

CHICAGO STATE UNIVERSITY

I. Psychology 5840.61 (455)

Advanced Psychopathology & Treatment Planning

Fall 2009

II. Instructor:

Lindsay Bicknell-Hentges, Ph.D.

Professor: Department of Psychology and Counseling Graduate Program

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III. Attendance Policy

Attendance is required at all classes. If you must be absent from class notify the instructor before the class meeting time. Points will be taken from work turned in late. This class is highly interactive. Students will be expected to participate in group activities and class discussions. **Two unexcused absences will be allowed. More than two unexcused absences will result in grade reduction and possibly administrative withdrawal from the course per CSU attendance guidelines.** Note: Although a student may be administratively withdrawn from a class, students should initiate withdrawal when unable to successfully complete a course.

IV. ADA policy

Students with diagnosed learning disabilities, or physical disabilities that interfere with learning, are strongly urged to register each semester with the CSU abilities office (SUB 190, x4410). Services may be requested at any time but are not retroactive. The College of Arts and Sciences and the Department of Psychology are strongly committed to taking all reasonable steps to ensure that our students are able to work to their fullest potential. The Abilities Office provides services for all students in attendance at Chicago State University with verified disabilities. Please direct all requests for accommodations due to a disability to the Abilities Office: (773) 995-4401. The Office is located in the Student Union Building, Room 198.

V. Course Prerequisites: Psych 5600(406) or 5611(411) or concurrent enrollment in the same and admission to the Master's Degree Program.

VI. Conceptual Framework:

All activities in the College of Education are guided by the belief that we Prepare All Candidates To Succeed, which translates into the PACTS acronym. The PACTS acronym also represents the strands for the College of Education's

Conceptual Framework:

P – Professionalism

A – Assessment

C – Content

T – Technology

S – Standards

Department Mission

The mission of the Counseling Graduate Program is to produce highly qualified graduates equipped to serve the complex counseling needs in the urban setting with specific emphasis on addressing the needs of urban youth and their families. This mission is generated from the belief that counselors equipped to deal with the more difficult problems in large cities will also be effective in other, less challenging settings.

VII. Course Description:

The assessment, etiology, description, understanding, and treatment of psychological disorders. Included in the study are schizophrenia, affective and anxiety disorders, substance abuse/dependency, personality disorders, disorders of childhood and adolescence as well as other disorders in the DSM-IV and issues related to diagnosis and treatment in multicultural populations.

VIII. Method of Instruction:

Course will include: didactic lectures, course discussion, review of videotaped examples of psychopathology, review of documents and films posted on Blackboard, role play exercises and “Guess the Diagnosis” to both role play and correctly identify diagnostic criteria for specific disorders, research paper instruction and review of integration of evidence-based practice in paper and clinical work

Use of Technology:

Students are expected to be able to use a computer, access the internet, send and retrieve email, turn in assignments via blackboard (the CSU online learning system located at www.csu.edu), open attachments, and conduct a library search online. The CSU blackboard will be used to make announcements, post lecture notes, course documents, videos, and assignments. Email will be used to send messages to the class and to individual students. As such, it is your responsibility to ensure that you have access to blackboard and your email account as messages will be sent to the account on file with the university. In the event that you have problems with accessing either blackboard or your email account, contact Academic Computing as soon as possible. If you do not utilize your university email account, Academic Computing can assist you in having your messages forwarded to the address of your preference.

IX. Program Objectives met in this Course (*italicized*):

1. Students will demonstrate knowledge in the relationship between human growth and development and counseling.
2. Students will demonstrate knowledge in assessment, research, and evaluation.
3. Students will understand the dynamics of the helping relationship and be able to apply this understanding in counseling and group guidance.
4. Students will understand educational and career planning and be able to apply this understanding effectively including in settings with the complex challenges of urban youth, families and communities.
5. Students will demonstrate a professional orientation and knowledge of professional and ethical issues.
- 6. Students will understand how to assess a client, including urban youth, as well as develop and implement an appropriate plan of intervention to use in effectively working with the client.*
- 7. Students will demonstrate knowledge of social and cultural issues relevant to counseling and be able to apply this knowledge in counseling settings.*
8. Students will be prepared for employment as a counselor.
9. Students will demonstrate a high level of knowledge in clinical mental health counseling or school guidance and counseling.

