Children's Mental Health: Reimagining Teacher Preparation

Karolina Camacho
California State University, Monterey Bay

Follow this and additional works at: https://digitalcommons.csumb.edu/caps_thes_all

Part of the Early Childhood Education Commons, Educational Assessment, Evaluation, and Research Commons, and the Teacher Education and Professional Development Commons

Recommended Citation
https://digitalcommons.csumb.edu/caps_thes_all/286

This Capstone Project (Open Access) is brought to you for free and open access by the Capstone Projects and Master's Theses at Digital Commons @ CSUMB. It has been accepted for inclusion in Capstone Projects and Master's Theses by an authorized administrator of Digital Commons @ CSUMB. For more information, please contact digitalcommons@csumb.edu.
Children's Mental Health: Reimagining Teacher Preparation

Karolina Camacho

California State University Monterey Bay
Abstract

Current research sheds light on the importance of the mental health of school-age children and researcher’s efforts continuously point out that there is need for more to be done to support children with mental health needs, in the context of the classroom, in the United States. Particularly focusing on children with internalizing behavior under Emotional Disturbance, this paper will provide reasoning as to why these children have a need for prevention and intervention services, the reality of the lack of general knowledge teachers have on children’s mental health, and the need for elementary school teachers to have children’s mental health education and training, specifically for internalizing behaviors, both before and throughout their service. To address these issues, I analyze my university’s, CSUMB, courses to verify that undergraduates are not being adequately prepared in terms of children’s mental health education and training. I therefore argue a change to the Liberal Studies pathway that adds content specifically about social, emotional, and behavioral issues into courses, as well as children’s mental health, particularly from the Human Development and Psychology departments. This specific content is essential to the education of upcoming teachers because it provides them the means to socially and emotionally support each students’ development and success. My findings highlight the lack of mental health courses that CSUMB requires of their upcoming teachers, however more research needs to be done to remedy this fact.

Keywords: SEB, mental health, ED/EBD, SEL instruction, teacher preparation
Children's Mental Health: Reimagining Teacher Preparation

Current research has shed light on the importance of the mental health of school-age children and efforts are continuously made to point out that not enough is being done to support children with mental health needs in the United States. In 2002, Kataoka, Zhang, & Wells’ research finds that of children aged 6-17, only 21% who need mental health evaluation receive services. This means that approximately 80%, or 7.5 million children who have mental health needs are not receiving services and are therefore going untreated for mental health problems. Of these children who have mental health issues, between 2013-2014, about 7% specifically are classified as having an Emotional Disturbance (ED) served under the Individuals with Disabilities Education Act (IDEA) (Snyder, de Brey, & Dillow, 2016). With the increasing needs of these children (Perou et al., 2013) and with their school setting in mind, focus has shifted to the attention of teachers and whether they are being adequately prepared before and during their service to provide mental health services (Koller & Bertel, 2016; Powers, Wegmann, Reinke, Stormont, Herman, Puri, & Goel, 2011).

Through the research done in this paper, and from my own experience as an undergraduate at CSUMB, I have found that teacher preparation programs lack a focus in the area of children’s mental health and social, emotional, and behavioral (SEB) development. On this point, this paper will provide reasoning as to why children’s mental health and SEB development are beneficial and necessary to teacher preparation. Next, I will examine the standards of other professional disciplines, that place children’s well-being as a priority, that can serve as a guide for the restructuring of teacher preparation programs. Afterwards, I will review and evaluate content within courses at CSUMB that can serve as a guide on children’s SEB and
mental health content necessary for teachers. I will conclude by proposing a change in the preservice model for teachers at CSUMB to include children’s SEB and mental health content in its courses, as well as urging further research to be done on this matter.

**Internalizing Behavior within Emotional Disturbance**

Emotional disturbance (ED), a category under mental health, is a disability that is not easy to define because of its nature in range and complexity of characteristics from person to person. However, from his research with numerous emotionally disturbed children, Bower (1981) defines ED, often referred to as emotional and behavioral disorders (EBD), as various social-emotional disabilities with characteristics that include, but are not limited to, having a hard time making and maintaining social relationships, display age inappropriate behaviors in given situations, have pervasive feelings of depression, and an inability to learn that is not caused by intellectual, sensory, or health factors. This definition has been federally adopted by IDEA and has provided the framework for how students with ED are defined and identified in the context of school (Landrum, 2017).

Two behavioral adjustment categories that fall under the umbrella of ED in children are externalizing behavior disorders and internalizing behavior disorders. Externalizing behavior can be defined as negative behaviors that manifest in an outward display, such as through aggression, defiance, or hyperactivity. These expressed behaviors are thought to manifest from an under control of self-regulation relating to behavioral and emotional responses (Merrell, 2008). The overt nature of externalizing behaviors makes it readily apparent and easy to identify (Merrell, 2008). Those disorders considered to be externalizing include attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.
On the other hand, internalizing behavior can be defined as negative behaviors that take place inside one’s head which are rooted from the overcontrol of one’s emotional and cognitive state and can present itself in covert actions such as withdrawal from situations, peers, and challenges (Rubin & Mills, 1991; Tandon, Cardeli, & Luby, 2009; Merrell, 2008). Those disorders considered to be internalizing include clinical depression, generalized anxiety disorder, social anxiety disorder, panic disorder, some cases of obsessive compulsive disorder, and some mood disorders. It is also not uncommon for an individual to display both types of behaviors, as well as display a broad set of characteristics within ED (Merrell, 2008). This being said, the nature of internalizing behavior causes it to be less apparent to the untrained eye as compared to externalizing behavior, which many teachers, parents, and peers associate as being troublesome and unmanageable (Rubin & Mills, 1991). This attributes to the reason that students with externalizing behavior often get more referrals for special education placement (Hibel, Farkas, & Morgan, 2010), or to some form of intervention and support. On the other hand, students with internalizing behavior can oftentimes go undetected (Rubin & Mills, 1991), due to being behaviorally inhibited and constrained (Tandon et al., 2009).

**Implications of Untreated Internalizing Behavior**

It is difficult to detect, diagnose, and treat children with internalizing behavior due to its nature, but this becomes especially true in younger children, from ages three to eight, who have less developed verbal skills and a limited capacity to express their emotional state (Tandon et al., 2009). Research points out that symptoms in psychosocial and emotional adjustment are more likely to arise in children who have trouble expressing themselves (Bornstein et al., 2010; Rubin & Mills, 1991) such as through the inability to give clear social messages. Repeated failure in
self-expression can consequently cause these children to be misread, misunderstood, and impact the perception the child has of themself in a negative way (Bornstein et al., 2010; Rubin & Mills, 1991; Tandon et al., 2009) which can lead to the development of cognitive distortions. These distortions reinforce the negative self-image the child has of themself and consequently reinforces internalizing behaviors which in turn hinders the development of social-cognitive skill, or social competence. Social competence is defined as an individual’s ability to emotionally self-regulate, form and build various types of relationships, solve interpersonal conflicts, communicate in a positive manner, and have a developed self-identity (Ma, 2012).

It has been noted that children who demonstrate a lack of social competence in early childhood are more likely to demonstrate internalizing behavior and/or symptoms later on in life than children who readily develop social competence at a young age (Bornstein et al., 2010). Similarly, a decline in social competence reflected in an individual over time is linked to higher levels of internalizing symptoms (Bornstein et al., 2010). These both meaning that early detection and intervention is key for the prevention of an underdeveloped social competence in students with internalizing behaviors. Accordingly, children with internalizing behavior who go undetected will be negatively affected in their learning and social and emotional well-being during their youth, as well as hinder them for the rest of their lives such as in relationships, furthering their education, and employment opportunities, among other things. This is why prevention, early detection, and intervention is key in the case of internalizing behavior, because the longer it goes untreated, the more difficult it becomes to change ingrained cognitive distortions.
The rise of children with mental health issues and the negative consequences these students face, should they go untreated, clearly asserts the need for intervention to take place. Children with internalizing disorders specifically are at a higher risk of going underdiagnosed and therefore not receiving needed services. As the California Department of Education (CDE) (2014) points out, quality professional learning should develop an educator’s ability to ensure all students meet academic expectations and are prepared for further education and careers; in other words, ensuring students are productive members of society. Unless students with mental health illnesses receive adequate adaptation strategies and interventions, their likelihood of being a productive member of society as they grow older is greatly diminished. To address these concerns, there is a very real demand for teachers to be adequately prepared in appropriately serving students with mental health needs. What changes in the education of upcoming teachers need to take place in order for them to be prepared to support students with internalizing behavior in the classroom?

