USC | School of Social Work

Social Work 644

Explanatory Theories of Health and Mental Health

3 Units

Summer 2017

INSTRUCTOR: JESSICA KLEIN, LCSW

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Course Time: 7:00-8:15 am

COURSE DAY: TUESDAY

Course Location: VAC

Office Hours: Tuesdays 10-12pm

I. COURSE PREREQUISITES

Prerequisites for this course are completion of SOWK 506, SOWK 536, SOWK 544, and SOWK 546

II. CATALOGUE DESCRIPTION

This is a Behavioral Health theory course that integrates theories of health and mental health and builds on the content from the Human Behavior and Social Environment course.

III. COURSE DESCRIPTION

Situated within the person-in-environment perspective this 3-unit course builds on content from the foundation HBSE course by integrating health and mental health issues. The course addresses the Grand Challenge for Social Work of advancing long and productive lives through the lifespan. The integration of health and mental health reflects the recognition that emotional and physical well-being are inextricably connected, that one affects, and is affected by, the other. A bio-psycho-social paradigm provides a conceptual framework for this course, emphasizing neurobiology as an important component. Diversity and cultural variance will be examined and integrated throughout the course with attention to how ethnicity, gender, sexual orientation, and SES become a part of human beings' experience of stress and resiliency.

IV. Course Objectives

The integrated Health and Mental Health course will:

Objective #	Objectives
1	Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in health and mental health settings.
2	Provide students with an advanced theoretical base for helping individuals, families, and groups in varied mental health and health care settings, utilizing a bio-psychosocial, ecological perspective.
3	Teach the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on health and mental health functioning; how they may assert risk or protective influence against illness mental health problems.
4	Provide opportunities to understand the interrelationship between oppression, disempowerment, and health/mental health problems.
5	Describe recent research and landmark studies of health and mental health for critical evaluation
6	Teach aspects of neurobiology as they relate to health and mental health.

V. Course format / Instructional Methods

The format of the class will primarily be didactic and interactive. Students are expected to come to class prepared to discuss the material and are encouraged to share brief, relevant, clinical experiences. Appropriate videos and case vignettes will be used to illustrate class content.

VI. Student Learning Outcomes

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

	Social Work Core Competencies
1	**Demonstrate Ethical and Professional Behavior**
2	**Engage in Diversity and Difference in Practice ***
3	**Advance Human Rights and Social, Economic, and Environmental Justice**
4	**Engage in Practice-informed Research and Research-informed Practice**

5	**Engage in Policy Practice**
6	**Engage with Individuals, Families, Groups, Organizations, and Communities**
7	**Assess Individuals, Families, Groups, Organizations, and Communities ***
8	**Intervene with Individuals, Families, Groups, Organizations, and Communities**
9	**Evaluate Practice with Individuals, Families, Groups, Organizations and Communities**

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 2: **Engage Diversity and Difference in Practice** Using research, social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity and are able to apply this knowledge to work empathically and effectively with diverse populations. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. Social workers, through self-reflection, continue to assess and address their ageist values, building knowledge to dispel myths regarding aging and stereotypes of older persons. Social workers are able to consistently identify and use practitioner/client differences from a strengths perspective. Social workers view themselves as learners and engage those with whom they work as informants.	2, 3, 4, 5, 6 Teach the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on health and mental health functioning; how they may assert risk or protective influence against illness mental health problems.	2a. Recognize and communicate understanding of how diversity and difference characterize and shape human experience and identity.	Values	Assignment #1 Assignment #2 Class Participation
	1-6 Provide opportunities to understand the interrelationship between oppression, disempowerment, and health/mental health problems.	2b. Evaluate strengths and weaknesses of multiple theoretical perspectives through an intersectionality framework that considers multiple factors, including age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status.	Exercise of Judgment	Assignment #1 Assignment #2 Class Participation

Competency	Objectives	Behaviors	Dimensions	Content
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.	1-6 listed above.	7a. Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.	Knowledge	Units 1-15 Assignment #1 Assignment #2 Class Participation

VII. COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Paper	Week 7 – June 20th	40%
Assignment 2: Integrated Paper	Finals week – August 22nd @ classtime	50%
Class Participation and Professional Demeanor	Ongoing	10%

Each of the major assignments is described below.

Assignment 1

This first assignment involves responding to vignettes covering the first six weeks of class. The student will be asked to choose 2 out of 3 vignettes which look at health and mental health issues. This is a scholarly paper, drawing on the assigned readings and lectures, as well as outside readings. A more detailed description of the assignment can be found at the end of the syllabus.

Due: Week 7

This assignment relates to student learning outcomes 1-6.