X. Course Objectives and Assessments/Student Outcome Measures

Course Objectives	Measures of Objectives	Standards CACREP = Council for Accreditation of Counseling and Related Educational Programs SC – School CMH – Clinical Mental Health
1. To understand factors impacting and the difficulty in distinguishing normal from abnormal behavior.	Reading, exams	CACREP = 3f CMH = G1

2. To examine the role of culture, gender, and age in diagnosing and treating abnormal behavior.	Reading, discussions, assignments, exams	CACREP = CMH = K4
3. To understand the major theoretical perspectives underlying the diagnosis and treatment methodologies in the DSM-IV-TR.	Reading, discussions, exams	CACREP = CMH = K1
4. To identify correct multi-axial diagnostic categories and specific psychopathology/mental disorders by symptom criteria through the use of clinical vignettes and videos.	Reading, assignments, exams	CACREP = 3f CMH = L1, L2
5. To understand the importance and demonstrate use of appropriate evidence-based (theories, approaches, strategies, and techniques) treatment and outcome assessment for specific disorders.	Reading, discussions, exams	CACREP = 8a, 8e CMH = E3, G1, I3, J1, I3, J1
6. To examine the complexities of dual diagnosis and implications for treatment.	Reading, discussions, assignments, exams	CACREP = CMH = A6, K3
7. To explore the impact of abnormal behavior in appropriate emergency preparedness.	Reading, exams	CACREP= CMH = A9
8. To understand factors impacting abnormal development including the neurobiology of behavior.	Reading, discussions, assignments, exams	CACREP = 3b CMH =
9. To examine the effects of all trauma-causing events on persons of all ages.	Reading, discussions, exams	CACREP = 3c CMH = A9, K5
10. To understand how to differentiate intervention strategies for individuals with exceptional abilities.	Reading, discussions, assignments, exams	CACREP = 3e CMH =
11. To understand theories and etiology and family impact of addictions and addictive behaviors including strategies for prevention, intervention, and treatment.	Reading, discussions, assignments, exams	CACREP = 3g SC = G2
12. To know the etiology, diagnostic process, nomenclature, treatment (i.e., initiation, maintenance, and termination of counseling), referral, and prevention of emotional and mental disorders.	Reading, discussions, assignments, exams	CACREP = 7b CMH = C2, D1
13. To understand the principles of crisis intervention and appropriate diagnosis for people during all trauma-causing events.	Reading, discussions, assignments, exams	CACREP = CMH = C6, L3 ISBE = 8
14. To know the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	Reading, discussions, assignments, exams	CACREP = CMH = C7
15. To demonstrate application of procedures for assessing and managing suicidal risk.	Reading, discussions, assignments, exams	CMH = D6 SC = D4

16. To understand various models and approaches to clinical evaluation as well as their appropriate uses.	Reading, discussions, assignments, exams	CMH = G2
17. To understand basic classifications, indications, side effects and contraindications of common psychopharmacological drugs as needed for referral and identification of side effects.	Reading, discussions, assignments, exams	CMH = G3
18. To learn how to screen for addiction, aggression, danger to self/others, and co-occurring disorders.	Reading, discussions, assignments, exams	CMH = H3, K3
19. To be able to assess client to determine appropriate treatment modality and placement criteria within a continuum of care.	Reading, discussions, assignments, exams	CMH = H4, K2

Professional Standard Sets

National Council for Accreditation of Teacher Education (NCATE) <<http://www.ncate.org>>

Illinois State Board of Education Content Area Standards
 <<http://www.isbe.state.il.us/profprep/standards.htm>>

Council for Accreditation for Counseling and Related Educational Programs (CACREP)
 <<http://www.cacrep.org>>