**Need for Further Teacher Development in the area of Children’s Mental Health**

**Current Role of Responsibility: School Psychologists**

Considering students with mental health issues and how these students are helped and supported, we often first think of school psychologists. A study done by Reinke et al. (2011) found that teachers believed school psychologists have the primary responsibility for supporting and providing services to children’s mental health needs in schools. According to the CDE (2017b), the role of a school psychologist is “the application of scientific principles of learning and behavior to ameliorate school-related problems and to facilitate the learning and development of children” (para. 2). Moreover, they are to provide services to students which
includes assessment, diagnosis, case study evaluation, and psychological counseling (CDE, 2017b). This being said, in another report by the CDE (2017a), it is reported that although California has done a lot to improve their school system, not enough is being done on the need for school psychologists. Additionally, the CDE (2017a) reports that 29% of school districts in California do not have any school counseling programs at all and those districts that do, have a student per counselor ratio of 945 to 1, ranking California the worst in the nation. Meaning that despite the fact that school psychologists are responsible for psychological counseling, there are not enough psychologists per school students to actually support them. The CDE also makes the point that although a school psychologist’s responsibility is to counsel students in academic, career, and personal/social aspects, they are often asked to perform other duties unrelated to their primary duties such as that of supervising and testing (2017a). These actions suggest that the role of the school psychologist is not seen as important by the school district and this is the reason why they feel at liberty to give them different duties unrelated to their job. This in itself is significant because it means that the little time the school psychologist actually has to support students with mental health needs is being taken up by other duties that are not actually part of their job.

When effective counseling programs are in place in schools, there is no doubt that the students and school as a whole would benefit from the services provided (CDE, 2017a). However, given the current state of affairs, it is clear that there are not enough school psychologist to actually provide the needed support to students with mental health issues, especially when those who are in service are being given extra job duties beyond their job description. For this reason, it can be safely said that there is an obvious need for students to be
receiving mental health support services from another source in the school, in addition to school psychologists, such as their classroom teachers.

Although teachers believed that mental health services were not actually a part of their job description, from Reinke et al.’s study, the researchers went on to suggest that an optimal option for the benefit of students is to have school psychologists support teachers on developing and implementing interventions in the classroom (2011). In actuality, the CDE’s job description for school psychologists includes “[c]onsultation with teachers in the development and implementation of classroom methods and procedures designed to facilitate pupil learning and to overcome learning and behavior disorders” (2017b, para. 2), as well as consultation with parents, community resources, and the school system itself. Although this seems like a step in the right direction, actual progression can be delayed or never see results if schools and teachers do not recognize the benefits or necessity of an added mental health responsibility to their workload. When Reinke et al.’s study further suggests for researchers and school psychologists to convey and make evident the significant “connection between academics and mental health” to teachers and schools, in order to help “bridge the gap between educational and mental health systems” (2011, p. 9), this only solves a small part of the problem. Of course, it is clear that the significance of the impact of mental health on children is something that is needed for teachers and schools to recognize, but it is further important for them to actually start taking on a more active role in this manner. Simply bringing awareness to teachers will cause them to recognize a problem and push it to the people they believe hold solidary responsibility in addressing it. However, as the Interstate Teacher Assessment and Support Consortium (InTASC) declare, effective teachers must recognize that each individual student is a unique learner and therefore
must combine a base of professional knowledge, that of which includes social and emotional development, in order to understand their students in order to maximize their learning (2013). Teachers have to take on the role of mental health, not just because there is a shortage of school psychologists, but because it is their responsibility as their students’ teacher to maximize their learning, in specificity to their unique developmental needs. It is time that more be done in the efforts of schools to finally support their teachers in receiving professional development and training on how to support students with mental health needs in their classrooms.

**Current teacher role and knowledge**

Seeing as how a school psychologist’s job description includes that of working together with teachers to support students mental health needs, we would expect that a teacher’s job description would include the same. However, it is actually found to not address this responsibility in any sense at all because it is strongly believed to be the sole responsibility of the school psychologist, while that of the teacher is to teach academically. This being said, more efforts are currently being made to promote mental health, or for the most part, teaching to every student. This can be observed by looking at the InTASC standards, mentioned above, and the California Standards for the Teaching Profession (CSTP) which was written by the Commision on Teacher Credentialing (CTC) (2009). I am looking specifically at California because it is the most relevant to me, seeing as how I am receiving my education and plan on working in this state. The CSTPs were written in order to have a common understanding of what the teaching profession entails and what makes for an effective and developed teacher (CTC, 2009). These standards specifically include “promoting social development” (p. 6), “establishing and maintaining learning environments that are … emotionally safe” (p. 7), and “addressing the
needs of … students with special needs to provide equitable access to content” (p. 11). Although these standards are great in the current development for establishing the need for social-emotional learning and awareness in the classroom, none of the standards explicitly refer to the promotion of mental health. These statements are in fact, too vague and abstract to truly consider mental health as part of the job description or responsibility of a teacher. This is problematic because mental health needs to be a role that teachers must take on and the language of any teacher’s job description and expectations has to explicitly express this.

Teachers are already known for the multitude of roles they take on for their students, such as that of being a role-model, mentor, motivator, advocate, and confidant, among other roles. As the awareness on the significance of children’s mental health increases, schools and teachers also have to adapt and prepare for that of the mental health service role. However, current teacher knowledge on this matter is limited, as some researchers have suggested. In one study done with a group of 150 teachers and school staff, survey results found only a 61% average accuracy rate on questions answered relating to the most common mental health disorders in children (Powers et al., 2013). These results indicate the lack of general knowledge and understanding of mental health disorders, including the prevalence, symptoms, and diagnostic criteria, among the pool of participants (Powers et al., 2013). The data found in this study is significant because it means that even if teachers wanted to promote student well-being in the classroom and provide mental health services, they are lacking the general knowledge to even begin to understand the needs of students with mental health issues, let alone provide support for them.

In another similar study, 292 teachers from five different districts participated in a study that examined their perceptions of their knowledge on children’s mental health, their ability to
support students with mental health needs, and their role in mental health services for students (Reinke et al., 2011). Although the study found that 89% of participants agreed and strongly agreed that schools should be involved in supporting student mental health, only 34% of teachers agreed and strongly agreed that they had the skills required to meet the needs of students with mental illness (Reinke et al., 2011). These results suggest that despite the fact that many teachers would like to play a role in supporting and providing services to students with mental health needs, many lack the ability to do so because of the insufficient or little training being provided to them by their schools, in this area.

As these studies indicate, without the education and/or training of mental health disorders of children, teachers are unlikely to be able to detect signs of mental illness, much less provide support and intervention strategies. Should teachers remain under the current preservice model, students with a mental illness, that of which can include emotional and behavioral disorders, will continue to endure the lack of needed services.

**Current teacher preparation**

Although there has been an increased awareness on the negative effects that mental health can have on student, it is clear that we have not reached the point where these students are all being served effectively. Teachers are in a strong position to discover the early detection of mental illness in their students because of their proximity and opportunity for observation of their students in the classroom (Powers et al., 2011; State et al., 2011; Tandon et al. 2009). Due to this close proximity and strong position, it is reasonable to hold teachers in a role of responsibility in supporting these students in the classroom, possibly with the support of a school psychologist. Currently, only the knowledge of children’s mental illness is given importance, as
is suggested through Powers et al.’s (2011) study in which she suggests that teacher knowledge
is necessary for simply making referrals. However, when “dealing” with children’s mental
health, teachers have to be doing far more than simple referrals in order for students to really be
getting the most out of their classroom education. This being said, Power et al.’s (2011) study
does point out that the lack of education and training on this topic, both before and during their
service, has caused many teachers to not feel confident in their general knowledge of it. This is
important to note because it says that even though it is recognized as important, teachers are
lacking the general knowledge regardless and without this, it is also certain that they must be
lacking the adequate skills in assisting/supporting students with mental illness. As a result, it is
important to look at how exactly teachers are currently being educated on the mental health
needs of children.