Assignment 2

The final assignment is a crossover paper with the AHA Practice course (643). For this course the student is asked to apply a theory to either a mental disorder (e.g., PTSD), a symptom (e.g., depression,), or a problem (e.g., domestic violence). The paper must integrate health and mental health issues. For the Practice course the student will use the same topic to look at interventions that flow from this theoretical perspective. This is a scholarly paper, drawing upon empirical research and relevant literature, including neurobiology. Diversity issues must be addressed. Length: 12-15 pages. A more detailed description and rubrics can be found at the end of this syllabus.

Due: Finals Week

This assignment relates to student learning outcomes 1-6.

Class Participation (10% of Course Grade)

Students are expected to contribute to the development of a positive learning environment and to demonstrate their learning through written and oral assignments and through active, oral class participation. Class participation is defined as students' active engagement in class-related learning. Students are expected to participate fully in the discussions and activities that will be conducted in class. Students are expected to contribute to the development of a positive learning environment and to demonstrate their learning through the quality and depth of class comments, participation in small group activities, and experiential exercise and discussions related to readings, lectures, and assignments. Class participation should consist of meaningful, thoughtful, and respectful participation based on having completed required and independent readings and assignments prior to class. When in class, students should demonstrate their understanding of the material and be prepared to offer comments or reflections about the material, or alternatively, to have a set of thoughtful questions about the material. Class participation evaluation will be based on the following criteria:

1. **Good Contributor:** Contributions in class reflect thorough preparation. Ideas offered are usually substantive, provide good insights, and sometimes direction for the class. Challenges are well substantiated and often persuasive. If this person were not a member of the class, the quality of discussion would be diminished. Attendance is factored in. (90% to 100% points)

2. **Adequate Contributor:** Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, and provide generally useful insights but seldom offer a new direction for the discussion. Challenges are sometimes presented, are fairly well substantiated, and are sometimes persuasive. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Attendance is factored in. (80% or 90% points)

3. **Non-participant:** This person says little or nothing in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Attendance is factored in. (40% to 80% points).

4. **Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights, and never provide a constructive direction for the class. Integrative comments and effective challenges are absent. (0% to 40% points)

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4.00	A	92.5 – 100	A
3.60 – 3.84	A-	89.5 – 92.4	A-
3.25 – 3.59	B+	86.5 – 89.4	B+
2.90 – 3.24	B	82.5 – 86.4	B
2.60 – 2.89	B-	79.5 – 82.4	B-
2.25 – 2.59	C+	76.5 – 79.4	C+
1.90 – 2.24	C	73.5 – 76.4	C
		70.5 – 73.4	C-

(***Note:*** Please refer to the *Student Handbook* and the *University Catalogue* for additional discussion of grades and grading procedures.)

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School:

(1) Grades of **A** or **A-** are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

(2) A grade of **B+** will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.

(3) A grade of **B** will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.

(4) A grade of **B-** will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

(5) A grade of **C** would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.

(6) Grades between **C-** to **F** will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

Cautionary Note to Students on Plagiarism

You are expected to know what plagiarism is. Being "unclear" on the citing format is not an acceptable excuse so please avail yourselves of the resources below. All papers go through “turnitin,” a web-based plagiarism detection program. Once quotations and references are filtered, if an instructor sees more than 10% similarity index there may be significant consequences, up to and including failing the paper and/or course and being referred to the University Office of Judicial Affairs.

The following resources, as well as our writing support center, are provided for your support.

https://owl.english.purdue.edu/owl/resource/589/02/

https://owl.english.purdue.edu/owl/resource/589/1/

https://owl.english.purdue.edu/owl/section/3/33/

http://libguides.usc.edu/APA-citation-style

http://www.usc.edu/student-affairs/SJACS/pages/students/academic_integrity.html

Excerpt below is from your USC Student Guidebook: http://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/

11.00 Behavior Violating University Standards and Appropriate Sanctions

General principles of academic integrity include and incorporate the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one’s own academic work from misuse by others as well as to avoid using another’s work as one’s own. All students are expected to understand and abide by these principles. Faculty members may include additional classroom and assignment policies, as articulated on their syllabus.

The following are examples of violations of these and other university standards.

11.11

A. The submission of material authored by another person but represented as the student's own work, whether that material is paraphrased or copied in verbatim or near-verbatim form.
B. The submission of material subjected to editorial revision by another person that results in substantive changes in content or major alteration of writing style.
C. Improper acknowledgment of sources in essays or papers.

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Required Textbooks

Berzoff, J., Flanagan, L.M; & Hertz, P. (2016). *Inside out and outside in* (4th ed.). Lanham, MD: Rowman and Littlefield..

Cozolino, L. (2010). *The neuroscience of psychotherapy.* New York, NY: W.W. Norton.

Recommended Textbook

Applegate, J., & Shapiro, J. (2005). *Neurobiology for clinical social work: Theory and practice*. New York, NY: W.W. Norton.

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain (*2nd ed.). New York, NY: W.W. Norton.

