SAINT LOUIS UNIVERSITY.

Program-Level Assessment: Annual Report

Program Name: Masters of Social Work	Department: Social Work
Degree or Certificate Level: Masters	College/School: CPHSJ/School of Social Work
Date: September 13, 2021	Assessment Contact: Kristi Richter
In what year was the data upon which this report is based collected? FY 2020-2021	
In what year was the program's assessment plan most recently reviewed/updated? 2021	

1. Student Learning Outcomes

Which of the program's student learning outcomes were assessed in this annual assessment cycle? (Please list the full, complete learning outcome statements and not just numbers, e.g., Outcomes 1 and 2.)

The nine MSW Clinical competencies as identified and defined by the MSW's accrediting body Council on Social Work Education.

Competency 1: Demonstrate ethical and professional behavior.
Competency 2: Engage diversity and difference in practice.
Competency 3: Advance human rights and social, economic, and environmental justice.
Competency 4: Engage in practice-informed research and research-informed practice.
Competency 5: Engage in policy practice.
Competency 6: Engage with individuals, families, groups, organizations, and communities.
Competency 7: Assess individuals, families, groups, organizations, and communities.
Competency 8: Intervene with individuals, families, groups, organizations, and communities.
Competency 9: Evaluate practice with individuals, families, groups, organizations, and communities.

2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please describe and identify the course(s) in which these artifacts were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

Two measures are used to determine if students achieved the stated outcomes:

Measure 1: SWRK 5843 Clinical Field Final Evaluation. At the end of each semester, the student's practicum Learning Agreement will be used as a basis for assessing student learning and performance. Field Instructors should use their copy of the student's Learning Agreement to complete the Final Evaluation. Students are assessed on each competency behavior on a Likert scale from 1 to 5, with 5 being the highest. Students must achieve a combined mean score of 3 or higher on the final evaluation to pass the practicum.

Measure 2: Each of the nine Clinical competencies are measured by embedded assignments in a variety of courses using the course assigned rubric to score. Currently there are three off campus hybrid programs (in Massachusetts, Ohio, and Missouri) that offer the clinical concentration and are shown in a separate table (under #4 - data results).

*Please see Appendix I for a copy of the Clinical Field Final Evaluation and Appendix II for course embedded assignment descriptions and rubrics.

3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tools(s) (e.g., a rubric) used in the process and **include them in/with this report document** (do not just refer to the assessment plan).

Artifact 1: SWRK 5843 Clinical Concentration Field evaluation form. Please see Appendix I for the evaluation form.
Artifact 2: Instructor assessment of assignments in designated courses. Please see Appendix II for assignment descriptions and rubrics.

4. Data/Results

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

Measure 1: Assessment Data Collected during the Academic Year 2020-2021
Program Option #1: Main Campus/ On-Ground Delivery

	Clinical Concentration 2nd (5843)	**Competency Benchmark**	**STL Campus Total %**
#1	Demonstrate professional behavior consistent with social work values and ethics in clinical practice	80.00%	92.30%
#2	Demonstrate competence in working with diverse populations and from a bio-psycho-social-spiritual perspective.	80.00%	92.30%
#3	Integrate Human Rights and Social, Economic, and Environmental Justice into Clinical Practice	80.00%	92.30%
#4	Use an evidence informed practice process in clinical work with individuals, families, groups and larger systems.	80.00%	92.30%
#5	Apply policy practice skills to advance human rights and social and economic justice	80.00%	92.30%
#6	Demonstrate advanced client engagement skills in clinical practice.	80.00%	92.30%
#7	Demonstrate advanced client assessment skills in clinical practice.	80.00%	100.00%
#8	Demonstrate advanced client intervention skills in clinical practice.	80.00%	100.00%

#9	Use research and clinical expertise to evaluate client, practice, and program outcomes.	80.00%	100.00%

Measure 1: Assessment Data Collected during the Academic Year 2020-2021
Program Option #2: Off-Campus/Online and On-Ground Hybrid Delivery

SLU School of Social Work offered in 2020-2021 and continues to offer a 60% online/40% on-campus MSW degree option with partnering universities in Western Missouri, Eastern Massachusetts, and Northern Ohio.

	Clinical Concentration 2nd (5843)	Competency Benchmark	Hybrid Total %
#1	Demonstrate professional behavior consistent with social work values and ethics in clinical practice	80.00%	99.00%
#2	Demonstrate competence in working with diverse populations and from a bio-psycho-social-spiritual perspective.	80.00%	95.30%
#3	Integrate Human Rights and Social, Economic, and Environmental Justice into Clinical Practice	80.00%	95.20%
#4	Use an evidence informed practice process in clinical work with individuals, families, groups and larger systems.	80.00%	96.80%
#5	Apply policy practice skills to advance human rights and social and economic justice	80.00%	93.50%
#6	Demonstrate advanced client engagement skills in clinical practice.	80.00%	96.80%
#7	Demonstrate advanced client assessment skills in clinical practice.	80.00%	96.60%
#8	Demonstrate advanced client intervention skills in clinical practice.	80.00%	96.60%
#9	Use research and clinical expertise to evaluate client, practice, and program outcomes.	80.00%	93.50%

Measure 2: Assessment Data Collected during the Academic Year 2020-2021
Program Option #1: Main Campus/ On Ground Delivery

	Clinical Competency	Course	Measurement Tools	Competency Benchmark	STL Campus Total
#1	Demonstrate professional behavior consistent with social work values and ethics in clinical practice.	SWRK 5700: Values and Ethics	Personal Ethical Decision Making Model and Presentation	80.00%	100.00%

# 2	Demonstrate competence in working with diverse populations from a bio-psycho-social-spiritual perspective.	SWRK 5734: HBSE II	HBSE II Midterm Exam	80.00%	100.00%
# 3	Integrate human rights and social, economic, and environmental justice into clinical practice.	SWRK 5734: HBSE II	HBSE II Final Exam	80.00%	74.00%
#4	Use an evidence informed practice process in clinical work with individuals, families, groups and larger systems.	SWRK 5733: Advanced SW Practice	Evidence-Informed Intervention Paper	80.00%	100.00%
# 5	Apply policy practice skills to advance human rights and social and economic justice.	SWRK 5707: Policy Practice	Elevator Speech and Final Presentation	80.00%	100.00%
# 6	Demonstrate advanced client engagement skills in clinical practice.	SWRK 5733: Advanced SW Practice	Evidence-Informed Intervention Role Play	80.00%	100.00%
# 7	Demonstrate advanced client assessment skills in clinical practice.	SWRK: 5762 Assessment and Diagnosis in Clinical Practice	Final Exam	80.00%	100.00%
# 8	Demonstrate advanced client intervention skills in clinical practice.	SWRK 5733: Advanced SW Practice	Treatment Plan	80.00%	100.00%
# 9	Use research and clinical expertise to evaluate client, practice, and program outcomes.	SWRK 5784: Evaluation of Social Work Practice	Final Clinical Program Evaluation Assignment	80.00%	95.00%

Measure 2: Assessment Data Collected during the Academic Year 2020-2021
Program Option #2: Off-Campus/Online and On-Ground Hybrid Delivery

SLU School of Social Work offered in 2020-2021 and continues to offer a 60% online/40% on-campus MSW degree option with partnering universities in Western Missouri, Eastern Massachusetts, and Northern Ohio.