Simply put, many teachers are actually getting little, if any, mental health training
whatsoever. Fifty-five teachers that Koller, Osterlind, Paris, & Weston (2004) surveyed,
explicitly reported the fact that they did not receive sufficient training on mental health issues in
the classroom during their undergraduate coursework. Reinke et al.’s (2011) study found that
21% of the 292 teachers had none or minimal amount of education or training regarding
behavioral interventions specifically, while 62% reported moderate education/training. However,
despite the amount of training, minimal or moderate, it is widely found that there is a lack of
confidence in teachers, especially first-year teachers, in managing problems that may arise from
students with social, emotional, and behavioral (SEB) issues (Koller et al., 2004; Walter, Gouze,
& Lim, 2006). This meaning that the training and/or education that is taking place is not
sufficient in its ability to adequately prepare these teachers in mental health prevention and
intervention. Accordingly, Walter et al., (2006)’s study found that teachers are constantly having to request more information and training in specific mental health areas, such as SEB issues. Despite the fact that it is not explicitly stated in standards that this is the role for a teacher, mental health and SEB issues are a reality in specific student’s lives. This reality cannot be ignored by their classroom teacher, that is why these same teachers are having to make requests, and that is why it is apparent that education on this topic needs to be happening. If the need for it is there in the classroom, it becomes evident that mental health needs to be a part of a teacher’s job description and that they need to be getting educated on this matter prior to their service.

When examining the inadequacies of specific pre-service training of prevention-based mental health, Koller and Bertel (2006) bring our attention to undergraduate program curricula and certification requirements mandated by accrediting organizations, one such being the National Council for Accreditation of Teacher Education (NCATE). To put this case in point, Koller and Bertel (2006) state that teachers typically take one basic general psychology course that does not include practical application to the classroom and maybe one basic educational psychology course that focuses on instructional theory excluding, again, actual application. Both of these classes are obviously general and undoubtedly lack the depth needed to provide upcoming teachers with adequate knowledge of children’s mental health issues. The fact that they both lack practical application is also very telling as to why teachers are not feeling confident in supporting students with mental health issues, once they reach the classroom. Without practical application in undergraduate coursework, teachers are forced to learn as they work as opposed to going in prepared to educate and support their students as a whole.
Efforts for developing teacher knowledge on SEB related issues in students has increased, as noted by the CDE and the Commision on Teacher Credentialing (CTC). The CDE and CTC came together to make the Quality Professional Learning Standards (QPLS) which are standards that focus on increasing the effectiveness of educators (CDE, 2017c). In their guide, it is explicitly stated that quality professional learning of educators should develop their knowledge and skills “for how to address students’ academic, cultural, social, physical, and emotional well-being” (CDC, 2014, p. 12). Although SEB knowledge and skills are recognized as important for the professional quality of teachers, there is not a lot of SEB components in preservice teachers’ coursework, as noted in the study done by State, Kern, Starosta, and Mukherjee (2011).

Similar to the Koller and Bertel (2006) study, State et al. (2011) also looks at NCATE standards, specifically on students’ SEB needs, and compares them to the content taught to upcoming elementary teachers, at twenty-six different colleges. This was done by analyzing the syllabi of courses, with relation to content, objectives, and assignments, required for elementary teachers. State et al. (2011) found that the syllabi analyzed for the study were overall limited in SEB representation. Alarmingly, the study found that 14% of the university sample size had no SEB topics in the syllabi of any of the required courses for elementary teachers. Universities with NCATE accreditation were found to not cover the standards comprehensively (State et al., 2011). More specifically, these universities were mostly found to offer at least one SEB related course, while few others offer two, three, or four SEB related courses (State et al., 2011). This data demonstrates that universities, at least NCATE accredited ones, are doing a lackluster job of integrating SEB related standards into their SEB courses. It also demonstrates that pre-service
teachers receive an insufficient amount of mental health training overall, especially when it comes to students with ED or SEB related problems.

**Benefits of Teacher Preparation in Children’s SEB Development**

Directly teaching and enabling the social and emotional development of students is the goal of the Collaborative for Academic, Social, and Emotional Learning (CASEL) through what they call social and emotional learning (SEL) instruction. SEL has become a framework for schools, teachers, parents, and communities to support the development of student’s social, emotional, and academic success (CASEL, 2018). Through a partnership within these entities, SEL programs focus on the development of five core competencies within students that include self-awareness, self-management, social-awareness, relationship skills, and responsible decision making (CASEL, 2018). Schools and communities that adopt SEL programs use the framework to guide curriculum and instruction in the classroom, as well as school-wide practices and building partnerships with families to continue SEL practices in the home (CASEL, 2018).

Research shows that explicit SEL instruction has positive long-term impacts on students’ social/emotional and academic success, when done effectively, as is evidenced through the research of Payton et al. (2000). Payton et al. (2000) suggests that the CASEL framework for SEL instruction provides educators a good model of effective elements to adopt in promoting children’s health and character development. The study focuses on evaluating the effectiveness of SEL programs and what elements are necessary to make them effective for students (Payton et al., 2000). One of the elements focuses on the teacher preparation to implement the program in the classroom. It was found that the most effective SEL programs prepare their educators by providing the opportunity for implementation planning during the initial training and on-site
support after the initial training, for the purpose of bettering the implementation in the classroom (Payton et al., 2000). The research concludes that effective SEL programs do more than to positively change the school management, but actually optimize students’ social, emotional, moral, and academic development (Payton et al., 2000). These results indicate that these positive outcomes on children’s SEB development cannot take place without the proper preparation of teachers in implementing explicit SEL instruction.

Another study done with 99 preparatory and first grade children in Australia also found that explicit SEL instruction in the classroom has positive benefits to children (Ashdown & Bernard, 2011). This specific study investigated the effects of SEL instruction on children’s social-competence, behavior, and reading achievement. The study found that students who received direct SEL instruction from teachers, as part of the curriculum, showed improvement in their social-emotional competence levels and social skills, as opposed to the students who were not part of the SEL program (Ashdown & Bernard, 2011). The researchers also found that students had significant improvement in levels of positive socio-emotional well-being, more able to manage emotions and engage in academic learning, and displayed a reduction in problem behaviors, relating to externalizing and internalizing behaviors, as opposed to students who did not receive the SEL instruction (Ashdown & Bernard, 2011). In terms of academic success, it was found that students who had the lowest reading abilities showed greater improvement in their reading levels than other academically low students who were not part of the classrooms with SEL instruction (Ashdown & Bernard, 2011). It is also important to note that Ashdown and Bernard (2011) found that the different elements in SEL instruction (the curriculum, modeling, reinforcement, and other practices that promote SEL skills) have a combined significance in the
effectiveness of the program, rather than teaching SEL through unprepared and/or unstructured means. The findings of Ashdown and Bernard (2011) are important because they further prove the point that direct teacher implementation of SEL instruction does have positive implications for the SEB development of students. This meaning that relying on the work of school psychologists or social workers, as is believed by the teachers in the study of Reinke et al. (2011), is not sufficient in thoroughly supporting students in this area. Teachers have an impact on the academic success of their students, and these studies and programs have proven that teachers can also have an impact on their students’ social and emotional competence should they receive preparation and support on SEL implementation in the classroom.

On this note, specific research finds that SEL programs are most effective when they are administered through school personnel, as opposed to professionals outside of the school (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). In their meta analysis of school-based universal SEL programs for children, Durlak et al. (2011) analyzed 213 studies that involved 270,034 students with the purpose of finding answers to questions that include whether SEL programs yielded positive outcomes across different domains and whether teachers could effectively administer SEL programs. The analysis included various focal points to study, that of which included the type of format the SEL programs were administered (in the class through a teacher, in the class through non-school professional, a multicomponent program, etc.) and the outcomes for students in regards to the SEL program, of which six categories were coded (social and emotional skills, attitudes toward self and others, positive social behaviors, conduct problems, emotional distress, and academic performance). Durlak et al. (2011) found that classroom by teacher programs were effective in all six student outcomes categories and that
multicomponent programs, also administered through school staff, were effective in four of the outcome categories. Meanwhile, SEL programs administered through nonschool professionals were only effective in three outcome categories. This meaning that students benefit most from SEL programs and instruction when they receive it through school personnel, specifically through their classroom teacher. From their findings, they suggest that teachers and school staff can effectively administer SEL programs and incorporate these interventions into the regular classroom practice, at all grade levels, without the need of outside personnel (Durlak et al., 2011). This further makes the case for schools to adopt these practices and support their teachers in implementing these strategies, given their need and effectiveness to their students.