On Reserve

All required articles, chapters in non-required books, and some recommended readings can be accessed through ARES. Books have been placed on reserve in Leavey Library.

Note: If the instructor believes students are not coming to class prepared, having read the required material, s/he may institute some additional activity to encourage more meaningful class participation (e.g. quizzes).

Course Schedule

Units 1: Review of major concepts in neurobiology

Topics

- Review of HBSE SW 506
- Review of major brain structures and functions
- Review of Affect regulation and Contemporary Attachment theory
- Psychosocial factors impacting attachment (e.g economic hardship)
- Applications of neurobiology to clinical practice

Required Reading

Cozolino, L. (2010). Building and rebuilding the brain: Psychotherapy and neuroscience. In *The neuroscience of psychotherapy* (2nd ed., pp. 12-31). New York, NY: W.W. Norton.

Cozolino, L. (2010). The neurobiology of attachment. In *The neuroscience of psychotherapy* (2nd ed., pp. 213-238). New York, NY: W.W. Norton.

Schore, J. & Schore, A. (2014). Regulation theory and affect regulation psychotherapy: A clinical primer. *Smith College Studies in Social Work*, *842(*2-3),178-195.

Recommended Reading

Cozolino, L. (2010). The human nervous system: From neurons to neural networks. In *The neuroscience of psychotherapy* (2nd ed., pp. 55-72). New York, NY: W.W. Norton.

Cozolino, L. (2010). The executive brain. In *The neuroscience of psychotherapy* (pp. 115-132). New York, NY: W.W. Norton.

Schore, J., & Schore, A. (2012). Modern attachment theory: The central role of affect regulation in development and treatment. In *The science of the art of psychotherapy* (pp. 28-51). New York, NY: W.W. Norton. (Review from HBSE)

Tsuang, M., Stone., & Johnson, J. (2008). Gene-environment interactions in mental disorders. In H. Freeman & S. Stansfield (Eds.), *The impact of the environment on psychiatric disorder* (pp. 26-51). New York, NY: Routledge.

Unit 2: Review of major concepts in Contemporary Psychodynamic Theory

Topics

- Object Relations
- Self Psychology
- Mentalization

Required Reading

Flanagan, L.M. (2016). Object relations theory. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in (*4th ed., pp. 123-165). Lanham, MD: Rowman & Littlefield.

Flanagan, L. M. (2016). The theory of self psychology. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 166-195). Lanham, MD: Rowman & Littlefield.

Fonagy, P. & Campbell, C. (2016). Attachment theory and mentalization. In A. Elliott & J. Prager (Eds.), *The Routledge handbook of psychoanalysis in the social sciences and humanities* (pp. 115-131). New York, NY: Routledge.

Recommended Reading

Borden, W. (2009). W.R.D. Fairbairn: Inner experience and outer reality. *Contemporary psychodynamic theory and practice* (pp.75-88). Chicago, IL.: Lyceum Books.

Unit 3: Stress

Topics

- Continuum of stress to trauma
- Review of neurobiology of stress
- Models of coping
  - Appraisal model
  - Stress-diathesis
  - Polyvagal theory
  - Successful copers
- Film: *Stress: Portrait of a killer*

Required Reading

Cozolino, L. (2014). The impact of early stress. *The neuroscience of human relationships: Attachment and the developing social brain* (2nd ed., 258-276). New York, NY: W.W. Norton.

Harvard Mental Health Letter (2011). Understanding the stress response*, 27*(9), 4-5.

Ingram, R., & Luxton, D. (2005). Vulnerability-Stress models. In B. Hankin & J. Abela (eds.). *Development of psychopathology: A vulnerability-stress perspective* (pp.32-46). Thousand Oaks, CA: Sage Publications.

Van der Kolk, B. (2014). Running for your life: The anatomy of survival. *The body keeps the score* (pp.51-73). New York, NY: Viking Publishing Co.

Recommended Reading

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRose, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*(5), 390-398.

Cozolino, L. (2014). Interpersonal stress. *The neuroscience of human relationships: Attachment and the developing social brain* (2nd ed., pp. 277-293). New York, NY: W.W. Norton.

Lupien, S., McEwen, B., Gunnar, M., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Neuroscience, 10*, 434-445.

Montgomery, A. (2013). Therapeutic engagement issues and the vagal system. *Neurobiology essentials for clinicians (pp. 91-113).* New York, NY: W.W. Norton & Co.

Perry, B., & Szalavitz, M. (2007). Stairway to heaven. In *The boy who was raised as a dog* (pp. 57-80). New York, NY: Basic Books.

Schore, A. N. (2012). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. In *The science of the art of psychotherapy* (pp.52-70). New York, NY: W.W. Norton.

Siever, L. J. (2008) Neurobiology of aggression and violence. *The American Journal of Psychiatry, 165*(1), 429-442.