	Clinical Competency	**Course**	**Measurement Tools**	**Competency Benchmark**	**Hybrid Total**
#1	Demonstrate professional behavior consistent with social work values and ethics in clinical practice.	SWRK 5700: Values and Ethics	Personal Ethical Decision Making Model and Presentation	80.00%	100.00%
# 2	Demonstrate competence in working with diverse populations from a bio-psycho-social-spiritual perspective.	SWRK 5734: HBSE II	HBSE II Midterm Exam	80.00%	100.00%
# 3	Integrate human rights and social, economic, and environmental justice into clinical practice.	SWRK 5734: HBSE II	HBSE II Final Exam	80.00%	85.00%
#4	Use an evidence informed practice process in clinical work with individuals, families, groups and larger systems.	SWRK 5733: Advanced SW Practice	Evidence-Informed Intervention Paper	80.00%	100.00%
# 5	Apply policy practice skills to	SWRK 5707:	Elevator Speech and Final	80.00%	78.00%

	advance human rights and social and economic justice.	Policy Practice	Presentation		
# 6	Demonstrate advanced client engagement skills in clinical practice.	SWRK 5733: Advanced SW Practice	Evidence-Informed Intervention Role Play	80.00%	100.00%
# 7	Demonstrate advanced client assessment skills in clinical practice.	SWRK: 5762 Assessment and Diagnosis in Clinical Practice	Final Exam	80.00%	92.00%
# 8	Demonstrate advanced client intervention skills in clinical practice.	SWRK 5733: Advanced SW Practice	Treatment Plan	80.00%	100.00%
# 9	Use research and clinical expertise to evaluate client, practice, and program outcomes.	SWRK 5784: Evaluation of Social Work Practice	Final Clinical Program Evaluation Assignment	80.00%	100.00%

5. Findings: Interpretations & Conclusions

What have you learned from these results? What does the data tell you?

It appears that we should brainstorm potential ways to enhance students' integration of human rights and social, economic, and environmental justice into clinical practice. The MSW Program Committee will further discuss how/when we can/should revise or reinforce this content in class and in the field (during practica). We find also that we might need to initiate a conversation with our partner programs (particularly our colleagues in Massachusetts – our Lourdes campus) about the extent to which potential modifications may be necessary regarding application of policy practice skills to advance human rights and social and economic justice.

6. Closing the Loop: Dissemination and Use of Current Assessment Findings

A. When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

The assessment results presented in this report (from AY 2020/2021) have been shared via email and discussed within the MSW Program Committee as well as in the MSW concentration committees (e.g., clinical, community and organizations, and ABA) meetings. The MSW Program Committee will have a series of discussions to delve into whether the assessment results identified above (particularly those in which our benchmark was not achieved) are due to content, instruction, or measurement or some combination of two or three of these factors.

B. How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you've initiated one or more of the following:

Changes to the Curriculum or Pedagogies	● Course content ● Teaching techniques ● Improvements in technology ● Prerequisites	● Course sequence ● New courses ● Deletion of courses ● Changes in frequency or scheduling of course offerings
Changes to the Assessment Plan	● Student learning outcomes ● Artifacts of student learning ● Evaluation process	● Evaluation tools (e.g., rubrics) ● Data collection methods ● Frequency of data collection

Please describe the actions you are taking as a result of these findings.

Faculty in the MSW Program Committee and Clinical Concentration Subcommittee will further process the assessment results presented herein this fall semester and will discuss how we might make adjustments for improvement on these specific competencies going forward.

If no changes are being made, please explain why.

The first standing MSW Program Committee meeting is September 22, 2021, at which time we will continue our discussions about how/when we plan to use the assessment findings reported specifically in this year's AY 2020/2021 assessment report.

7. Closing the Loop: Review of Previous Assessment Findings and Changes

A. What is at least one change your program has implemented in recent years as a result of assessment data?

Although there is documentation (i.e., annual CSWE assessment reports) that the MSW program has completed program assessments – including student learning examinations – in recent years, we can locate no records of MSW Program Committee (or faculty) discussion regarding how past assessment information/results were used to implement change(s) to how we educate and train MSW students across our generalist and three concentration curricula. Therefore, we have, for this AY 2020/2021 assessment report, nothing to document for questions 7a., 7b., 7c., and 7d. Moving forward, the MSW Program is strongly committed to closing the loop in our assessment enterprise.

B. How has this change/have these changes been assessed?

N/A

C. What were the findings of the assessment?

N/A

D. How do you plan to (continue to) use this information moving forward?

N/A

IMPORTANT: Please submit any assessment tools (e.g., rubrics) with this report as separate attachments or copied and pasted into this Word document. Please do not just refer to the assessment plan; the report should serve as a stand-alone document.

Appendix I

MSW Clinical Specialized Practice
Competencies Measure 1 – Field Final Evaluation

Instructions:

At the end of each semester, the student's practicum Learning Agreement will be used as a basis for assessing student learning and performance. Field Instructors should use their copy of the student's Learning Agreement to complete the Final Evaluation. Students are assessed on each competency behavior on a Likert scale from 1 to 5, with 5 being the highest. Students must achieve a combined mean score of 3 or higher on the final evaluation to pass the practicum. Please see the Likert's scales under each competency behavior. Comments are encouraged.

I have reviewed and approved the Student's Practicum Hours Log.
(Prior to submitting this Final Evaluation you must review and approve the student's Practicum Log Hours)

- ○ Yes
- ○ No

Field Instructor Last Name

Field Instructor First Name

Field Instructor Email

Agency Name

Student Last Name

Student First Name

Semester

Year

Competency 1

Demonstrate professional behavior consistent with social work values and ethics in clinical practice.

Behavior 1.1

Demonstrate knowledge and skills specific to population in providing clinical social work.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 1.2

Identify and apply relevant ethical principles in clinical practice.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 1.3

Develop competence in ethical decision making in clinical practice.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Competency 2

Develop competence in working with diverse populations and performing a bio-psycho-social-spiritual assessment.

Behavior 2.1

Apply knowledge and demonstrate cultural competence with diverse populations to enhance client well-being.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 2.2

Use a strengths-based approach in performing bio-psycho-social-spiritual assessments.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Competency 3

Integrate human rights and social, economic, and environmental justice into clinical practice.

Behavior 3.1

Apply clinical skills to advance human rights and social and economic justice.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○

4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Behavior 3.2

Address disparities in clinical, organizational, and community practice levels as they impact individual client systems.

Quality of Performance

1. Performance is generally unacceptable; Rarely meets competency ○
2. Inconsistently meets competency. ○
3. Meets competency level most of the time ○
4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Competency 4

Use an evidence informed practice process in clinical work with individuals, families, groups and larger systems.

Behavior 4.1

Use practice experiences and theory to inform scientific inquiry and research.

Quality of Performance

1. Performance is generally unacceptable; Rarely meets competency ○
2. Inconsistently meets competency. ○
3. Meets competency level most of the time ○
4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Behavior 4.2

Critically evaluate and translate research evidence to inform and improve practice, policy and service delivery.

Quality of Performance

1. Performance is generally unacceptable; Rarely meets competency ○
2. Inconsistently meets competency. ○
3. Meets competency level most of the time ○
4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Competency 5

Apply policy practice skills to advance human rights and social and economic justice.

Behavior 5.1

Use policy practice approaches to advocate for social policies that enhance clients and clinical service delivery.

Quality of Performance

1. Performance is generally unacceptable; Rarely meets competency ○
2. Inconsistently meets competency. ○
3. Meets competency level most of the time ○
4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Behavior 5.2

Acquire strong knowledge of relevant governmental (e.g., Medicaid, Social Security Disability, Individuals with Disabilities Education Act, mandated reporting) and agency policies in order to advocate for clients in securing resources or understanding the relevant policy system.