As the mentioned studies and the analysis on current preparation indicate, there is insufficient SEB and mental health training being provided to pre-service teachers. It also clear from these studies that teacher preparation and direct classroom instruction on SEL skills does have a positive impact on children’s SEB development and overall achievement. Teacher preparation on SEB development and instruction directly supports the teacher’s responsibility to support the development of competent and successful adults, post primary education (K-12). All of this is significant because it emphasizes the need to provide upcoming teachers an education that includes children’s SEB and mental health knowledge and preparation so that they can proactively support their students, as opposed to reactively responding to student’s growing SEB and mental health needs. It also calls for a need to re-evaluate current teaching standards and put forward standards that promote the emotional and social competence and mental health of children, in addition to academic-focused standards.

Current Teacher Standards
State et al. (2011) analyzes several university syllabi gathered, through the lens of NCATE standards which were developed in association with the Association for Childhood Education International (ACEI) back in 2007. Since then, NCATE accreditation has expired while the Council for the Accreditation of Educator Preparation (CAEP) standards are currently recognized as accreditors for teacher preparation. The CAEP (2015) content and pedagogical knowledge standard refers to the standards developed by InTASC (2013). Considering that CAEP standards are meant to advance and strengthen the quality of teacher preparation, it is critical to verify whether they include standards that address SEB and mental health because without them, the quality of any teacher preparation is not acceptable.

It becomes apparent, after reading and reviewing these standards, mental health and SEB issues are not taken seriously in teacher preparation standards and programs. The significance of mental health and the cruciality of the need for teacher knowledge and training on this topic is not present in the current model for teachers and schools. Due to the lack of noteworthy standards that highlight and promote mental health, it is necessary to move to different disciplines, such as school psychology standards, that do take the mental health and socio-emotional wellbeing of children seriously. As InTASC (2013) itself promotes, teachers must always be on the cycle of self-improvement in order to support the highest levels of achievement in their students. Therefore, it is also time that the standards held to teachers and teacher preparation programs improve as well, specifically in the area of mental health. This is why I will now review the standards of school psychology and school social work to have a better guideline for evaluating content within courses, with SEB components, being offered at CSUMB.
School Psychology

According to the National Association of School Psychologists (NASP) (2017), school psychologists are part of a school team that provide their professional skills and knowledge in areas such as mental health and provide student interventions, consult with teachers, and collaborate with the school system, families, and the community. School psychologists make a positive difference in the lives of the students they work with because their purpose is to support and help students through academic, social, emotional, and behavioral success (NASP, 2017). In addition to this, school psychologists also work to promote student’s success within their home, at school, and in their lives (NASP, 2017). The model for school psychologists is significant in its aim to progress the emotional and social well-being of students in all aspects of their lives.

The Standards for the Credentialing of School Psychologists (NASP, 2010) are explicit in their support for students with SEB issues and include having a foundational knowledge of and promoting the application of psychological and educational principles (theories, models, research, etc.) to understand the influence of family systems on children’s behavioral, mental health, and social characteristics, to enhance collaboration, and to achieve effective service outcomes (Standards 3.2, 2.4, 2.8) (NASP, 2010). The essence of these standards are important for teacher practice due to recognition of family influence on the child and the recognition that the psychology and education disciplines, together, can better impact a students’ ability to become successful adults. Standards for school psychologist also have them know human developmental processes and empirically supported strategies to promote social–emotional functioning, as well as behavioral and mental health services that promote children’s learning, academic, and life skills (behavioral intervention, social skills interventions, instruction for self-
monitoring, etc.) (Standard 2.4) (NASP, 2010). This standard in itself is necessary for teacher practice because it is the most explicit in its promotion of SEB and mental health intervention and support which is necessary for the development of the child as a whole. Finally, the school psychology standards also include the ability to apply techniques to assess socialization and mental health and methods to develop appropriate social–emotional, behavioral, and mental health goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs (Standard 2.4) (NASP, 2010). This standard is equally as important for teachers because it requires the ability of identification of SEB and mental health characteristics in order to apply the needed interventions. Overall, the school psychology standards better represent and advocate for the child’s socio-emotional and mental health which needs to be equally represented in standards for teachers. 

**School Social Work**

On the authority of the National Association of Social Workers (NASW) (2018), the school social work profession focuses on working with students in academic achievement through areas of service such as mental health intervention, in collaboration with the school, family, and community. The NASW standards for school social workers further defines their duty to improve student social, emotional, and behavioral competence and ensure they are physically, as well as emotionally and mentally present in the classroom (2012). One noteworthy standard is the standard on assessment for the promotion of improving student social, emotional, behavioral, and academic outcomes (NASW, 2012), which reflects the standards of NASP (2010). Another important standard is that interventions be evidence-informed and be designed to “enhance positive educational experiences and involve the student, the family, other team members …”
This standard is important to include because of its mention that interventions need to involve not only the students, but their families and any other team member that may contribute to the development of the intervention, which is also reflected in NASP (2010) standards.

These standards, both in the school psychology and school social work disciplines, offer a more comprehensive promotion and facilitation of support for students’ socio-emotional well being. In view of how these standards establish the importance of students with socio-emotional well being, in regards to their success in life and academically, it is worth holding these same intentions in the standards placed on educators. Effective social interactions, healthy emotional regulation, and positive behavior management are essential factors in any person to successfully achieve academic and personal long-term success. This success becomes unattainable when students have a mental illness such as EBD and/or problems in SEB competence and are not explicitly taught/supported in socio-emotional learning. On this account, it is crucial for teachers to adopt socio-emotional learning, to serve as the backbone of the classroom and better ensure the success of each individual student. It is also imperative for the teaching standards of educators to change and adapt SEB and mental health principles in order to formally and partially hold teachers responsible in this area of students’ development.

Model for Assessing Mental Health and SEB Content within Courses

Following the specific research model of State et al. (2011), the researchers set out to discern the quality and amount of courses in pre-service certification programs for elementary education, with an area focus of student SEB problems. The researchers reviewed course descriptions, identified potential SEB classes, gathered the syllabi of each respective course, and
analyzed different components, or categories of the syllabi. This included reviewing class topics related to SEB, course objectives, and course assignments/activities, each of which were thoroughly coded in each syllabi for further analysis. The specific class topics reviewed in the syllabi were philosophy/theory (understanding of SEB issues), characteristics/identification (of students with SEB and/or mental health disorders), social/emotional development (of social skills, child emotional development, or age norms), assessment (forms/methods that identify students with SEB or mental health needs), intervention (strategies specific to SEB, as well as any type of mental health services), and home/family issues (influence it can have on the SEB or mental health of the student) (State et al., 2011). Courses that included one or more of the following components were coded as having the respective class topic. This comprehensive model of categories is important to understand because I will later refer to them to investigate and examine courses at CSUMB specifically. I chose to include these specific categories, outlined by State et al. (2011), because they cover a range of topics within SEB, or mental health, that are all important for comprehensively understanding the intricacies of the subject. These categories provide a range from philosophies to identification to actual practices, such as assessment and treatment, which are necessary to understand for teachers in order to fully support the SEB and mental health needs of their students.