Whitsett, D. (2014). Why cults are harmful: Neurobiological speculations on inter-personal trauma. *ICSA Today, 5*(1), 2-5.

Unit 4: Contexts of Stress

Topics

- Contextualizing stress: Influences of diversity and macro factors (e.g. oppression, discrimination) on stress and mental health
- Caregiver stress across the lifespan
- Adverse Childhood Experiences (ACE) landmark study
- Stress due to chronic illness (e.g. spinal cord injury)

Required Reading

Chapman, D., Dube, S., & Anda, R. (2007). Adverse childhood events as risk factors for negative mental health outcomes. *Psychiatric Annals, 37*(5), 359-364. (Landmark study)

Dominguez, T.P. (2011) Adverse birth outcomes in African American women: The social context of persistent reproductive disadvantage [Special issue: Health disparities and women of color: Closing the gap]. *Social Work in Public Health, 26,* 3-16.

Gaugler, J., Linder, J., Given, C., Kataria. R., Tucker, G., Regine, W. (2008). The proliferation of primary cancer caregiving stress to secondary stress. *Cancer Nursing, 31*(2), 116-123.

Hayasaki, E. (2016, September 2). How poverty affects the brain. *Newsweek,* 40-45. Retrieved from http://www.newsweek.com/2016/09/02/how-poverty-affects-brains-493239.html

Ludwig, J., Duncan, G., Gennetian, L., Katz, L., Kessler, R., Kling, J., & Sanbonmatsu, L. (2012). Neighborhood effects on the long-term well-being of low-income adults. *Science, 337,* 1505-1510.

Recommended Reading

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245-258. (Landmark study).

Guada, J. & Land, H. (2011). An exploratory factor analysis of the Burden Assessment Scale with a sample of African-American caregivers. *Community Mental Health Journal, 47,* 233-242.

Land, H. & Guada, J. (2011). The Latina Caregiver Burden Scale: Assessing the factor structure for rapid clinical assessment. *Social Work Research*, *35*(2), 95-106.

Negy, C., Hammons, M., Reig-Ferrer, A., & Carper, T. (2010). The importance of addressing acculturative stress in marital therapy with Hispanic immigrant women. *International Journal of Clinical and Health Psychology, 10*(1), 5-21.

Umberson, D., Williams, K., Thomas, P., Liu, H., & Thomeer, M.B. (2014). Race, gender, and chains of disadvantage: Childhood adversity, social relationships, and health. *Journal of Health and Social Behavior, 55*(1), 20-38.

Whitsett, D.P. and Whitsett, D. (1996) Anti-black racism and its consequences: a self psychological/object relations perspective. *Journal. of Analytic Social Work*, *3*(4), 61-81.

Unit 5-6: Theories of Trauma and PTSD

Topics

- Types of Trauma
- Neurobiology of trauma and PTSD
- Dissociation and other correlates of trauma
- Trauma in various contexts

Required Reading

Basham, K. (2016). Trauma theories and disorders. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 481-517). Lanham, MD: Rowman & Littlefield.

Cozolino, L. (2010). Trauma and neural network dissociation. In *The neuroscience of psychotherapy* (2nd ed., pp. 262-285). New York, NY: W.W. Norton.

Levendosky, A.A., Lannert, B. & Yalch, M. (2012). The effects of intimate partner violence on women and child survivors: An attachment perspective. *Psychodynamic Psychiatry*, *40*(3), 397-433.

Moran, S., Burker, E., & Schmidt, J. (2013). Posttraumatic growth and posttraumatic stress in veterans. *Journal of Rehabilitation, 79*(2). 34-43.

Van der Kolk, B. (2014). The unbearable heaviness of remembering. *The body keeps the score* (pp.184-199). New York, NY: Viking Publishing Co.

Van der Kolk, B. (2014). Developmental trauma: The hidden epidemic. *The body keeps the score* (pp.149-168). New York, NY: Viking Publishing Co.

Recommended Reading

Charuvastra A. & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology, 59*, 301-328.

Herman, J. (1992). *Trauma and recovery.* New York: Basic Books. (classic)

Jennekens, N., Casterle, B. & Dobbels, F. (2010). A systematic review of care needs of people with TBI on a cognitive, emotional, and behavioral level. *Journal of Clinical Nursing,19,* 1198-1206.

Pole, N., Gone, G., & Kulkarni, M. (2008). Posttraumatic stress disorder among ethnoracial minorities in the United States. *Clinical Psychology: Science and Practice. 15*(1), 36-61.

Satcher, D., Tepper, M.S., Thrashwer, C., & Rachel, S. (2012). Breaking the silence: Supporting intimate relationships for our wounded troops and their partners: A call to action. *International Journal of Sexual Health, 24,* 6-13.

Zaleski, K., & Katz, L. (2014). Alice in Wonderland: Exploring the experiences of female service members with a pregnancy resulting from rape. *Social Work in Mental Health, 12*, 391-410.