Quality of Performance

1. Performance is generally unacceptable; Rarely meets competency ○
2. Inconsistently meets competency. ○
3. Meets competency level most of the time ○
4. Consistently meets competency ○
5. Consistently exhibits mastery of competency ○

Comments:

Competency 6

Demonstrate advanced client engagement skills in clinical practice.

Behavior 6.1

Integrate knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 6.2

Use advanced clinical skills to engage diverse clients and constituencies into a working therapeutic alliance.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Competency 7

Demonstrate advanced client assessment skills in clinical practice.

Behavior 7.1

Synthesizing knowledge obtained from clients and constituencies with practice wisdom and data driven decision-making to inform a client centered bio-psycho-social-spiritual assessment.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 7.2

Integrate shared decision-making process with clients and constituencies to inform treatment planning.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Competency 8

Demonstrate advanced client intervention skills in clinical practice.

Behavior 8.1

Utilize the evidence-based practice process to implement effective interventions with clients and constituencies.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Behavior 8.2

Use advanced clinical skill in coordinating and collaborating services, resources, and treatment for clients, constituencies, and multiple service systems.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Competency 9

Use research and clinical expertise to evaluate client, practice, and program outcomes.

Behavior 9.1

Critically analyze, monitor, and evaluate intervention and program processes and outcomes to improve practice effectiveness.

	Quality of Performance
1. Performance is generally unacceptable; Rarely meets competency	○
2. Inconsistently meets competency.	○
3. Meets competency level most of the time	○
4. Consistently meets competency	○
5. Consistently exhibits mastery of competency	○

Comments:

Final Comments:(Required)

Please provide a summary of performance including strength and areas for further growth:

Field Instructor recommendation of Final Grade:
(Please mark this Evaluation as Satisfactory or Unsatisfactory)

○ Satisfactory

○ Unsatisfactory

Field Instructor will provide student with a copy of this Evaluation.

○ Yes

Student's combined mean score of completion and quality is: _____
If the Combined mean score is below a 3, please contact the student's Faculty Liaison.

Appendix II

MSW Clinical Specialized Practice
Competencies Measure 2 - Course Embedded Measures

Clinical Competency 1: Demonstrate Professional Behavior Consistent with Social Work Values and Ethics in Clinical Practice.

Personal Ethical Decision-Making Model and Presentation
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
Written Component			
Discuss and describe components of the model	20		
Provides explanation for overall organization of model	10		
Explains your choices for what to include/not include within model	10		
Provides citations for various portions of model pulled from other sources. (Professional behavior involves properly crediting sources)	10		
Provides discussion throughout related to fit with population of interest (clinical – individuals, families, groups; comm/org – communities, organizations) and field of practice	10		
Ethical documentation involves being able to effectively communicate your ideas in writing (this includes overall organization, word choice, spelling/grammar, etc)	10		
Oral Presentation/Activity (Orally communicating ideas effectively is an important component of professional behavior).			
Five-minute presentation of model	10		
Using model in class activity (application of models to case scenarios)	20		
TOTAL:	**100**		

Personal Ethical Decision-Making Model and Presentation Criteria
Throughout this class you have had the opportunity to read, think about, and respond to ethical dilemmas. Each of you will approach ethical decision making in a different way. The last case scenario assignment asks you to put into a diagram and words how you approach an ethical dilemma, especially given the information in your text related to ethical decision making, in addition to incorporating your personal values, virtue, and background that seem to influence your ethical decision making. One of the points of this assignment is for you to explore your professional use of self.

Written assignment:
Each student will articulate his/her own 'model' of ethical decision-making. This model could contain the possible hierarchy of elements regarding ethical decisions and the influences that the student pulls from to make ethical decisions.

The paper should include:

(1) a one-page diagram of the ethical decision-making model
(2) a narrative paper,
    a. *with references from class text or readings* that discusses the components of the model.
    b. This should also describe why you included the components you did and why you ordered them the way you did. How did you make these decisions and why?
    c. Finally, you need to provide discussion about how the model fits your population of interest (clinical – individuals, families, groups; com/org – communities, organizations) and field of practice
    d. Remember that ethical documentation involves being able to effectively communicate your ideas in writing (this includes overall organization, word choice, spelling/grammar, etc)

In class:

(1) Students will give a 5 minute presentation of their model of ethical decision-making. At the time of the presentation students will show their diagram of the model.
(2) Students will have the opportunity to use and evaluate their decision making model on case examples in class while working as a group with other students.

Resources (not exhaustive):

- Various Codes of Ethics (including UN Declaration of Human Rights; International Federation of Social Worker document)
- Abramson, Knowing Oneself Ethically
- Canda Ch. 5 &6, spiritual perspectives
- Various Ethical Decision Making models
- Ethical theories and ethical principles
- Ethical and Religious Directives for Catholic Health Care Services
- Organizations, Administration, Communities considerations—Hardina, 2004, Berry,2007
- Additional NASW Standards for Practice http://www.socialworkers.org/practice/standards/index.asp (for example, standards across various practice settings—health care, child welfare, substance abuse, case management, school services, veterans, caregivers, palliative/end-of-life care, adolescents, long-term care, etc.)

Clinical Competency 2: Demonstrate Competence in Working with Diverse Populations and Performing a Bio-psycho-social-spiritual Assessment

HBSE II Mid-Term Exam
Scoring Guide

HBSE II Midterm Exam Criteria

The purpose of this midterm exam is to demonstrate competence in working with diverse populations and performing a bio-psycho-social-spiritual assessment. In this exam you will select readings from the course that feature personal experiences with select mental health issues and provide a written analysis of the biological, psychological, social/environmental issues relevant in each "case."

Assignment Components	**Points Possible**	**Points Earned**	**Comments**
A: What are the **main diagnostic features** (i.e. symptoms + severity) of the condition(s) likely to be represented in in each of the cases you selected. Give examples of these symptoms from the case and categorize them as: cognitive (i.e. dysregulation, callousness), emotional (i.e. sadness, anger, fear), behavioral (i.e. aggression, suicidal actions, drug use, dissociation), and/or physical (i.e. fatigue) as appropriate.	50		
B: Identify the **relevant environmental/social risk and protective factors** for the symptoms portrayed in each of the cases you selected. Environmental factors to be considered can include: Family functioning, family history, peers and adult relationships, maternal caregiving & attachment, toxins, socio-economic status/poverty, childhood physical or emotional trauma, community violence, oppression and discrimination among others.	50		
C: Identify the **relevant psychological (cognitive and emotional) risk and protective factors** for the symptoms portrayed in each of the cases you selected. Psychological factors to be considered can include: Temperament, adaptive or maladaptive core beliefs, stress and trauma, personality type, coping styles, cognitive flexibility vs. rigidity, impulsivity vs. inhibition among others.	50		
D: Identify the **relevant neurobiological processes and/or structures** that could contribute to the thoughts, emotions and/or behaviors of the person in each of the cases you selected. These structures and processes can include genes, neurotransmitters, hormones, neuronal networks & circuitry, anatomical structures in the brain among others.	50		
Total Points	**200**		

Select at least one reading from List A, List B and List C and use them to answer questions A-D that follow. You may use additional readings from each list – but you must use at least one from each list. This midterm exam should be at least 6 pages double-spaced, one-inch margins and 12-point font not including the text from the question. You are free to use any materials from the course. Be sure to reference those materials in your essay. This essay should be a clean, thorough and concise narrative that is also well-structured and clearly identifies the cases you use and the questions that you are answering. In this exam you will be asked to identify and explain how various personal and environmental factors positively and negatively impact resilience in a set of

class readings that represent a diverse range of populations across age, gender, race and class.