XI. Grading Policy

- A = 90-100%
- B = 80-89
- C = 70-79
- F = 69-below

Evaluation Criteria

Students are expected to read the weekly assigned readings and regularly participate in discussion. Weekly quizzes may be instituted, if needed to assess preparation for class. All students are expected to contribute questions, comments, observations, personal views, and relevant experiences to the discussions. The depth and evidence of familiarity of readings will be assessed for the class participation grade. Your overall grade for the course is determined by the following criteria:

1.	Participation in Discussion and Attendance	5 points
2.	Research Paper	25 points
3.	Midterm Exam	35 points
4.	Final Exam	35 points
Total		100 points

Research Paper:

Student scholars are required to complete a review of literature on a disorder of their choice. The topic must be specific in nature and approved by your professor. The paper should be at least 10 pages in length (12 point font), typed, doubled-space, and in APA format. The paper must reference literature from refereed journals dating 1995 or later and include current outcome data related to the chosen disorder. At least twelve references must be used for the paper. Copies of the 12 article references must be handed in with the paper and may not be returned. In addition to at least 12 journal articles, other references may be cited as noted below. References should address the symptoms of the disorder as well as evidence-based strategies/interventions, demographics of clinical populations, and data relating to relevance of gender,

culture, and age to diagnosis and treatment. **5% will be deducted each day the paper is late. You may NOT submit a paper that has been or will be submitted for another course.**

Topic: Have a very specifically defined **topic approved by the professor by September 10, 2009.**

Outline and References: Develop an outline and locate at least five appropriate references for the paper. For the final paper, you will need a total of at least 12 references. At least 10 of these must be from psychological journals. Talk to the CSU reference librarian about how to identify journals and access full-text journals from a computer. You may NOT use web sites for references unless they represent a journal, psychological association, NIMH, or similar reputable sites. All sources used in the paper must include references citations for the information presented. When in doubt, have your instructor approve anything from a website. **The outline and first five references are due in class by September 24, 2009.**

Recommended Generic Paper Outline (individualize to your disorder)

I. Introduction (Overview of paper topics)

II. Description of the symptoms of the disorder as well as any theories explaining what may cause the disorder

III. Research on demographics of the clinical population with the disorder – including data relating to gender, race, culture, age of diagnosis, etc.

IV. Strategies used to treat the disorder

IV. Outcome Research - (Does research support the use of these strategies? What are the evidence-based strategies/interventions for treatment of this disorder? What are the results of any meta-analysis studies? Are these treatments found to be effective with specific populations (if so, which ones)? Are their populations for which any treatment is not recommended ?

V. Summary

Note: Parts II. and III. can come from books or book chapters. Part IV. must come from journal articles or chapters from books on evidence-based strategies (HINT – your text is a great starting point and includes references that may also be helpful.) Don't use websites unless pre-approved by instructor.

What this paper is NOT –

- A limited application to one population – make sure you include an overview of the disorder across all populations/ages/cultures

Style: The paper should be written and documented in the style of the American Psychological Association Publication Manual, 6th Ed. A copy of this is available in the reference section of our campus library. All parts of the paper should be double-spaced. Websites with information about APA style are:

<http://webster.commnet.edu/apa/index.htm>

<http://www.uwsp.edu/psych/apa4b.htm>

<http://www.wooster.edu.psychology/apa-crob.html>

The following website describes the changes in the latest edition (6th) of the Publication Style Manual, which was recently published:

<http://www.apastyle.org/learn/tutorials/brief-guide.aspx>

Plagiarism: One significant misconception that students have is that rewriting something is not plagiarism, because “they are putting it in their own words.” However, if the source is not officially acknowledged, IT IS PLAGIARISM. Copying and pasting actually only accounts for small percentage of plagiarism. The majority of plagiarism is a result of text manipulation. Simply stated, plagiarism is using someone’s work without giving the appropriate credit. This can mean several things.

For examples, all of the following are considered plagiarism:

Copying and pasting text from on-line media, such as encyclopedias.

Copying and pasting text from any web site.