Unit 7: Theories of Health

Topics

- Health beliefs in diverse cultures
- Social Cognitive theory
- Health Belief Theory

Required Reading

Chettih, M. (2012). Turning the lens inward: Cultural competence and providers' values in health care decision making. *The Gerontologist, 52*(6), 739-747.

Hayden, J. (2014). Social cognitive theory. *Introduction to health behavior theory* (pp. 173-182). Burlington, MA: Jones and Bartlett Learning.

Horevitz, E., Lawson, J., & Chow, J. (2013). Examining cultural competence in health care: Implications for social workers. *Health & Social Work, 38*(3), 135-145.

Skinner, C.S., Tiro, J., & Champion, V. (2015). The health belief model. In K. Glanz., B. Rimer., & K. Viswanath (Eds.), *Health behavior theory* (pp. 75-94). San Francisco, CA: Jossey-Bass.

Recommended Reading

Blackhall, L., Frank, G., Murphy, S.& Michel, V. (2001). Bioethics in a different tongue: The case of truth-telling. *Journal of Urban Health, 78*(10), 59-71.

Kuczewski, M. & McCruden, P. (2001). Informed consent: Does it take a village? The problem of culture and truth telling. *Healthcare Ethics*, *Cambridge.Quarterly. 10*(1), 34-46.

Napier, A., Ancarno, C., Butler, B., Calebrese, J., Chater, A., Chatterjee, H., Woolf, K. (2014). Culture and health. *The Lancet, 384*(9954), 1-33.

Schultz, D. (2004). Cultural competence in psychosocial and psychiatric care. *Social Work in Health Care, 39*(3-4), 231-247.

Wells, M. (2000). Beyond cultural competence: A model for individual and institutional cultural development. *Journal of Community Health Nursing, 17*(4),189-199.

Unit 8: Anxiety Disorders

Topics

- Neurobiology of Anxiety and Fear
- Aaron Beck
- Social and racial concomitants of anxiety
- Anxiety related to sexual orientation

Required Reading

Berzoff, J. (2016). Anxiety and its manifestations. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 455-480). Lanham, MD: Rowman & Littlefield.

Clark, D., & Beck, A. (2010). Cognitive theory and therapy of *anxiety* and depression: Convergence with neurobiological findings. *Trends in Cognitive Sciences,14*(9), 418-424.

Cozolino, L. (2010). The anxious and fearful brain. In *The neuroscience of psychotherapy* (2nd ed., pp. 239-261). New York, NY: W.W. Norton.

Scott, D., & Levine, S. (2010). Understanding gay and lesbian life. In S. Levine (Ed.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 351-368). New York, NY: Routledge.

Recommended Reading

Blass, R. (2014). On 'the fear of death' as the primary anxiety: How and why Klein differs from Freud. *International Journal of Psychoanalysis, 95,* 613–627

Drake, K. & Ginsburg, G. (2012). Family factors in the development, treatment, and prevention of childhood anxiety disorders. *Clinical Child and Family Psychological Review, 15,* 44-162.

Johnston, E. & Olson, L. (2015). The neural substrates of fear and anxiety. *The feeling brain* (pp. 65-95). New York, NY: W.W. Norton.

Maxfield, M., John. S., & Pyszczynski, T. (2014). A terror management perspective on the role of death-related anxiety in psychological dysfunction. *The Humanistic Psychologist, 42,* 35-53.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. *APA Handbook of Sexuality and Psychology, 1,* 597-628.

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research, 47*(1), 12-23.

Wolrich, M. (2011). Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal, 39*, 101-110.

Units 9: Depressive Disorders

Topics

- Neurobiology of mood disorders (depression/mania)
- Brain-mind-body relationship
- Types and contexts of depression
  - Grief, loss, bereavement across the lifespan;
  - Survivorship issues (loss of limbs, consequences of cancer, etc.
  - Depression and chronic illness (e.g diabetes)
- Culture and gender variants
- Film: *Out of the shadows*

Required Reading

Beck, A. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, *165*(8), 969-977.

Berzoff, J., & Mendez, T. (2016). Mood disorders, with a special emphasis on depression and bipolar disorder. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 412-454). Lanham, MD: Rowman & Littlefield.

Feldman, R. (2016). Maternal depression and the effects on the child: What is the role of Oxytocin? Retrieved from: https://womensmentalhealth.org/posts/maternal-depression-effects-child-role-oxytocin/

Ryan, C., Russell, S., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 206-213.

Zayas, L., Gulbas, L., Fedoravicius, N., & Cabassa, L. (2010). Patterns of distress, precipitating events, and reflections of suicide attempts by young Latinas. *Social Sciences and Medicine, 70*,1773-1779.

Recommended Reading

Almeida, J., Johnson, R., Corliss, H., Molnar, B., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*, *38*, 1001-1014.

