, reason and service, we empower you to develop self-awareness, knowledge and skills, necessary to make healthy choices and build relationships in a multicultural world. Integrating faith, reason and service, the CWC empowers students to develop self-awareness, knowledge and the skills necessary to make healthy choices and build relationships in a multicultural world. https://www.stmartin.edu/directory/counseling-and-wellness-center.