Transcribing text from any printed material, such as books, magazines, journals, encyclopedia, and newspapers.

Simply modifying text from any of the sources is plagiarism. For example, replacing a few words, using a thesaurus does not constitute original work.

Using another student’s work and claiming it as your own, even with permission, is academically unethical and is treated as plagiarism.

Any time you quote, summarize, or paraphrase; you must acknowledge the original source. Even if you summarize or paraphrase, you must acknowledge the original source, if you do not directly credit your sources through a citation you are plagiarizing.

The above information on plagiarism was taken from the following website. Please refer to this website for more information on plagiarism.

<http://www.hamilton.edu/academics/resource/wc/AvoidingPlagiarism.html>

Cheating/Plagiarism:

A grade of F will be given on any exam or assignments in which a student cheats. A student who is guilty of copying will receive a grade of “F” on that assignment by the instructor. The university policy for plagiarism will be enforced.

NOTE: To assist in the identification of plagiarism, the research papers will be submitted to Turn-it-in through the CSU Blackboard section for this class. Turn-it-in identifies sections of papers that are taken directly from sources. Appropriate citations are needed for all such sections or the paper will be considered plagiarized.

Rough Draft Review:

The professor will review all typed rough drafts that are appropriately referenced and submitted to turnitin no later than 11:30 PM on November 5, 2009. Early submission allows you to receive feedback to improve your paper and grade.

The final paper is due to be submitted to turnitin on November 29, 2009 by 11:30 PM. NO late papers will be accepted.

Examples of Acceptable Journal Titles:

Adultspan Journal

Counselor Education and Supervision

Journal of Abnormal Psychology

Journal of Abnormal Child Psychology

Journal of Clinical Psychology

Journal of College Counseling

Journal of Counseling and Development

Journal of Behavior

Journal of Counseling Psychology

Journal of Multicultural Counseling and Development

Journal of Substance Abuse

Journal of Addiction

The Journal of Addictions and Offender Counseling

Measurement and Evaluation in Counseling and Development

Midterm/Final Exam: The format of the midterm and final exam will be matching, multiple choice and short essay questions, which focus on topics and material presented in class and from required readings. Although the lecture and textbook may overlap to a great extent, some material presented in the lecture is not covered in the required readings.

XII. Required Texts:

Kazdin, A. E., & Weisz, J. R. (2003). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford Press.

American Psychiatric Association. (2000). *Desk reference to the diagnostic criteria from DSM-IV-TR*. Arlington, VA: American Psychiatric Association.

Supplemental Readings:

- American Psychological Association. (2009). *Publication Manual for the American Psychological Association*, 6th Ed. DC: APA Press.
- Barlow, D. H. (2008). *Clinical handbook of psychological disorders: A step-by-step treatment manual (4th Ed.)*. New York: Guilford Press.
- Bicknell-Hentges, L. & Lynch, J. (2006). Educational interventions for Post Traumatic Stress Disorder (PTSD) in urban students: Differentiating Attention Deficit Disorder (ADD) and other disorders from PTSD. *Illinois Schools Journal*, 85 (1), 35-52.
- Bicknell-Hentges, L. (2004). Teach me your world: Lessons in culture from a family in crisis. In LeCroy, C. & Daley, J. (Eds), *Child and adolescent case studies*. Brooks-Cole/Wadsworth.
- Bicknell-Hentges, L. & Lynch, J. (2004). Helping families with Reunification: Returning a child to a less than perfect family. In LeCroy, C. & Daley, J. (Eds.) *Child and adolescent case studies*. Pacific Grove, California: Brooks-Cole/Wadsworth Publishing.
- Corey, G. & Corey, M. (2003). *6TH Edition. Issues and Ethics in the Helping Professions*.
- Kazdin, A. E. & Weisz, J. R. (2003). *Evidence-based psychotherapies for children and adolescents*. New York: Guilford Press.
- Landreth, G.L. (2002). *Play therapy: The art of the relationship (2nd Ed.)*. New York: Brunner Routledge.
- Lawson, D. M. (2009). Understanding and treating children who experience interpersonal maltreatment: Empirical findings. *Journal of Counseling and Development*, 87, (2), 204 – 215.
- Patterson, A., Alcala, A., McCahill, M., & Edwards, T. (2006). The therapist's guide to psychopharmacology: Working with patients, families and physicians to optimize care. New York: Guilford.
- Pearce, J. W., & Pezzot-Pearce, T. D. (2007). *Psychotherapy of abused and neglected children*. New York: Guilford.
- Roberts, A. R., & Yeager, K. R. (Eds.). (2004). *Evidence-based practice manual: Research and outcome measures in health and human services*. New York: Oxford Press.
- Somner, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education and Supervision*, 48, (1), 61 – 71.
- Stout, C. E., & Hayes, R.A. (Eds). (2005). *The evidence-based practice methods, models, and tools for mental health professionals*. Hoboken, NJ: Wiley.
- Weisz, J.R. (2004). *Psychotherapy for children and adolescents: Evidenced-based treatments and case examples*. Cambridge, UK: Cambridge University Press.
- Werth, J., L., & Crow, L. (2009). End-of-life care: An overview for professional counselors. *Journal of Counseling and Development*, 87, (2), 194 – 203.