Bhui, K. (2008). Migration and mental health. In H. Freeman & S.Stansfeld (Eds.), *The impact of the environment on psychiatric disorder* (pp. 187-209). New York, NY: Routledge.

Nowrangi, M., Kortte, K., & Rao, V. (2014) A perspectives approach to suicide after traumatic brain injury: Case and review. *Psychosomatics, 55*, 430-437.

Unit 10: Personality Disorders: Focus on Narcissistic Personality Disorder: Theory and Practice

Topics

- Overview of Personality Disorders
- Application of Self Psychology to NPD
- Focus on Narcissistic Personality Disorder: theory and practice

Required Reading

Cozolino, L. (2010). The self in exile: Narcissism and pathological caretaking. In *The neuroscience of psychotherapy* (2nd ed., pp. 286-304). New York, NY: W.W. Norton.

Hertz, P. & Hertz, M. (2016). Personality disorders with a special emphasis on borderline and narcissistic syndromes. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 363-411). Lanham, MD: Rowman & Littlefield.

Hill, D. (2015). Personality disorders. In *Affect regulation theory: A clinical model.* New York, NY: W.W.Norton. 168-182)

Kohut, H., & Wolf, E. (1978). Disorders of the self and their treatment: An outline. *International Journal of Psychoanalysis, 59*, 413-425 (Instructor note: Landmark article)

Recommended Reading

Samuel, D. & Widiger, T. (2009). Comparative gender biases in models of personality disorder. *Personality and Mental Health, 3*(1),12-25.

Unit 11: Personality Disorders: Focus on Borderline Personality Disorder: Theory and Practice

Topics

- Application of object relations theories: Klein, Masterson, Kernberg, Fonagy

Required Reading

Cozolino, L. (2014). Borderliine personality disorder: When attachment fails. *The neuroscience of human relationships: Attachment and the developing social brain (*2nd ed., pp. 319-337). New York, NY: W.W. Norton.

Fonagy, P., Luyten, P., & Strathearn, L. (2011). Borderline personality disorder, mentalization, and the neurobiology of attachment. *Infant Mental Health, 32*(1) 47-69.

Frankenberg, F. & Zanarini, M. (2004). The association between borderline personality disorder and chronic medical illnesses, poor health-related lifestyle choices, and costly forms of health care utilization. *Journal of Clinical Psychiatry,65*(12), 1660-1665.

Lawson, C. (2000). Make-believe mothers. In *Understanding the borderline mother* (pp. 3-30). New York, NY: Rowman & Littlefield.

Recommended Reading

Palombo, J., Bendicsen, H., & Koch, B. (2010). Otto F. Kernberg (1928-). *Guide to psychoanalytic developmental theories* (pp. 181-196). New York, NY: Springer.

Unit 12: Issues of Aging:

Topics

- Changes as we age
- Aging in place
- Quality of life

Required Reading

Knight, B. & Poon, C.Y.M. (2008). Contextual adult life span theory for adapting psychotherapy with older adults. *Journal of Rational-Emotive Cognitive-Behavioral Therapy, 26*, 232-249.

Maher, J. & Conroy, D. (2015). Daily life satisfaction in older adults as a function of (in)activity. *Journals of Gerontology: Psychological Sciences, 00*(00), 1-10. doi:10.1093/geronb/gbv086

Segal, D.L., Qualls, S.H., & Smyer, M.A. (2011). Mental health and aging. *Aging and mental health, 2nd ed.* (pp. 3-15), West Sussex, United Kingdom: Wiley-Blackwell.

Recommended Reading

Aging in Place series
http://www.louistenenbaum.com/npr-aging-in-place-series/

Assche, LV., Luyten, P., Bruffaerts, R., Persoons, P., van de Ven, L., & Vandenbulcke, M. (2013). Attachment in old age: Theoretical assumptions, empirical findings and implications for clinical practice. *Clinical Psychology Review. 33*, 67-81.

Greenfield. E. (2011). Using ecological frameworks to advance a field of research, practice, and policy on aging-in-place Initiatives. *The Gerontologist*, *52*(1), 1-12. doi:10.1093/geront/gnr108

Unit 13: Addictions Theory

Topics

- Eating Disorders: focus on Anorexia and Bulimia
- Substance Abuse: focus on Alcohol and Drugs
- Compulsive Disorders: Gambling

Required Reading

McNeece, C.A. & DiNitto, D. (2012). The etiology of addiction. In C.A. McNeece & D. DiNitto (Eds.), *Chemical dependency: A systems approach* (pp.25-38). Boston, MA: Pearson.

Padilla, Y., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work, 55*(3), 265-275.

Wilcox, R. & Erickson, C. (2012). The brain biology of drug abuse and addiction. In C.A. McNeece & D. DiNitto, *Chemical dependency: A systems approach* (pp.39-55). Boston, MA: Pearson.