State et al (2011) further coded for course objectives and course assignment/activities. Both course objectives and assignments were simply coded as either being SEB related if they had content in any of the class topics outlined above or non-related to SEB (State et al., 2011). Course assignments and activities were specifically coded as either directly related if they included any of the content from the class topics, possibly related if the assignment/activity had a
broad range that may or may not have SEB content, or unrelated to SEB content (State et al., 2011). Course assignments and activities were also coded for the type of content such as content knowledge (evaluation of students and their knowledge/understanding of SEB related content), indirect application/practice (activities that provide hands on information of SEB topics, however in an indirect manner such as observation in an EBD classroom), and experiential or direct application/practice (hands on information of SEB topics in a direct manner such as directly working with students in an EBD classroom) (State et al., 2011). This comprehensive model of labels are also important to understand because I will also later refer to them to investigate and examine courses at CSUMB. I chose to include these labels because they cover differing nature of types of assignments and activities that allow for student choice in direction or if they are set assignment with no room for flexibility. However, when I code for possibly related content in my chosen syllabi, I will exclude these assignments/activities from my findings, but rather include them in my implications section of the paper. These labels also take into consideration the very type of content being divulged through an assignment or activity, such that it simply covers content knowledge for understanding or whether it has in/direct applications as well.

State et al. (2011) use Interrater Agreement (IRA) as part of their coding procedure to make their coding and findings valid. Unfortunately, due to my inexperience in coding and time constraints of my paper, I do not use IRA in my own review of CSUMB syllabi. However, in order to make my analysis as valid as I can make it, I am including detailed descriptions of how I coded each of the syllabi, along with my criteria for selection (see Appendix A), in the appendix.
section of my paper. Further elaboration of this process will be outlined in the methods section of the paper, with a focus on the coding of one particular syllabi (see Appendix C).

**Method for Coding CSUMB Syllabi**

**Selection.** For my review of SEB/mental health content within courses at CSUMB, I gathered SEB/mental health related syllabi by looking at courses within the Liberal Studies pathway, the Human Development (HDEV) pathway, and the Psychology (PSY) pathway. In looking through each course, I selected syllabi that included at least one keyword (ex. social/emotional development, emotional development, social development, mental health) (refer to Appendix A), in the course description that related to SEB and/or mental health. For example, in an LS pathway course, HDEV 260 Introduction to Child Development (see Appendix B; Appendix C), the course description mentions that students will learn about developmental milestones of children, including that of social/emotional development. This course description mentions the keyword “social/emotional development” so it was selected for further review of SEB and/or mental health content. This same process was repeated, of which only four other syllabi met the criteria.

**Objectives.** Once each syllabi was selected, the class objectives were then analyzed to check for SEB and/or mental health content within the objectives themselves. In HDEV 260, there is one objective, out of seven, that is *directly related* to SEB content. To be *directly related* to SEB or mental health content, the objective must contain at least one of the keywords mentioned in Appendix A and/or pertain to at least one of the content categories outlined by State et al. (2011) (see Appendix A). The content objective that met the criteria for selection in HDEV 260 related to students being able to identify major developmental milestones in children,
which included the developmental areas of emotional and social development (see Appendix B). In this case, this objective had keywords (emotional development, social development) and related to the content category of *characteristics/identification* because of the use of language such as “identify” (see Appendix B), which is described in the coding of this syllabi (see Appendix C). The objectives in the remaining syllabi were also coded in a similar manner.

**Assignment/activities.** Only the assignments/activities that were required of the course were coded, which leaves out any extra credit or optional assignments. Of the required assignments/activities, they were coded as being *directly related* to SEB or mental health on whether they related to any of the content categories such as *philosophy/theory, assessment, or intervention* (see Appendix A). From HDEV 260, an example of an assignment that was *directly related* to SEB was a written assignment that required students to read a SEB related article on the attachment theory (content category of *philosophy/theory*) and apply this key concept, along with others from lectures and discussions, and link them to their experience with their virtual child simulation (another assignment). Assignment/activities were also coded as being *possibly related* to SEB or mental health content if they had a broad scope in topics, or rather if students had the choice to choose from a broad scope of topics (both SEB related and unrelated) to focus and work on in a particular assignment (see Appendix A). An example for HDEV 260 of an assignment that was *possibly related* to SEB was the chapter journal responses assignment (see Appendix B). This assignment has students write summary responses for 12 of the 16 chapters of the required textbook, in which they have the liberty of choosing the 12 they want to write about. Only three chapters in that textbook relate to SEB content and if the student decides not to choose those chapters to write about, then they did not reflect on SEB concepts in these chapters.
It is important to note that although I code for *possibly related* content, I do not include this in the findings, but rather will refer to them in the implications section of my paper. Also, coding for *directly* and *possibly related* to SEB or mental health is done to the rest of the syllabi through the same procedures as that of the coding for HDEV 260 (see Appendix C).

Assignments/activities are further coded on the type of content they had: *content knowledge, indirect applications, and direct applications*. Assignments/activities were coded as pertaining to *content knowledge* if they focused on student’s understanding of children’s SEB related problems (see Appendix A). Examples of this can include assignments that are tests or papers that ask for the understanding of characteristics of SEB problems. A particular assignment from HDEV 260 is the chapter journal response assignment that asks students to reflect on and summarize the content they learned about in each chapter (see Appendix B).

Assignments/activities were coded as pertaining to *indirect applications* if they provide students with applications that indirectly apply to SEB content, such as applying *content knowledge* to a theoretical scenario (see Appendix A). An assignment that is coded with the *indirect application* label in HDEV 260 is the examinations (see Appendix C). These examinations focus on both *content knowledge* and *indirect applications*, to assess students. The *indirect applications* focus on applying a particular idea, concept, or theory learned from specified chapters to hypothetical situations (see Appendix B). Assignments/activities were coded as pertaining to *direct application* if they included hands on applications for students relating to SEB or mental health (see Appendix A). Unfortunately HDEV 260 did not have any assignments coded with the *direct application* label, however assignments that can be coded as such include working with a student that has EBD, creating a project that works to decrease the stigma of mental health, etc. Coding
for content knowledge, indirect applications, and direct applications within SEB or mental health related assignments are coded with these same procedures for the rest of the syllabi.

This has outlined the method I use to review the SEB and mental health content within course syllabi from CSUMB. The more detailed coding of HDEV 260 can be found in Appendix C, while it’s annotated syllabus can be found in Appendix B. This method of coding is something I maintain as I code the rest of the selected syllabi for my review, which can all be found in the appendix section of my paper, and which will be later referred to in the paper.

**Current CSUMB teacher undergraduate preparation**

Although more teachers and schools recognize the negative effects that mental health can have on students, it is clear that there is still a need for a restructuring of the current undergraduate model for upcoming teachers to include a stronger mental health component. Looking specifically at my university, CSUMB, students who want to be teachers typically go through the LS pathway. Of the courses required through this pathway, only one course, HDEV 260 Introduction to Child Development, has some representation of SEB issues that may arise in the developing child, as is stated in the course description. Specifically, it is stated that students will learn “theories of child development and milestones of … socio-emotional … development from the prenatal period through adolescence.” (CSUMB, n.d.b). After coding this syllabi (see Appendix C), it was found that of the twenty-four total class assignment/activities, only three assignments were directly related to SEB content. One of these assignments was about writing a response paper that applies key concepts gained from lectures, discussions, and a specific SEB related article, and linking them to the student’s virtual child simulation. The specific article that directly relates to SEB is, based on the title, about the emotional and social development in
infancy, with a concentration on the attachment theory of development (see Appendix B). Additionally, based on the title, it can be said that the reading pertains to the content categories of philosophy/theory and social/emotional development. Based on the description of the paper assignments, students are only asked to link the content knowledge learned from readings, discussions to their experience with their virtual child simulation (see Appendix B). This assignment, on its own, is useful to understanding SEB concepts, in that it has students compare and link theories and concepts across different learning areas of the class: readings, discussions, simulation.

The two other assignments that divulged SEB content to students were by means of examinations. Exam 2 covers content from chapter 5-10 of the required textbook (see Appendix B) which directly relate to SEB content. According to the table of contents of the textbook, chapter 7 covers the emotional and attachment development during infancy and toddlerhood (philosophy/theory and social/emotional development), while chapter 10 covers the emotional and social development during middle childhood (social/emotional development). This meaning that the content categories of philosophy/theory and social/emotional development will be partially covered in Exam 2, along with the content from chapters 5, 6, 8, and 9. Exam 3 covers the unit on middle childhood, which according to the course schedule, includes lectures on the emotional and socio-emotional development (social/emotional development) during middle childhood (see Appendix B). The description of the exams in the syllabi says that the exams focus on assessing students on content knowledge and through indirect application questions. The content knowledge particularly will focus on comparing or contrasting theories or concepts, while the indirect applications focus on applying a particular idea, concept, or theory to a
theoretical scenario (see Appendix B). These exams, in and of themselves, clearly assess the knowledge and understanding of students, which partially include content that is directly related to SEB. However, aside from the virtual child simulation paper, it is not clear from the course syllabi what SEB content is exactly being imparted during lectures or the type of content in class activities (content knowledge, indirect applications, etc.), pertaining to SEB content, that is taking place.