LIST A

Perry, B.D. & Szalavitz, M. (2008). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook. New York, NY: Basic Books. Tina's world (pp. 7-30).

Perry, B.D. & Szalavitz, M. (2008). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook. New York, NY: Basic Books. For your own good: (pp. 31-56).

Perry, B.D. & Szalavitz, M. (2008). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook. New York, NY: Basic Books. The Boy who was raised as a dog (pp. 125-154).

LIST B

Szalavitz, M. & Perry, B.D. (2010). Born for love: Why empathy is essential and endangered. New York, NY: Harper Collins. Us vs. Them (pp. 193-210).

Szalavitz, M. & Perry, B.D. (2010). Born for love: Why empathy is essential and endangered. New York, NY: Harper Collins. Missing people (45-71).

Szalavitz, M. & Perry, B.D. (2010). Born for love: Why empathy is essential and endangered. New York, NY: Harper Collins. No mercy (pp. 120-144)

Perry, B.D. & Szalavitz, M. (2008). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook. New York, NY: Basic Books. Skin hunger (pp. 81-98)

Perry, B.D. & Szalavitz, M. (2008). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook. New York, NY: Basic Books. The coldest heart (pp. 99-124)

LIST C

Williams, L. (2012). A "classic" case of borderline personality disorder. In, C.W. LeCroy & J. Holschuh (Eds.). First person accounts of mental illness and recovery. (Ch. 4; 203-206).

Mayberry, S. (2012). Alien: A story of Asperger's Syndrome. In, C.W. LeCroy & J. Holschuh (Eds.). First person accounts of mental illness and recovery. (Ch. 13; 431-439).

Tony W. (2012). The experience of infantile autism. In, C.W. LeCroy & J. Holschuh (Eds.). First person accounts of mental illness and recovery. (Ch. 8; 440-443).

Questions A - D (Please answer each question in a well-written essay using the cases you selected from Lists A, B and C

The purpose of this midterm exam is to demonstrate competence in working with diverse populations and performing a bio-psycho-social-spiritual assessment. In this exam you will select readings from the course that feature personal experiences with select mental health issues and provide a written analysis of the biological, psychological, social/environmental issues relevant in each "case." The following are the four specific areas you will explore in your analysis.

A: What are the **main diagnostic features** (i.e. symptoms + severity) of the condition(s) likely to be represented in in each of the cases you selected. Give examples of these symptoms from the case and categorize them as: cognitive (i.e. dysregulation, callousness), emotional (i.e. sadness, anger, fear), behavioral (i.e. aggression, suicidal actions, drug use, dissociation), and/or physical (i.e. fatigue) as appropriate. This section is worth 50 points or 25% of the total exam.

B: Identify the **relevant environmental/social risk and protective factors** for the symptoms portrayed in each of the cases you selected. Environmental factors to be considered can include: Family functioning, family

history, peers and adult relationships, maternal caregiving & attachment, toxins, socio-economic status/poverty, childhood physical or emotional trauma, community violence, oppression and discrimination among others. This section is worth 50 points or 25% of the total exam.

C: Identify the **relevant psychological (cognitive and emotional) risk and protective factors** for the symptoms portrayed in each of the cases you selected. Psychological factors to be considered can include: Temperament, adaptive or maladaptive core beliefs, stress and trauma, personality type, coping styles, cognitive flexibility vs. rigidity, impulsivity vs. inhibition among others. This section is worth 50 points or 25% of the total exam.

D: Identify the **relevant neurobiological processes and/or structures** that could contribute to the thoughts, emotions and/or behaviors of the person in each of the cases you selected. These structures and processes can include genes, neurotransmitters/hormones, neuronal networks & circuitry, anatomical structures in the brain among others. This section is worth 50 points or 25% of the total exam.

Clinical Competency 3: Integrate Human Rights and Social, Economic, and Environmental Justice into Clinical Practice

HBSE II Final Exam
Scoring Guide

Assignment Components	**Points Possible**	**Points Earned**	**Comments**
58 Multiple Choice and True/False (1pt each)	58		
4 Matching (2@ 2pts each & 2@4pts each)	12		
Total Points	**70**		
Areas covered include: 1) How discrimination, economic deprivation and oppression lead to the inequitable distribution and quality of health services; (2) The influence of poverty, culture, race, sexual orientation, age, gender, and religion on the health and illness behavior of individuals, family constellations and special populations; (3) The role of structural and Bio-Psycho-Social assessment techniques; (4) Assessment and understanding of the neurobiological, social, environmental, personality and psychological factors that contribute to human behavior in the areas of empathy, resilience, suicidality, aggression, and wellbeing; (5) The Bio-Psycho-Social-Environmental factors that impact the development and recovery from depressive disorders, anxiety disorders, bipolar spectrum disorders and schizophrenia spectrum disorders; (6) The Bio-Psycho-Social-Environmental factors that contribute to the development of substance use disorders and the practice and policy factors that contribute to, and hinder, recovery from these conditions; and (7) Screening and differential diagnosis of psychiatric disorders common in older adult populations.			

HBSE II Final Exam Criteria

The final exam consists of 62 multiple choice, true/false and matching questions. The focus of the final exam will be to give you an opportunity to integrate human rights and social, economic, and environmental justice into clinical practice. Exam content will be comprehensive and pertain to readings, lectures and class discussions for the whole course. Assessment areas that will be the focus of this exam will include: (1) How discrimination, economic deprivation and oppression lead to the inequitable distribution and quality of health services; (2) The influence of poverty, culture, race, sexual orientation, age, gender, and religion on the health and illness behavior of individuals, family constellations and special populations; (3) The role of structural and Bio-Psycho-Social assessment techniques; (4) Assessment and understanding of the neurobiological, social, environmental, personality and psychological factors that contribute to human behavior in the areas of empathy, resilience, suicidality, aggression, and wellbeing; (5) The Bio-Psycho-Social-Environmental factors that impact the development and recovery from depressive disorders, anxiety disorders, bipolar spectrum disorders and schizophrenia spectrum disorders; (6) The Bio-Psycho-Social-Environmental factors that contribute to the development of substance use disorders and the practice and policy factors that contribute to, and hinder, recovery from these conditions; and (7) Screening and differential diagnosis of psychiatric disorders common in older adult populations.

1. It is possible to be dependent on a substance, but not addicted:
   True /False

2. What is the common impact of toxic stress experienced in the lives of Tina, Sandy, Conner and Justin?
   a. An overloaded stress response system marked by a loss of regulatory, top- down control.
   b. A yearning to be loved.
   c. Loss of touch with reality.
   d. Anger toward authority figures.