XIII. Required Reading: Various articles posted on the www.csu.edu website.

XIV. Bibliography

Franklin, N. B. (1989). *Black families in therapy: A multisystems approach*. New York,

NY: Guilford Press.

Hackney, H.L. & Corimier, L.S. (2001). *The professional counselor, a process guide to helping, 4th edition*. Boston, MA: Allen & Bacon.

Howatt, W.A. (2000). *The human services toolbox*. Pacific Grove, CA: Brooks/Cole.

Jacobs, E. (1992). *Creative Counseling techniques: An illustrated guide*. Odessa, FL: Psychological Assessment Resources, Inc.

MacCluskie, K.C. & Ingersoll, R. E. (2000). *Becoming a 21st century counselor: personal and professional explorations*. Pacific Grove, CA: Brooks/Cole.

Murphy, B.C. & Dillon C. (1998). *Interviewing in action: process and practice*. Pacific Grove, CA: Brooks/Cole.

Robinson, T.L. & Howard-Hamilton, M.F. (2000). *The convergence of race, ethnicity and gender: Multiple identities in counseling*. Upper Saddle River, N.J: Prentice-Hall.

Seligman, L. (1999). *Diagnosis and treatment planning in counseling, second edition*. New York, NY: Human Resources Press.

Tyber, E. (1997). *Interpersonal process in psychotherapy: A relational approach. Third Edition*. Pacific Grove, CA: Brooks/Cole.

Young, M.E. (1998). *Learning the art of helping: Building blocks and techniques*. Columbus, OH: Merrill/Prentice Hall.

XV. Course Calendar

Week	Topic: Readings and Other Assignments	Assignment/Assessment with Due Date/Session
1 8/24-30	Course Orientation and Overview of DSM-IV-TR Appropriate assessment of abnormal behavior (formal tests, symptom inventories, MSE, behavioral observations, etc.) Multicultural implications and biases for diagnosing Five axes of the DSM- IV The etiology, differential diagnostic process, and nomenclature of psychopathology Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning Importance/use of research and evidence-based practice and need to stay current	Obtain text and review the Axes and diagnostic classifications in first few sections of DSM-IV
2 8/31- 9/6	Disorders usually first diagnosed in infancy, childhood or adolescence Factors impacting development and learning Prevention of psychopathology Evidence-based practice for these disorders	Read section in DSM-IV and Chaps. 1 – 4, 22 in Kazdin