Recommended Reading

Budd, G. (2007). Disordered eating: Young women's search for control and connection. *Journal of Child and Adolescent Psychiatric Nursing, 20*(2), 96-106.

Farber, S. (2008). Traumatic attachment and dissociation in self-harm (eating disorders and self-mutilation). *Clinical Social Work Journal, 36*(1), 63-72.

Weltzin, T. (2012). Gender differences: Eating disorders in males. Part 2. *Psychiatric Times, **XX***, 32-33.

Wolrich, M. (2011). Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal, 39*, 101-110.

Unit 14: Sexual Health

Topics

- Neurobiology of sexuality
- At-risk/vulnerable populations (LGBT, etc.)
- Health and sexual functioning

Required Reading

Enzlin, P. (2014). Sexuality in the context of chronic illness. In Y. Binik & K. Hall (eds.) *Principles and practice of sex therapy.* 5th ed. (pp. 436-456). New York: Guilford Press.

Fishbane, M. (2013). Love and its discontents. In *Loving with the brain in mind: Neurobiology and couple therapy* (pp. 76-96). New York, NY: W.W. Norton & Company.

Hoffman, N. D., Freeman, K., Swann, S. (2009). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health*, *45* (3), 222-229.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. In D. Tolman., L. Diamond., J. Bauermeister, W. George., J. Pfaus, & J., L. M. Ward. (eds.).*APA Handbook of sexuality and psychology, 1,* 597-628. Washington, D.C.: American Psychological Association.

World Association for Sexual Health (2014). Declaration of sexual right. Retrieved on July 28, 2015 from http://www.worldsexology.org/resources/declaration-of-sexual-right/

Recommended Reading

Fisher, H. (2004). *Why we love: The nature and chemistry of romantic love.* New York, NY: Henry Holt and Co. (Instructor Note: Read as interested.)

Griffith, D. M. (2012). An intersectional approach to men's health. *Journal of Men's Health, 9*(2), 106-112.

Lev, A., & Sennott, S. (2012). Understanding gender nonconformity and transgender identity: A sex-positive approach. In P. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 321-336). New York, NY: Routledge.

Moser, C., & Devereux, M. (2012). Sexual medicine, sex therapy, and sexual health care. In P. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 127-139). New York, NY: Routledge. (moved from Required)

Segraves, R., & Balon, R. (2010). Recognizing and reversing sexual side effects of medication. In S. Levine (Ed.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 311-327). New York, NY: Routledge.

Wilcox, S. L., Redmond, S., & Hassan, A. M. (2014). Sexual functioning in military personnel: Preliminary estimates and predictors. *Journal of Sexual Medicine, 11*(10), 2537-2545.

Unit 15: Integration of Theory and Practice: Neurobiology and Health/Mental Health

Topic: Integration of course material with neurobiology

Required Reading

Cozolino, L. (2010). The psychotherapist as neuroscientist. *The neuroscience of psychotherapy.* New York, NY: W.W. Norton.

Unit 16: Summative Experience

University Policies and Guidelines

IX. Attendance Policy

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (whitsett@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations that conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work that will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. Statement on Academic Integrity

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus,* the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: http://www.usc.edu/dept/publications/SCAMPUS/gov/. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: http://www.usc.edu/student-affairs/SJACS/.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

XI. Statement for Students with Disabilities

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible*. DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII. Emergency Response Information

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. "For recorded announcements, events, emergency communications or critical incident information."

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: http://emergency.usc.edu

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at https://trojansalert.usc.edu.

University Park Campus		Academic Centers	
City Center	Front of Building (12th & Olive)	**Orange County**	Faculty Parking Lot
MRF	Leavey Lawn	**San Diego**	Building Parking Lot
SWC	Leavey Lawn	**Skirball**	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the "all clear" by emergency personnel.

XIII. Statement about Incompletes

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

XIV. Policy on Late or Make-Up Work

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV. Policy on Changes to the Syllabus and/or Course Requirements

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. Code of Ethics of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to

social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the co-chairs of the Mental Health concentration, Drs. Shelley Levin and Ferol Mennen. If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu.

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.

EXPLANATORY THEORIES OF HEALTH AND MENTAL HEALTH
Spring 2017

Assignment #1: Clinical Application of Explanatory Theory

For this first assignment the student is asked to apply explanatory theory and limited practice interventions to 2 vignettes. The student may choose from 3 vignettes which integrate health and mental health issues, such as the effects of mild to severe stress on health and mental health. This is a 10 page paper which draws upon the literature and class lectures/discussions. Each vignette is worth 40% and writing style is worth another 20%.

Rubric

Vignettes = 80%

Papers will be graded on accuracy, comprehension, and depth of understanding. You do not need to use readings other than those on the syllabus. At least 9 references are required. Because you have a limited number of pages you will need to be succinct and make every sentence count.