3. A stress hormone that is released when the stress response system is activated:
   a. GABA
   b. Dopamine
   c. Oxytocin
   d. Cortisol

4. According to Gabor Mate's book, In the Realm of Hungry Ghosts, brain development in the uterus and during childhood is the single most important biological factor in determining whether or not a person will be predisposed to substance dependence and to addictive behaviors of any sort, whether drug-related or not.
   True /False

5. Based on the J. Interlandi reading in the NY times (A revolutionary approach to treating PTSD), Dr. van der Kolk proposes a model for treating trauma that focuses primarily on:
   a. Using medication to reduce symptoms
   b. Schemata
   c. Feelings
   d. Physiology/Body

6. The feeling of physical or psychological symptoms resulting for the discontinuation of a substance such as sweating, nausea, muscle pain, agitation, and depression is an example of which of the following?
   a. Catatonia
   b. Craving
   c. Withdrawal
   d. Tolerance

7. Michael Long (Liza Long's son – I am Adam Lanza's Mother) experienced severe, recurrent temper outbursts manifested verbally (e.g. verbal rages) and/or behaviorally (e.g. physical aggression toward people or property) and were grossly out of proportion in intensity or duration to the situation or provocation. What BEST describes this behavior:
   a. Emotional Dysregulation
   b. Zero Negative Psychopathy
   c. Instrumental Aggression with Antisocial Tendencies.
   d. Hyperactivity

8. Which of the following best explains the cognitive-behavioral model from the perspective of the Cognitive Behavioral Therapy Triad:
   a. A behavior triggers the release of feelings (i.e. anger, sadness, joy, fear) which then lead to automatic thoughts. Overtime these thoughts then form core beliefs/schemas about self, world and others.
   b. Situations trigger the release of automatic thoughts that emerge from cognitive schemas/core beliefs of the self, others and world. These thoughts lead to feelings (i.e. anger, sadness, joy, fear), which then result in behavior.

c. Situations trigger the release of feelings (i.e. anger, sadness, joy, fear) that lead to the release of automatic thoughts about the self, others and world. These thoughts then result in behavior.
d. Feelings lead to the development of core beliefs/schemas about the self, world, future and other people which then lead to behaviors that are adaptive or maladaptive.

9. The MAOA Gene “Warrior Gene” impacts the connectivity of which two brain structures:
   a. The prefrontal cortex and the amygdala.
   b. The temporal lobe and the hypothalamus.
   c. The amygdala and the limbic system.
   d. The hypothalamus and the hippocampus.

10. Martha has returned home from the hospital following an outpatient surgical procedure. In the middle of the night she was found wandering in her back yard in her nightgown. Upon questioning she reported that she did not know who or where she was and she was extremely upset and agitated. After a short time, she was able to gain her lucidity and was again oriented and coherent. This has never happened to Martha before. Given this information, which of the following should be your primary diagnostic suspicion?
   a. Alzheimer's-Type Dementia
   b. Vascular-Type Dementia
   c. Delirium
   d. Mild Cognitive Impairment

11. Jeff is 34 and he reports hearing strange voices speak to him in a mocking tone and at times sees fleeting ‘apparitions’ at night when he sleeps and at times during the day. These experiences have been present most of his life and cause him significant distress and impairment. What is the most accurate clinical term describing these experiences?
   a. Mania
   b. Delusions
   c. Hallucinations
   d. Catatonia

12. Persons diagnosed with schizophrenia are far more likely to commit acts of extreme violence than those without the diagnosis.
   True /False

13. Which of the following is NOT TRUE:
   a. Possessing the MAOA gene (Warrior Gene) alone determines whether or not a person will be aggressive.
   b. Aggressive behavior is linked to brains that are highly aroused even at rest.
   c. Overly aggressive individuals have less grey matter in the circuitry that regulates emotion.
   d. The environment plays a key role in moderating the effects of genes on violent behavior.

14. Time stopping, absorbing activities where you deploy all of your strengths to meet the highest challenges and lose track of time is an example of what well-being concept:
   a. Grit
   b. Satisfaction
   c. Flow
   d. Purpose

15. An individual who consistently believes, despite evidence to the contrary, that they are having their thoughts controlled by an external force, is most likely experiencing:
   a. Dysphoria
   b. Dissociation

c. Delusions
d. Hallucinations

16. A 68-year old woman demonstrates a disturbance in attention, awareness and cognition that developed over the course of one day. This represents a change from her usual baseline, and has tended to fluctuate in severity during the course of the day. What is the most likely diagnosis?
    a. Alzheimer's Disease
    b. Mania
    c. Delirium
    d. Major Depressive Disorder

17. The message from Dr. Edward Tronick's "Still Face Experiment" is that infants and young children are NOT responsive to social interaction or the emotional reactivity of the world around them. True /False

18. Which of the following would not be a core characteristic of someone with autism?
    a. Impairment in social interaction.
    b. Preoccupation with restricted and repetitive behaviors or ritualistic activities.
    c. An enhanced ability to recognize patterns.
    d. Low IQ.
    e. Delays in communication.

19. All of the following are official components of Dialectical Behavior Therapy (DBT)
    a. Interpersonal Skills Training.
    b. Mindfulness
    c. Antidepressant Medication.
    d. Emotional Regulation Training. Distress Tolerance.

20. According to Lynn Williams' account of her own experience with borderline personality disorder (A Classic Case of Borderline PD), people with Borderline Personality Disorder use suicidal attempts as deliberate, manipulative attempts to get attention.
    True /False

21. In Stephanie Mayberry's personal account of her experience with Asperger's Syndrome (Alien), she explains how she leaves her apartment for work every morning at exactly 5:27 so she can catch the green light at the end of her street which changes at 5:32am. Baron-Cohen (Science of Evil) refers to this as an example of:
    a. Compulsions
    b. Systematizing behavior
    c. Obsessive Behavior
    d. Sensory sensitivity

22. Dr. Daniel Siegel discusses a state of dysregulation when a person's prefrontal cortex is taken offline by the limbic system's fight or flight response. He calls this process:
    a. Losing your mind.
    b. Fragmentation.
    c. Disrupted attachment.
    d. Going down the 'low road.'

23. Which demographic group has the highest suicide rate:
    a. Adolescents between the ages of 15 to 19.
    b. Adult white males over the age of 65.
    c. Adults between the ages of 25 and 34.
    d. Young adults between the ages of 20 to 24.

24. A person who has experienced a physical assault while walking home from work complains of increased irritability and increased heart rate. These are most likely examples of what type of PTSD symptom:
    a. Hyperarousal or Hypervigilance
    b. Re-Experiencing
    c. Avoidance
    d. Dissociation

25. The following are side effects of antipsychotic medication EXCEPT:
    a. Euphoria (feeling high).
    b. Sexual dysfunction.
    c. Parkinson's-like symptoms such as hand shaking, lip smacking and loss of fine motor control.
    d. Dysphoria such as lack of motivation, fatigue, and somnolence. Extreme weight gain and diabetes

26. All of the following are likely consequences of experiencing toxic stress during early childhood development EXCEPT:
    a. Maladaptive cognitive schemas about the self, others, world and future.
    b. Increased activity and development of the stress response system.
    c. An increased psychological need for love and affection in adulthood
    d. Decreased development in higher cognitive areas.
    e. Decreased attachment to adult caregivers.

27. The main element that distinguishes addiction from dependence is which of the following:
    a. Craving
    b. Tolerance
    c. Agitation
    d. Withdrawal

28. All of the following contribute to major depression EXCEPT:
    a. Maladaptive Serotonin Transporter Gene (SERT) – Short Version
    b. Early Childhood Stress
    c. Neurogenesis of synaptic connections
    d. Chronic Inflammation of the Immune System
    e. Hyperactivity of the HPA Axis

29. Jess is a 13-year old girl who has been in several foster care homes over the last 4 years. Over the last 12 months she has repeatedly engaged in acts of violence that includes beating up a classmate in the school bathroom, setting fire to a dumpster outside of school, vandalism to a local business (graffiti), theft of a car from the parent of a friend, and shoplifting (three times). She refuses to take responsibility for her behavior, routinely blames others for her behavior or lies outright about what happened. She demonstrates little to no remorse for her victims. Which of the following would best explain her behaviors:
    a. She grew up with permissive parents never punished her for misbehavior. She probably learned her criminal behavior from her family and/or peers.
    b. She has an impaired ability to experience affective empathy due to a lack of consistent loving relationships in her life.
    c. She has a genetic predisposition toward violence.
    d. She is an angry kid because she was abused or unloved and is crying out for help.