Although the assignments themselves are not bad, these three SEB related assignment/activities on their own do not address the full complexity and depth of SEB development in children, necessary for teachers to understand. It is clear from the analysis of the assignment/activities of this course (see Appendix C), that this class is simply a general introduction to developmental topics and mostly emphasizes theories in general, not so much actual practical application for teachers to use in the classroom (see Appendix C). In regards to being an introductory course, seeing as how this course is the only human development course required for all LS students, a multitude of major child development concepts are broken down into fifteen short weeks and taught in a broad, general manner. This meaning that all these major concepts, including those relating to SEB, are not explored in-depth and will not be further explored later on in the LS pathway because there are no other courses included in the trajectory that relate to this topic. Having only one class, in the four years it should take LS students to graduate, that has the ability to address SEB issues and mental health in children, is simply not enough and cannot continue to be accepted. Not only is it one course that is tasked with the responsibility of teaching so many major developmental concepts, it is too many to actually gain a thorough understanding of the concepts or further learn about related practical applications.
The practical application aspect of learning is vital because it teaches a better, more rounded understanding of the learning, in conjunction with theoretical knowledge. It is also the aspect of learning where students can actually apply their knowledge and gain hands-on, practical experience in what they are being taught. Without practical application, HDEV 260 only offers the ability to recognize and be aware of major concepts relating to the general development of children, as is outlined in the course learning outcomes (2018). Similar to the general knowledge, the practical application aspect within the child development discipline will also not be taught later on to LS students, for the same reason stated earlier. All of this is noteworthy because it means that the content in this class is not enough for preparing upcoming teachers with an adequate and thorough knowledge of and skills to help identify, prevent, and support students with SEB issues or mental health needs. For this reason, I analyze other classes at CSUMB that offer more related SEB and mental health content.

**Proposal for LS students at CSUMB**

The current LS pathway at CSUMB does not include any substantial content within courses that teach about mental illness in children or that teach about methods and applications for teachers to help those students. Consequently, I have taken a look at courses offered in other pathways at the university, specifically in the HDEV pathway and the PSY pathway, that do offer insight and understanding into these topics and practices. I look into these disciplines outside of the LS pathway because, as CAEP promotes, teachers are expected to have a deep understanding of concepts within their field, as well as across different disciplines, due to the reality of the students’ need to master different goals across disciplines (2015). I specifically look at the HDEV and PSY pathways because they cater to the standards of social workers and
school psychologists which are explicit in their work towards supporting students in SEB and mental health issues. From these two pathways, I reviewed the course descriptions of each class to verify those that could potentially be SEB related and further be included in my research. All of the classes that had words such as “socio-emotional development”, “social” or “emotional development” and/or “mental health” were selected to further analyze. After reviewing the considerable amount of courses in these two pathways, of which the process is detailed in Appendix A, I narrowed it down to three classes that have objectives and assessment/activities that directly relate to SEB and mental health content. This content needs to be incorporated into courses required for LS students, in order to increase their awareness, understanding, knowledge, and skills in preparation to better support students once they reach the classroom. This content, within the four different classes, has been reviewed based on the labels and categories set by State et al. (2011) used to evaluate various SEB related courses, the standards outlined in the school psychology and social work disciplines that promote the mental health and SEB development in children, and the method of coding in relation to the defined criteria which I outline in Appendix A. Additionally, in regards to the content proposed, modifications for possibly related assignments/activities have also been offered. This specific content is outlined in the following paragraphs, while the syllabi and coding explanations can be found in the appendix section of the paper.

**Findings in the HDEV pathway**

In the HDEV pathway, there are three other courses offered, apart from HDEV 260, that have a socio-emotional component, mentioned in their course descriptions, which include HDEV 342 Human Development, Technology, and the Media, HDEV 353 Cross-Cultural Human
Development, and HDEV 358 Middle Childhood (CSUMB, n.d.a). Two of these three courses are not explicitly related to children’s development, but rather human development as a whole, and all three of these courses only offer theories, research in the area, and/or the impact on development. Even so, the HDEV 358 course specifically focuses on the development of school-age children, ages 6-11, in the physical, cognitive, and socio-emotional context within cultural community, family, peer groups, and school environments (CSUMB, n.d.a). Due to the fact that the course description of this class contains the keyword “socio-emotional”, this course qualified for further analysis of SEB content (see Appendix D). Further reviewing the course objectives of HDEV 358, I also found that there was at least one course objective that directly related to SEB content, in that it specifically mentions the keyword “social-emotional development” (see Appendix D). At this point, the SEB related findings in the course description and the course objectives are good indicators that SEB content will be further explored to some degree of depth during the course. Unfortunately, upon analyzing the rest of the syllabus (see Appendix E), it was found that all of the assignments that could possibly relate to SEB content was just that: possibly related. This is unfortunate because even though the course description and at least one of the course objectives explicitly mention SEB keywords, SEB content is not explicitly expressed in the assignments students are required to do. Due to this, this class will not be further mentioned in these findings, however I took the time to code the syllabi (see Appendix E) to suggest modifications to the possibly SEB related assignments. This will come later in the implications section of the paper.

There is another specific course in this pathway, HDEV 355 Behavioral and Emotional Disorders in Children and Adolescents, that explicitly and exclusively teaches about emotional
and behavioral disorders in children (CSUMB, n.d.a). Although the course description for this class does not mention to be explicitly about the socio-emotional development of children, the course description does mention mental health key terms which are included in my criteria for inclusion (see Appendix A). Due to this, coding of the syllabus focuses on general mental health, and more specifically on internalizing disorders (mood disorders, anxiety, etc.) (see Appendix E). When reviewing the objectives of this course, it is found that all of the five objectives directly relate to mental health content, through the mention of keywords and/or specific content categories. This gave an even better indication that this course would actually cover mental health content in the assignments of the course. A review of the course assignments finds that four are directly related to mental health and of these four, three are directly related to internalizing disorders. The assignment that has only mental health content is an exam, and according to the description of the exam (see Appendix F), students will be assessed, in terms of content knowledge (multiple choice questions) and indirect applications (short answers, essays), on the content categories of assessment and intervention (see Appendix G). This specific exam focuses on these content categories because they correspond to the one of the chapters that will be tested on during this chapter. Also, the content knowledge being assessed for is students’ understanding of these mentioned content categories, while the indirect applications focus on questions that ask students to make a recommendation for intervention, based on a given theoretical situation and based on what they have learned from the text, lectures, and discussions (see Appendix G).

Two other exams were also coded as being directly related to mental health, but these other two exams are also directly related to internalizing disorders. This is because the chapters
that correspond to these tests are specifically about internalizing disorders (anxiety, depression, eating disorders) (see Appendix F; see Appendix G). The chapters and lectures that correspond to these disorders cover the content categories of philosophy/theory, characteristics/identification, assessment, intervention, social/emotional development, and home/family issues (see Appendix G) and just as the first exam, they also cover content knowledge and indirect applications. These three exams are good examples of assignments with mental health and internalizing disorder content because, even though they are exams, they cover all of the content categories of specific internalizing disorders, which is covered through class lectures, discussions, and through text readings. This means that students are not only gaining this comprehensive knowledge, due to the comprehensive content categories covered, but they are also being assessed on it in terms of gained content knowledge, as well as through indirect applications of that content.