Writing style = 20%

Writing style includes good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation).

EXPLANATORY THEORIES OF HEALTH AND MENTAL HEALTH
Spring 2017

Final Assignment

Assignment #2: Application of theory to health and mental health

This is a crossover assignment with SOWK 643. Thus, the topic you choose will be addressed both from a theoretical and a practice application perspective.

COMPONENTS OF THE PAPER

Heath/Mental Health Theory:
Choose a symptom (e.g. depression), disorder (e.g. personality disorder), or problem (e.g. family violence, specific health issue) in which you are interested and discuss it from one of the following theoretical perspectives.

Object Relations theory (other than Bowlby and Mahler)
- Mentalization theory (Fonagy)
- Kernberg
- Masterson
- Fairbairn

Self Psychology
Contemporary Cognitive Behavioral theory (includes neurobiology)
Trauma theories (integration of psychological and biological theory, includes dissociation)
Social Learning theory (at a more advanced level than 1st year)

Theories you may not use are the following: Ecological, Systems, Erikson, Freud, and any others emphasized in HBSE 1st year. It is strongly suggested that you run the theory by the instructor to make sure it meets the requirements of the assignment.

You may also present a case and explain it from a theoretical perspective.

Health and Mental Health integration:
You must address the mind-body connection by discussing the bi-directional impact of health and mental health. Please be sure you draw upon theories of health covered in class e.g. health beliefs, theory of reasoned action, etc.

Neurobiology:
A section on neurobiology is required which may include stress theory.

Diversity:
Diversity issues must also be included. You don't have to cover them all, but you need to demonstrate an awareness of how these factors (e.g. class, gender, culture, race, sexual orientation) may impact your topic (e.g. women who have been incested and the relationship to borderline personality disorder development).

Treatment:

A two page section on treatment is required. Be sure the treatment flows from your theoretical perspective. For example, if you choose Borderline Personality Disorder the most appropriate theoretical perspectives would be object relations theories and your treatment interventions would be models from one or more of the object relations theorists (e.g. Kernberg, Masterson, Fonagy, etc.)

ADDITIONAL INSTRUCTIONS: Please read carefully

An "A" paper demonstrates an integration of assigned readings, class lectures, and your own research. Internet resources should be limited to 3 sites and the websites clearly identifying the subject. Please be sure these are reputable sites (e.g. Cochrane or Campbell Collaborations, Medscape) and preferably peer reviewed. While Wikipedia may be a starting point for some research, the information it contains should be verified through other sources. Please demonstrate original thinking wherever possible. You may use a case or small vignettes to illustrate the concepts but please remember this is not the practice paper so a vignette should be no more than one page.

Papers will be graded not only on content but on writing style as well. In other words, papers should be well-written, well-organized, and concepts clearly articulated.

FORMAT

12-15 pages; double spaced

Use normal fonts (nothing smaller than the type on this sheet, please!) and normal margins. APA style is required (which includes headings).

At least 12 references are required with at least 4 coming from the syllabus. Class lectures and Power Points may not count among them.

Due date/times and delivery methods: Papers are due on **(tbd) at noon**. Please submit papers electronically to TurnItIn, to me via an email attachment in Word (not pdf format), as well as a hard copy. Check your originality report to make sure it is no more than 10%, not including direct quotes and bibliography.

Please give me a stamped, self-addressed envelope in which to return your paper. If you are unable to bring a hard copy due to field placement please submit the e-copy on Wednesday at noon and bring the hard copy on Thursday by noon. If you live more than 30 miles from campus please let me know; you are exempt from submitting the hard copy.

Please bring the hard copy to me in my office. If I am not there due to reasons unknown at this time, please bring it to SWC #217 and have it placed in the envelope designated for this course.

Extensions will be given only in rare cases and under extenuating circumstance. Papers submitted late without permission of the instructor will be penalized 3 points per day.

Please also be aware that a grade of *incomplete* cannot be given except in cases of "a documented illness or other emergency occurring after the twelfth week of the semester." An emergency, as defined by University policy, is "*a situation or event which could not be foreseen and which is beyond the student's control, and which prevents the student from ... completing the course requirements*." (Scampus)

GRADING GUIDELINES

The paper is worth 50% of your course grade. Following is a grading rubric:

Content:	75%		
Process:	25%		
		100%	Total
Content			
Theoretical perspective including Mental health/health integration	50%		
Neurobiology	10%		
Diversity	5%		
Treatment section	5%		
Introduction	5%		
		75%	
Process			
Writing style including critical thinking	25%		

*Theoretical perspective includes use of the literature (readings on the syllabus as well as outside readings) and demonstrating integration of class lecture material.

*Writing style includes critical thinking, good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation). An "A" paper demonstrates mastery of the topic as well as understanding of the complex nature of the subject. (See student handbook for further elaboration).