30. Eugenia, Virginia, Ryan and Leon all exhibited a reduced capacity to experience affective empathy. What common cause did they share that may have led to this reduction?
    a. Extreme physical abuse at the hands of a primary caregiver.
    b. A lack of early nurturing and social bonding with a consistent caregiver.
    c. Early childhood sexual abuse.
    d. Fetal exposure to drugs and alcohol.

31. An insidious onset and gradual, steady, progressive, decline in memory and learning and at least one other cognitive domain without evidence of any mixed etiology best describes which type of

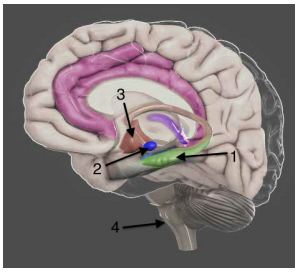
neurocognitive disorder:
   a. Prion's Disease
   b. Vascular-Type
   c. Dementia Delirium
   d. Alzheimer's-Type Dementia

32. Callousness and a lack of remorse is a core symptoms of what empathy-related condition?
   a. Autism Spectrum Disorder
   b. Antisocial personality disorder
   c. Narcissistic Personality Disorder
   d. Borderline personality disorder

33. Which of the following is NOT an official diagnostic symptom of Borderline Personality Disorder?
   a. Efforts to avoid abandonment.
   b. Feelings of chronic emptiness.
   c. The experiencing of chronic traumatic events.
   d. Emotional dysregulation.
   e. Unstable personal relationships.
   f. Unstable self image.

34. The ability to actually feel the same emotion as someone else by observing his or her facial expressions is thought to be enabled by:
   a. The Occipital Cortex
   b. The Basal Ganglia.
   c. The Mirror Neuron System
   d. The Hypothalamus.

35. Match the number of the indicated brain area with the correct name 2pts



   1. _____(Arrow pointing to the blue dot)

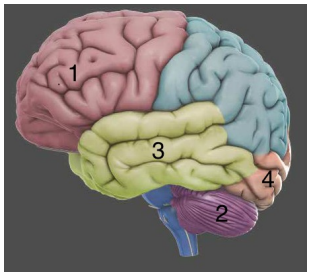
   2. _____(Arrow pointing to the small pink triangular structure)

   3 _____(Arrow pointing to the elongated green structure)

   4 _____(Arrow pointing to the structure located at the bottom of the image below the brain)

All Answer Choices
A. Hypothalamus
B. Brain Stem
C. Hippocampus
D. Amygdala

36. Match the number of the highlighted brain area with its correct name. 2 pts



1. _____ A. Frontal Lobe
2. _____ B. Temporal Lobe
3. _____ C. Cerebellum
4. _____ D. Occipital Lobe

37. Each of the following is a component of well-being EXCEPT:
    a. Accomplishment
    b. Meaning
    c. Engagement
    d. Relationships
    e. Agreeableness
    f. Positive Emotion

38. Janice experiences periodic episodes of intense energy, euphoria, lack of a need for sleep and erratic behavior that causes negative consequences. For instance, during a recent episode she spent $3000 on blinds for her apartment and booked an expensive vacation despite having no vacation time at work and limited funds in her bank account. These episodes last about 1 month. The most likely explanation for these symptoms is:
    a. Dysregulation
    b. Hypomania
    c. Mania
    d. Delusion

39. All of the following are factors that drive suicidal mass murderers (from the NY Times article: “What drives suicidal mass murderers”) EXCEPT:
    a. A genetic predisposition toward aggression.
    b. A strong desire to die due to mental health problems.
    c. A desire to acquire redemption, fame and glory through killing.
    d. A deep sense of victimization.

40. The part of the brain MOST involved with recognizing fearful/potentially dangerous stimuli is the:
    a. Hypothalamus
    b. Corpus Callosum
    c. Amygdala
    d. Hippocampus

41. Increasing the connective strength between the prefrontal cortex and the limbic system would theoretically enhance a person’s ability to better control an aggressive outburst in response to a potential threat.
True /False

42. What is the MOST important factor determining whether someone develops schizophrenia?
    a. Being Exposed to Environmental Toxins
    b. Experiencing Harsh Parenting
    c. Use of Illicit Drugs
    d. Heredity/Genetics

43. Correctly match the symptom with the best corresponding example. Please note that each symptom will be used only once. 4pts

Question	Answer
a. Ryan's sexual assault of the girl in his school and Leon Killing the two girls in his building.	a. Dissociation
b. Michael Long's prolonged and intense temper tantrum	b. Emotional Dysregulation
c. Tina's distractibility and aggressive behavior in school	c. Re-experiencing
d. Sandy's running and hiding when the doorbell is rung	d. Negative Alteration in Cognition and Mood
e. Sandy and Tina's blank stares when confronted by authority or Amber's passing out in the bathroom.	e. Callousness/Lack of Empathy
f. Sandy's nightmares of her mother's murder and her re-enactment of her mother's killing with Dr. Perry.	f. Systematizing
g. Amber's chronic state of sadness and guilt	g. Avoidance
h. Stephanie Mayberrry being able to know the exact time the traffic light changes on her or being able to calculate Pi hundreds of decimal places	h. Hyperarousal/ Hypervigilance

44. Unstable and intense relationships and a fear of abandonment is a core symptom of what empathy-related condition?
    a. Narcissistic Personality Disorder
    b. Antisocial Personality Disorder
    c. Autism
    d. Borderline Personality Disorder

45. The following are all main elements of addiction EXCEPT:
    a. There is persistent relapse despite harm.
    b. There is a lack of control over the behavior.
    c. It is a willful choice.
    d. There is intense craving when the object of addiction is not there.
    e. It is compulsive.

46. A tenet of Dr. Perry's neuro-sequential approach to treatment is that treatment should start at the highest (in the brain) undeveloped/abnormally functioning set of problems and move sequentially down the brain as improvements are seen. For example, for a child with developmental problems at multiple levels, you should always start at the prefrontal cortex and then move your way down to the limbic system and then, finally, the brain stem as you see improvement.
    True /False

47. In Dr. Nadine Burke's TED Talk she discusses how adverse childhood events are linked to higher rates of heart disease, cancer, and early death. What is the MAIN mechanism she describes as leading to this outcome?
    a. ACE's lead to chronic overactivation of the HPA Axis which then leads to overexposure to stress hormones (cortisol and adrenalin) resulting in changes in immunology, DNA Transmission and Hormonal activity.
    b. Lack of academic achievement leading to higher rates of poverty.
    c. The tendency of those in poverty to be chronically exposed to environmental toxins.
    d. The positive correlation between extreme poverty and ACES.

48. Which of the following did Stephanie Mayberry (Alien) NOT identify in her case study as something that she experienced or did as a person with Asperger's:
    a. Experienced sensory sensitivity.
    b. Had difficulty 'reading' people's faces.
    c. Struggled to understand metaphors or humor.
    d. Experienced delayed development in communication skills.