In addition to the exams, students in this class also have another assignment that directly relates to both mental health and internalizing disorders. According to the learning outcome and description of this assignment, students are to read different case studies from another required textbook, of which one of the required case study assignments focuses on internalizing disorders (anxiety, depression, and bipolar disorder). Once they read the case study they choose, students are to answer questions that relate to understanding the cause of the described problems and, for example, formulate their recommended interventions, based on the information given and what they have learned from class lectures and discussion (content knowledge and indirect application) (see Appendix F; see Appendix G). Due to all of the case studies in this set being about internalizing disorders, whatever case study students choose to focus on, they will still be
working on an assignment that is *directly related* to internalizing disorders. The content categories covered in these chapters include *characteristics/identification, assessment, intervention, social/emotional development, and home/family issues* (see Appendix F). This assignment also has good representation of mental health and internalizing components, due to covering most of the content categories and providing opportunities for students to deepen their *content knowledge* understanding and working through related *indirect applications*. The fact that the assignment itself is a focus on a case study of a child with a specific internalizing disorder is a good way for future teachers to spot symptoms, understand possible causes, and work with these understandings to provide individualized interventions and support for their own future students.

As is evident through the analysis of this course syllabus, the coded for content in HDEV 355, which in this class specifically is in the area of mental health and internalizing disorders, includes more *directly related* assignments/activities as a whole than in both HDEV 260 and HDEV 354. This class also covers all of the content categories, in various levels of depth, in terms of *content knowledge* and *indirect* applications. The down sides to the content in this class is that it is missing *direct* hands-on application which is important for LS students in gaining the actual skills to apply what they have been learning. Despite these shortcomings, this class is a good model of children’s emotional and behavioral mental health content and for this reason, the specified assignments from this class need to be integrated into the classes that LS students are required to take.

**Findings in the PSY pathway**
In the PSY pathway, there are four courses offered that have a socio-emotional component mentioned in their course descriptions, which include PSY 320 L/S: Psychopathology w/ Lab and Service Learning, PSY 321 L: Clinical Psychology w/ Lab, PSY 322: Theories and Methods of Counseling, and PSY 347: Social and Emotional Development (CSUMB, n.d. c). However, the syllabi of two of the courses, PSY 322 and PSY 347, made no mention of either SEB related class topics, objectives, or assignments, which are the areas in which I reviewed all the syllabi. For this reason, these two courses were not included in my study and I instead did my review on PSY 320/L and PSY 321/L.

The first class, PSY 320/L, is about developing an understanding of different disorders through the context of different perspectives, and includes a lab that accompanies the course for providing supplemental activities to enhance the understanding of concepts (CSUMB, n.d.d). After reviewing the PSY 320 syllabus, it is found that 88.8% (8 out of 9) of the assignments/activities directly relate to mental health content, and of these 8, 3 assignments/activities also directly relate to internalizing disorders (see Appendix I). Of these 8 assignments/activities, only 2 of the 8 are simply directly related to mental health, while the remaining 3 are possibly related to internalizing disorders, which will be later discussed in the implications section of the paper. The two assignments that are simply related to mental health both take the form of quizzes. These quizzes cover specific mental health content, relating to the content categories, from the required textbook. The specific content category covered through both of these two quizzes, and their corresponding chapters, is philosophy/theory relating to conceptualizations of mental illness and understanding psychopathology through neuroscience (see Appendix I). Additionally, these quizzes simply assess students for their understanding of
the content knowledge gained through the reading of these two chapters. Although these assignments are just quizzes, they cover and assess for specific content (philosophy/theory) that is important for teachers to understand, such as understanding the theories and concepts surrounding mental illness in general.

The assignments/activities that are both directly related to mental health and internalizing disorders are exams. These three exams cover, to some extent, internalizing disorders, based on the titles of their corresponding chapters of the required textbook. Only one of the exams entirely covers internalizing disorders, while the other two only partially cover internalizing disorders because they cover other content as well (see Appendix I). The internalizing disorders included in the exams are mood disorders, stress and trauma, anxiety disorders, feeding and eating disorders, and personality disorders (see Appendix H). As a whole, content categories that are covered through these three exams include philosophy/theory, characteristics/identification, social/emotional development, and assessment (see Appendix I). These content categories are coming from the content outline of each chapter, which better informs of the specific content that will be explored in each chapter (see Appendix I). Additionally, according to the description of these exams, they assess students on content covered through lectures and textbook readings, meaning that students are simply being assessed on content knowledge (see Appendix H).

Although these exam assignments are again, a form of assessment and not an actual assignment, they are still important to include because they assess for a broader range of content that is coming from class lectures and the chapters in the textbook. This means that during class, these students are learning about the philosophy/theories behind psychopathology, about characteristics/identifications to recognizing different disorders, about social/emotional
development that takes place or is missing in each disorder, and different forms of assessment for these disorders. Although the specific in-class activities are not mentioned or described in the syllabus, we know that they are taking place and that is why the students are being assessed on it. These assessments are important to ensure that upcoming teachers are able to understand the content that they are learning. However, it would be beneficial to verify the actual in-class activities that take place in the class, in order to enhance the proposal of these quizzes and exams. Moreover, although the course description and syllabus mention a lab component, the rest of the syllabus does not make any references to specific lab activities/assignments. It would also be beneficial to investigate further into this because these possible assignments/activities can also better enhance the exposure of content to students, in a form other than quizzes or exams.

Another promising class is PSY 321/L which is about the assessment, diagnosis, and treatment of psychological disorders (children, adolescents, and adults) and includes evidence-based therapy techniques, and a lab component that provides practical application (CSUMB, n.d. c). The lab component consists of supplemental activities to enhance understanding and a service learning component where students work with people in the community who have mental illness (CSUMB, n.d. c). This class is very similar to HDEV 355 except that this class also focuses on adults and includes a lab and service learning section. Due to having a focus within adults, this class becomes irrelevant for teacher usage, however I will continue to analyze it for the purpose of pointing out mental health content assignments that can be integrated into the LS major.

Reviewing the course syllabus, it is found that 54.5% (6 out of 11) of assignments/activities directly relate to mental health content, while 5 of these 6 are specifically and directly related to mental health content only and 1 of these 6 are directly related to mental
health content but possibly related to internalizing disorders (see Appendix K), which will be later talked about in the implications section of the paper. The five assignments/activities that are only directly related to mental health content all take the form of quizzes, exams, and the final (see Appendix J).

The first assignment/activity coded for is the quizzes, of which two directly relate to mental health content, and are each based on the required reading of the day. The readings for the two directly related quizzes, focus on ethical issues in clinical psychology (philosophy/theory) and general issues in psychotherapy (intervention) (see Appendix J; see Appendix K), according to the table of contents of the required readings. Further based on these titles, the content categories of philosophy/theory and intervention can be labeled and suggested that these content categories will be covered and assessed in the quizzes. The second assignment/activity coded for is the exams, of which both of the exams are directly related to mental health content, and are based on the content covered from the previous four to five weeks (see Appendix J). According to the course schedule, the four to five weeks before each exam covers content from various chapters of the required textbook (see Appendix J). Based on the titles of these chapters, they cover content categories including philosophy/theory, characteristics/identification, assessment, intervention, and home/family issues (ex. personality assessment, psychodynamic therapy, etc.) (see Appendix J; see Appendix K). The final directly related mental health content assignment is the final exam, which has students apply and integrate information from throughout the semester, consisting of multiple choice, matching, short answer(s), and an essay(s) (see Appendix J). The content categories covered in the final will be the same as the content categories covered throughout the semester (for the exams),
which means that the *philosophy/theory, characteristics/identification, assessment,* and
*intervention* content categories will be covered, as well as new information covered after the
exams such as cognitive behavioral therapy (*intervention*) (see Appendix J). According to the
descriptions of the quizzes, exams, and the final, students are mainly being assessed on their
gained *content knowledge* from the course lectures and readings, through the means of multiple
choice questions (see Appendix J). In addition to multiple choice questions, the final exam also
includes short answer(s) and essay(s) , that according to the final description, includes *indirect
applications*, of possibly integrating content knowledge to theoretical scenario(s) (see Appendix
J; see Appendix K).