<p>3 9/7- 13</p>	<p>Disorders usually first diagnosed in infancy, childhood or adolescence (contd.); Mental Retardation</p> <p>Strategies for differentiated interventions for those with exceptional abilities</p> <p>Evidence-based practice for these disorders</p>	<p>Read sections in DSM-IV and Chaps 11, 12, 18, 19 in Kazdin</p>
<p>4 9/14 - 20</p>	<p>Anxiety Disorders and Trauma; Adjustment Disorders</p> <p>Effect of crises, disasters and other trauma-causing events on persons of all ages</p> <p>Appropriate diagnosing (vs. developmentally appropriate reactions) during a trauma-causing event</p> <p>Evidence-based practice for these disorders</p>	<p>Read sections in DSM-IV and Chaps. 5, 6 in Kazdin and articles posted on Blackboard</p>
<p>5 9/21 -27</p>	<p>Mood Disorders: Mania</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and Chaps. 7, 8 in Kazdin</p> <p>Topic for Research Paper due 9/10/09</p>
<p>6 9/28 – 10/4</p>	<p>Mood Disorders: Depression</p> <p>Evidence-based practice for these disorders</p> <p>Assessing and managing suicidal risk</p>	<p>Read section in DSM-IV and Chaps. 9, 10 in Kazdin</p> <p>Readings posted on Blackboard</p>
<p>7 10/5 - 11</p>	<p>Personality and Impulse Control Disorders</p> <p>Screening for aggression or danger to others</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and Chaps. 13, 14, 15, 16 in Kazdin</p> <p>Research Paper Outline with References due 9/24/09</p>
<p>8 10/12 - 18</p>	<p>Midterm on Childhood/Adolescent; Anxiety; Mood; Impulse Control and Personality Disorders</p>	<p>Info on exam format TBA</p>
<p>9 10/19 - 25</p>	<p>Schizophrenia and Other Psychotic Disorders</p> <p>Neurobiology of behavior and related psychopharmacology</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and Chap. 17 in Kazdin and articles posted on Blackboard</p>

<p>10 10/26 -11/1</p>	<p>Substance Related Disorders and Dual Diagnoses</p> <p>Theories and etiology of addictions and addictive behaviors</p> <p>Screening for addiction and co-existing disorders</p> <p>Signs of substance abuse or living with substance abuse in youth</p> <p>Impact of substance abuse on medical and psychological disorders</p> <p>Evidence-based practice for these disorders: Strategies for prevention, intervention, and treatment</p> <p>How substance abuse can coexist with and mimic medical and psychological disorders</p>	<p>Read section in DSM-IV and Chaps. 23, 24 in Kazdin</p>
<p>11 11/2 - 8</p>	<p>Eating Disorders and Sleep Disorders;</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and Chaps. 20, 21 in Kazdin</p> <p>Paper Draft through turnitin by 11:30PM on 11/5/09</p>
<p>12 11/9 - 15</p>	<p>Dissociative Disorders; Somatoform Disorders</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and paper on Blackboard</p>
<p>13 11/17 - 23</p>	<p>Delirium, Dementia, and Amnestic and Other Cognitive Disorders; Mental Disorders Due to General Medical Condition</p> <p>Evidence-based practice for these disorders</p>	<p>Read section in DSM-IV and paper on Blackboard and</p> <p>Chap. 25 in Kazdin</p> <p>Research Paper due by 11:30 PM 11/29/09</p>
<p>14 11/24 - 30</p>	<p>Sexual and Gender Identity Disorders; Factitious Disorders</p> <p>Evidence-based practice for these disorders</p> <p>No Class on 1/26/09 (Happy Turkey Day!)</p>	<p>Read sections in DSM-IV and paper on Blackboard</p>

15 12/ 1 - 8	Therapeutic Interventions:: Evidence-based practice Evaluating counseling outcomes Treatment (initiation, maintenance, and termination of counseling) and referral Assessing client's stage of dependency, change or recovery to determine appropriate treatment modality and placement criteria within a continuum of care Appropriate use of theories and case conceptualization to develop treatment plans Classifications, indications, side effects and contraindications of common psychopharmacological drugs as needed for referral and identification of side effects Collaboration with multidisciplinary team and other professionals	Paper on Blackboard
16 12/7 - 10	Final Exam Exam at 5:00 on 12/20/09	Final Exam

Educational Policies: Classroom expectations and procedures will be governed by the policies of Chicago State University

A. *Disclaimer:* Information contained in this syllabus was, to the best knowledge of the instructor, considered correct and complete when distributed for use at the beginning of the semester. However, this syllabus should not be considered a contract between Chicago State University and any student. The instructor reserves the right, acting within the policies and procedures of CSU, to make changes in course content or instructional techniques without notice or obligation.