49. A client says the following statement after they tell you that their significant other has threatened to leave them if they do not reduce their drinking: “I know I should probably cut down, but I’m afraid that I’ll lose my friends.” Which of the following best describes both the person’s stage of change and the most appropriate intervention approach given that stage:

a. Precontemplation – Use harm reduction techniques.
b. Contemplation – Use motivational interviewing to explore ambivalence around drinking
c. Preparation – Get them ready to enter treatment or Refer/Accompany to an AA Group.
d. Action – Teach alcohol refusal and craving management skills

50. Which of the following is the main tenet of the Bio-Social Model explaining Borderline Personality Disorder? Select the BEST answer.
    a. Borderline Personality Traits emerge when a person possessing vulnerabilities toward emotional dysregulation are immersed in invalidating environments and must resort to maladaptive coping responses in order to manage their intense emotions.
    b. Borderline Personality Traits are manipulative attempts to gain control over a situation.
    c. Borderline personality traits are caused by repeated traumatic experiences resulting in a hyper-aroused stress response system.
    d. Borderline Personality Traits are caused when maladaptive attempts to gain attention through suicidal behavior are repeatedly reinforced.

51. Kevin, a first grader, is sitting with other classmates and learning about how to identify and respond to what he feels when another student calls him names on the playground. This is an example of:
    a. Social-Emotional Learning (SEL)
    b. Neuro-sequential model of therapeutics.
    c. Solution Focused Therapy.
    d. Applied Behavioral Analysis.

52. In Dr. Gary Slutkin’s TED Talk he describes three factors that need to be used to reverse the epidemic of violence plaguing U.S. cities. Which of the following was NOT one of those factors?
    a. A return to the principles and practices of the 'War on Drugs' policy.
    b. Change community norms around violence through public education and activism.
    c. Interrupt violence transmission by finding first cases.
    d. Prevent further spread of violence by managing those exposed.

53. Which of the following is NOT TRUE for Lynn Williams' personal story (A classic case of borderline personality disorder)?
    a. She experienced intense emotional dysregulation.
    b. She engaged in multiple suicide attempts.
    c. She was able to recover by learning to cope with her distress in the community.
    d. She experienced childhood sexual abuse.

54. The need to use more of a drug to gain its effects is an example of which of the following?
    a. Craving.
    b. Tolerance
    c. Dysphoria
    d. Withdrawal

55. Which of the following statements is correct?
    a. Being able to recognize what another person is feeling is an example of cognitive empathy, while affective empathy is the drive to respond to another’s emotion.
    b. People with autism are unable to experience affective empathy, but their capacity for cognitive empathy is intact.
    c. People who would be classified as psychopaths are unable to experience cognitive empathy, but their capacity for affective empathy is intact.
    d. Being able to recognize what another person is feeling is an example of affective empathy, while cognitive empathy is the drive to respond to another’s emotion.

56. Based on the Bruce Perry readings (Boy who was raised as a dog), for children who experience chronic toxic stress and/or trauma the MOST important factor ameliorating that stress is:
    a. Economic resources.
    b. Consistent, predictable loving relationship(s).
    c. Fair Punishment.
    d. Consistent and firm discipline.

57. All of the following are factors that contribute to recovery in serious mental illness except:

    a. Choice among a variety of treatments.
    b. Positive relationships.
    c. Avoiding all stress.
    d. Adequate housing.
    e. Meaningful activities and/or employment.

58. Correctly match the letter of the brain area or brain chemical with its corresponding function or purpose. Please note that each brain area or chemical will only be used once. 4pts

Question	Answer
a. Region most involved in higher executive functioning, planning and reasoning.	a. Dopamine
b. Chemical most associated with motivation and predicting reward or pleasure.	b. Brain Stem
c. Chemical associated with mood, appetite, impulse control, status and emotional regulation.	c. Limbic System
d. A chemical that is involved in the fight/flight stress	d. Prefrontal Cortex
e. Structure involved in long term memory formation.	e. Hippocampus
f. Region involved in homeostasis and regulating autonomic body functions such as heartbeat, sweating, breathing and blood pressure.	f. Norepinephrine
g. Chemical that is involved in soothing anxiety/fear suppression.	g. Serotonin
h. Region most involved in processing and regulating emotions.	h. GABA

59. Which of the following is not a symptom of major depressive disorder?
    a. Sleep Problems
    b. Obsessions and Compulsions
    c. Excessive Feelings of Worthlessness and Guilt
    d. Loss of Interest or Pleasure in Activities
    e. Changes in Appetite

60. An excessive need for admiration, a grandiose sense of importance and shallow emotions is an example of what empathy related condition?
a. Antisocial personality disorder
b. Autism Spectrum Disorder
c. Borderline personality disorder
d. Narcissistic Personality Disorder

61. The following are known factors that contribute to Autism EXCEPT:
a. Dysfunction in the mirror neuron system
b. Vaccines
c. Genetic predisposition
d. A reduction in oxytocin

62. In Dr. Jill Bolte-Taylor's video "My Stroke of Insight" she states that the LEFT side of the brain is most involved with the development of an individual's idea of himself or herself as separate from the world (as 'I'

- 'I am Dr. Jill Bolte Taylor'), and the RIGHT side of the brain is in charge of integrating the person into the world as part of its whole (as 'We' - 'We are the life force power of the Universe').

True/False

Clinical Competency 4: Use an Evidence-informed Practice Process in Clinical Work with Individuals, Families, Groups, and Larger Systems

Evidence-Informed Intervention Paper
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
Theoretical Underpinnings and empirical support of the selected intervention	5		
Rationale	5		
Limitations and Ethical/Cultural Considerations	5		
Total Points	**15**		

Evidence-Informed Intervention Paper Criteria

The evidence-informed intervention paper is a research paper focused on an evidence-informed intervention that you select to use with Ms. Smith based on the evidence and fit with Ms. Smith. The choice of the intervention should address at least one of the problems that you identified in the treatment plan, although you can select the time point of when you choose to intervene with this intervention for any point in time from parts 1, 2, 3 or 4 of the case material.

Please include the following areas in your paper. There is an expectation of scholarly research (5 outside scholarly sources) to support your case. Please use APA format (double spaced, title page, in-text citations and reference list) etc.).

1. **Background** on the chosen intervention (for the heading, state the name of the intervention)

a. Theoretical underpinnings- What theory(ies) is this intervention based on? What are the mechanisms of change (how is this intervention supposed to work to change the targeted behavior/problem?).

b. Empirical support for this intervention (citing systematic reviews is best when citing evidence of the intervention's effectiveness, but use of other empirical scholarly articles is also accepted).

2. **Rationale** for selecting this intervention for Ms. Josephine Smith. Why did you choose this intervention specifically for Ms. Smith? Use client data and research evidence to justify intervention choice for specific problem/goal.

3. **Limitations and ethical/cultural considerations:** Discuss any limitations of this approach/intervention and ethical/cultural considerations.

**Note that you may choose to intervene with Ms. Smith at any point in the case (using all of the case material given (parts 1-4)- you do not need to plan the intervention for the early part of the case). But be clear in the rationale section where Ms. Smith is at (using the data and case material to justify the intervention choice).

Clinical Competency 5: Use Policy Practices Approaches to Advocate for Social Policies that Enhance Clients and Clinical Service Delivery

Elevator Speech and Final Presentation
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
Completeness: Introduction to policy involved in service delivery to clients, including Solution, Ask and Complete logic model.	3		
Depth of analysis: Ample detail included in all sections. Logic model is accurate.	6		
Organization: Material presented in a clear manner. Connections between sections is clear.	2		
Timing: Presentation is within time limit	2		
Leadership Skills: Content is memorized, includes another person, eye contact is clear, smooth delivery, professional word choice, and professional demeanor and non-verbal behavior.	7		
Total Points	**20**		

Elevator Speech and Final Presentation Criteria
Using a bill that addresses service delivery to clients, students will prepare and give a 3-minute (maximum) elevator speech about their topic. In addition, they will present the final version of their logic model to describe the efforts underway to change your chosen service delivery policy.