B. *Academic Honesty:* Students are encouraged and expected, with the assistance of faculty, to conduct themselves in conformance with the highest standards in regard to academic honesty...It is recommended that students seek the advice of instructors as to the proper procedure to avoid such violations.

Policy on Unattended Children

Unattended children are not allowed in Harold Washington Hall and other campus buildings. Please consider leaving your child at the CSU Child Care Center (x2556) where they will be safe while you are in class.

Policy on Plagiarism and Academic Misconduct

Academic misconduct includes but is not limited to cheating, encouraging academic dishonesty, fabrication, plagiarism, bribes, favors, threats, grade tampering, non-original work, and examination by proxy. Procedures regarding academic misconduct are delineated in "Student Policies and Procedures", article X, section 2. If an incident of academic misconduct occurs, the instructor has the option to notify the student in writing and adjust grades downward, award a failing grade for the semester, or seek further sanctions against the student.

Bicknell-Hentges Hints for Writing Better Papers:

1. Put most of the paper in your own words, but cite (using APA style) all parts of the paper that include information that is not original to the student. This means that almost every part of a research paper requires a citation. Generally, all paragraphs have at least one citation and often more than one. If information in the paper is reports in several different references, cite all the references that have reported this finding.
2. Always use a spell and grammar check for all parts of the paper.
3. Reread the paper several times to catch errors (BEFORE submitting the paper). Sometimes if you read the paper out loud, you will notice parts of the paper or sentences that are awkward, do not flow well, or are unclear.
4. Never use one-sentence paragraphs. All paragraphs need at least two sentences.
5. Never use one-paragraph pages. You almost always need a minimum of two paragraphs per typewritten page.
6. If you have an extremely long and complicated sentence, consider dividing it up into two more simple sentences. It often clarifies the idea and helps avoid run-in sentences. Look for sentences that stretch out over several lines in the paper.
7. Make sure that you are using formal and clinical terms in papers, rather than more colloquial terms (e.g., “a lot” vs. a significant amount; “hard” vs. challenging or difficult; “a pain in the neck” vs. resistant; “too much going on” or “having a hard time” vs. overwhelmed).
8. In formal writing, never use any forms of the personal pronouns of “I” or “you”. The pronoun “one” can be used, but sparingly. At times, formal descriptive phrases can be used to reflect opinions of the student (e.g., “the author of this paper” or “the counselor in training”)
9. Vary the words used in a paragraph. Use a Thesaurus to get other word ideas (e.g., reported, stated, found, said, noted, concluded) to make the word selection less redundant. Note that most word processing programs now include a Thesaurus along with spelling and grammar checks.
10. Double check grammar for appropriate tense and plural/singular matching of subjects and verbs.
11. Make sure that you use consistent tense within each paragraph and usually throughout an entire paper. Typically, research papers and clinical reports are written entirely in past tense except when future recommendations are made.
12. Edit for sentence fragments and run-on sentences.
13. Start writing a paper by developing an outline that you build after reviewing some of the literature. You will begin to see some of the subheadings related to your overall topic. Edit the outline for the best method of organization (e.g., chronological comparison and contrast, cause and effect, increasing important, classification). You can get more information on methods of organization at:
<http://web.uvic.ca/wguide/Pages/EssayOrgMethods.html>
14. The best writers write and rewrite, over and over until the paper is fine-tuned. You need some time in between these editing sessions, so that you can get a fresh perspective. Procrastination can limit your ability to improve your paper.
15. Every paragraph needs to start with a transition from the previous paragraph. Transitions are also need between the different sections of the paper. You can use subheading to separate paper sections following APA style for literature reviews.