In addition to the elevator speech, students will present the final version of their logic model to describe the overall effort underway to change their chosen policy. Students will present a PowerPoint or Prezi presentation (maximum10 minutes in length) to provide a comprehensive and concise summary of their chosen change effort. Students should highlight what they feel they are most of proud of and what was the toughest challenges.

Clinical Competency 6: Demonstrate Effective Client Engagement Skills in Clinical Practice

Evidence-Informed Intervention Role Play
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
Identified considerations related to potential engagement challenges or opportunities (including those related to culture and the intervention) and strategies to enhance client engagement	2		
Demonstrated rapport, empathy, active listening and interpersonal skills to effectively engage the client	2		
Demonstrated effective application of at least one of the intervention components of the intervention described in the evidence-informed intervention paper.	2		
Total Points	**6**		

Evidence-Informed Intervention Role Play Criteria

For this assignment, students will demonstrate client engagement in their role play delivering an evidence-informed intervention with a client based on their evidence-informed intervention paper.

1. Describe specifically what strategy/intervention component you will be demonstrating in the role play and at what point in the case you selected to intervene. Describe any potential challenges or considerations in terms of how you engage the client in treatment (cultural, intervention related) and the strategies you will use to enhance client engagement. This part is a written summary that you will submit with your digitally recorded video.

2. Submit a digitally recorded video of the role play: Student will submit a role play of a session with a client in which they implement a component of the intervention described in the evidence-informed intervention paper. Students will demonstrate client engagement and effective implementation of the intervention.

Clinical Competency 7: Demonstrate Effective Client Assessment Skills in Clinical Practice

Assessment and Diagnosis in Clinical Practice Final Exam
Scoring Guide

Assignment Components	**Points Possible**	**Points Earned**	**Comments**
48 multiple Choice (4pts each)	192		
2 matching. (29 pts each)	58		
Total Points	**250**		
Areas covered (1) Assessment of neurodevelopmental disorders such as autism and ADHD; (2) Screening and assessment of depressive, anxiety and bipolar spectrum disorders; (3) Screening and assessment of suicide and aggression; (4) Assessment of schizophrenia spectrum disorders; (5) Differential assessment of personality disorders such as Borderline Personality Disorder and Anti-Social Personality Disorder; (6) Screening and assessment of eating disorders; and (7) Screening and differential diagnosis of major and minor neurocognitive disorders, delirium, depression and substance use disorders in older adult populations.			

Assessment and Diagnosis in Clinical Practice Final Exam Criteria
The final exam will consist of 50 multiple choice and matching questions. The focus of the final exam will be to give you an opportunity to demonstrate effective client assessment skills in clinical practice. Exam content will be comprehensive and pertain to readings, lectures and class discussions for the whole course. Clinical assessment areas that will be the focus of this exam will include: (1) Assessment of neurodevelopmental disorders such as autism and ADHD; (2) Screening and assessment of depressive, anxiety and bipolar spectrum disorders; (3) Screening and assessment of suicide and aggression; (4) Assessment of schizophrenia spectrum disorders; (5) Differential assessment of personality disorders such as Borderline Personality Disorder and Anti-Social Personality Disorder; (6) Screening and assessment of eating disorders; and (7) Screening and differential diagnosis of major and minor neurocognitive disorders, delirium, depression and substance use disorders in older adult populations.

8: Demonstrate Effective Client Intervention Skills in Clinical Practice

Treatment Plan
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
The treatment plan is informed by the assessment/case formulation- integration of HBSE and theoretical frameworks	5		
Establishes appropriate, measurable TX goals and Objectives.	5		
Intervention plan is informed by evidence	5		
Intervention plan is integrated and coordinated with appropriate services/providers	5		
Total Points	**20**		

Treatment Plan Criteria
Students will develop a treatment plan based on the clinical assessment, research evidence and clinical expertise using the provided template.

Problem Title	
Outcome Goal	
Individual/Family Strengths	*Identify the individual's and family's strengths, past accomplishments, current aspirations, motivations, personal attitudes and attributes, etc. which can be used to help accomplish goals.*
Barriers	*Describe the challenges that stand in the way of the individual and family meeting their goals and /or achieving the discharge/transition criteria. Identifying these barriers is key to specifying the objectives as well as services and interventions in the following section of the plan.*
Objectives	*Objectives = incremental step toward goals/measure of progress. How will the person know they are making progress? Using action words, describe the near-term specific changes expected in measurable and behavioral terms (SMART goals). Include target date for completion. (# objectives if more than 1 objective)*

Interventions	*Describe the specific activity, service or treatment, the provider or other person responsible, and the intended purpose or impact as it relates to this objective. The modality, setting, intensity, frequency, and duration should also be specified.*

Format adapted from Adams & Grieder.

Clinical Competency 9: Use Research and Clinical Expertise to Evaluate Client, Practice, and Program Outcomes

Final Clinical Program Evaluation Assignment
Scoring Guide

Assignment Components	Points Possible	Points Earned	Comments
Introduction & Purpose (Clinical Program Description Paper)	15		
Research Design	15		
Sampling	10		
Measures and Data Collection	20		
Ethical and Cultural Considerations	10		

Standards of Effective Evaluation	10		
Communication and Dissemination Plan	15		
Total Points	**100**		

Clinical Program Evaluation Assignment Criteria
Students will develop a proposal for evaluating a clinical program using one of four program evaluation designs. This is a two-part assignment to be done in stages, with the Program Evaluation paper building from and including the Program Description paper. Program evaluation is best done in collaboration; thus, this assignment will be completed with a group of 3-4 students. For both papers, you will submit a draft, receive feedback and be given the opportunity to revise and resubmit the paper to improve your score. Resubmission is optional, but highly recommended.

1. **Clinical Program Description Paper**: Understanding the social problem and the social program aimed at alleviating that problem within your organization is critical to evaluating the program. This assignment requires students to describe the population and problem being targeted, and the program at the agency designed to address that population and problem. It's best if this assignment is based on a program at your field placement. The requirements of the paper include:

    1) Description of the population and problem using (3-5 pages):
        a. Census data- to frame the issue or problem or show the scope of the problem
        b. Administrative Agency Data- to document the demographic characteristics of the population served, the gaps in service or trends in service
        c. Literature review that includes peer-reviewed articles and websites to provide information about the population/issue/problem being addressed by the program, definitions of how the problem/issue is conceptualized
    2) Description of the program you will evaluate (3-5 pages). The description should include:
        a. Program goals and objectives
        b. Theoretical underpinnings of the program
        c. A description about how the program works in the agency- provide a clear enough description of the activities that someone could replicate the program in another agency. Include description of stakeholders and context, expected outcomes, and potential (or known) unintended consequences of the program.
        d. Logic model

2. Clinical Program Evaluation Paper: Students will develop a program evaluation plan based on the program used for the program description paper. The program evaluation paper will include the program description paper and the following components:

1) Research/evaluation question(s)
2) Evaluation Methods- Evaluation design, Sampling, Measurement and data collection, data analysis plan
3) Ethical and cultural considerations
4) Standards for effective evaluation (utility, feasibility, propriety, and accuracy)
5) Limitations of your proposed evaluation plan
6) Communication and dissemination plan

Team Participation
Midway through the semester and at the end of the semester you will complete a confidential peer evaluation to assess the contribution of the other members of your team. In turn, you will be evaluated by each member of your team. You will be scored by your team members on a rubric that will address questions related to your participation, cooperation, and contribution.