Although the proposed content in this class does not completely focus on child
development and are all forms of assessment rather than actual activities or assignments, the
content of the class is important to include as a requirement for LS students because it
specifically teaches *assessment* and *intervention* applications, such as behavioral assessment and
cognitive behavior therapy (see Appendix J; see Appendix K). The previous content
assignment/activities from the other proposed courses has touched on these areas, but have, for
the most part, focused more on the *philosophy/theory, characteristic/identification,* and
*home/family* categories. Therefore, these assignment/activities from PSY 321 offer teachers a
more in-depth knowledge of *assessment* and *interventions* specifically. Also, although the
activities proposed in this class are all formal assessments, they are still important to include
because they check for whether the students are understanding of the mental health content being
explored through the course. This being said, it would be beneficial to further look into the actual
in-class activities that take place in the class, in order to include the process by which students
learn the content knowledge that they are being assessed on. Aside from this, another thing to note is that the course description in the CSUMB website mentions that of a lab and service learning component. However, the syllabus of this classes does not mention any service learning component (see Appendix J), and although it does mention the lab, the rest of the syllabus does not elaborate on specific assignments/activities that are part of the lab section (see Appendix J). It would also be beneficial to further investigate into this matter because the lab itself can provide extra supplemental activities that the LS major can benefit from, while a service learning component can provide LS students the opportunity for direct application of SEB and/or mental health content.

Discussion

The purpose of this analysis was to find SEB and/or mental health content within courses at CSUMB, apart from those in the LS pathway, that can be taken or used as a guide to build a new curricula that represents children’s SEB development and mental health, specifically for the educational program of upcoming teachers. By looking at the required courses in the LS pathway, it is clear that there is very limited representation of this type of content within courses and therefore, a need to find classes that have content that can meet this need. For this reason, this analysis looked at courses outside of the discipline of education in order to find appropriate models of directly SEB and/or mental health related content, within the appropriate disciplines, that best educate on matters of children’s psychological development. Among the courses found and proposed, one is from the HDEV pathway and two are from the PSY pathway.

Across the three syllabi, each course only partially meets the expectations set on by State et al. (2011), the standards of school psychologists and social workers, and my defined criteria
(see Appendix A). Of the assignments/activities proposed, and coded as *directly related* to either SEB or mental health content, from the three courses, three had representation of *philosophy/theory*, three had representation of *characteristics/identification*, two had representation of *social/emotional development*, two had representation of *assessment*, two had representation of *intervention*, and two had representation of *home/family issues* (see Table 1; see Appendix L). Additionally, it was found that the type of SEB/mental health content being taught in each course was three out of three through *content knowledge*, one out of three through *indirect application*, and zero out of three through *experiential*, or *direct application* (see Table 2; see Appendix M). The findings, represented in these tables, clearly illustrate the lack of representation of all content categories within assignment/activities of each syllabi coded for. This meaning that assignments/activities of any one course, collectively, does not have representation of all content categories for SEB and/or mental health, with the exception of HDEV 355. According to the findings, and illustrated in Table 2, HDEV 355 is the only class that has representation of all content categories. However, this being said, the findings illustrated in Table 2 indicate that although HDEV 355 includes all content categories, the type of content is exclusively on *content knowledge* and/or *indirect application*. There is no representation of *direct applications* in HDEV 355, which is a necessary and important component that provides students the skills to put the theories and concepts into practice. This is especially important for the development of teachers in order to adequately prepare them with the skills needed to support their students with socio-emotional and mental health needs. Additionally, these tables demonstrate the content categories that are and are not represented in PSY 320 and PSY 321, as well as how the type of content in these two classes is exclusively on *content knowledge* only.
These findings are important because it shows how SEB and mental health content, as a whole, are still limited in representation of all content categories and types of content, within assignments/activities of these courses. These findings also challenge the misleading notion that adopting one or two of these courses will be sufficient in remedying the lack of SEB/mental health representation in the LS pathway. This is because these courses also cover content other than SEB/mental health, and those assignments/activities that are directly SEB/mental health do not cover all of the content categories or include all the types of content. This further means that, in addition to the assignments/activities proposed in the HDEV and PSY findings sections, there still needs to be further research of SEB/mental health related assignments/activities that can be proposed to be integrated into the LS pathway, in order to better cover all the content categories and types of content.

Table 1
Content Category Representation of directly related Assignments/activities

<table>
<thead>
<tr>
<th>Class</th>
<th>Philosophy/theory</th>
<th>Characteristics/identification</th>
<th>social/emotional development</th>
<th>assessment</th>
<th>intervention</th>
<th>Home/family issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDEV 355</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>PSY 320</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>PSY 321</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
</tr>
</tbody>
</table>
Table 2
Type of Content of *directly related* Assignments/activities

<table>
<thead>
<tr>
<th>Class</th>
<th>Content Knowledge</th>
<th>Indirect applications</th>
<th>Direct applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDEV 355</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>PSY 320</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>PSY 321</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
</tbody>
</table>

Overall, the findings also indicate that most of the SEB/mental health related assignments/activities took the form of formal assessments (ex. quizzes, exams, finals), rather than actual student assignments (ex. papers, projects, etc.) or in-class activities (ex. worksheets, group activities, class discussions, etc.). This information is coming from the descriptions of the required assignments included in each of the syllabi, which most happened to be either quizzes, exams, or finals. The syllabi of the classes included for this research most likely included descriptions for these types of assignments because these are the assignments students will formally be graded on. In contrast, in-class activities are not something students are formally graded on, other than for participation, which is how it is represented in the syllabi and not further elaborated on. This is possibly why in-class activities are not described or included in each of the syllabi, which is unfortunate because these activities are what the LS major needs to be integrating, in order to adopt the formal assessments proposed in the findings. Fortunately, the findings of this research clearly establish that the students who take these classes are being taught and learning about SEB/mental health content in class, which is why they are being formally assessed on their knowledge/understanding of this content, as specified through each of the syllabi. Further research needs to be done to further investigate the specific
assignments/activities taking place during class time, of each of the courses proposed, to better integrate SEB/mental health content assignments/activities into the LS major.

**Implications**

The implications of this study are important for further research and those responsible for the design and execution of current teacher preparation programs, specifically at CSUMB. Further research in this area would benefit in looking deeper into each of the outlined courses to have better representation of the concepts, content, and applications they truly provide. Gathering samples of class assignments and projects can help in this aspect, as well as supplying a more concrete guide and model for teacher-geared courses. On the other hand, it is also important for the professionals in charge of teacher preparation programs to understand that there is a need for teachers to be educated and skilled in children’s SEB development and mental health, due to the population of students who have these needs. This calls for the need for restructuring the current teacher preparation model at CSUMB to include SEB and mental health content in courses, as well as a remodeling of content within current courses, found outside of the education discipline that serve as guides, to more adequately be designed for teachers’ use in the classroom. One way the content in these courses could be remodeled is by restructuring *possibly related* assignments/activities into being *directly related*. This remodeling is important because otherwise it would mean that content that is *possibly related* to SEB/mental health would go unchanged. These assignments/activities would remain *possibly related*, and *possibly related* is not going to benefit all, or any of the LS students if assignments/activities are not reinforced as *directly related* to SEB/mental health content. A glimpse of this remodeling will be further outlined in the following paragraphs.
**Content knowledge.** As mentioned in the HDEV findings section, HDEV 358 is a course that did include SEB content in the course description and class objectives, however all of the assignments/activities that pertained to SEB were only possibly related. If these assignments were to be modified to directly related to SEB, they would benefit future teachers in gaining a better understanding of the content knowledge each assignment represents. One assignment is a paper that requires students to write an essay regarding the social class contexts of middle childhood development and how the chosen context is important for the growth of the child, into adulthood (see Appendix D). In the course, SEB related and unrelated contexts are explored in this unit, which is why it was coded as possibly related (see Appendix E). However, should this assignment be integrated into the LS pathway, it can be changed to require students to write this paper on the social development aspect of social class contexts of middle childhood. This would make the assignment directly related to SEB because it would require students to write about the social development aspect of children (content category: social/emotional development), as opposed to having them choose from different aspects of the social class contexts. Additionally, this assignment, modified as directly related, would benefit upcoming teachers because it focuses on deepening student understanding of children’s social/emotional development content knowledge.

Another assignment in HDEV 358 that can be modified is the group presentation, which has students work in groups to present material on a specific middle childhood topic or issue (see Appendix D; see Appendix E). If this assignment were to be modified, the group presentation would have students pick a social/emotional topic or issue to explore with their group and present to their peers, in order to be directly related to SEB. Modified as directly related, this
assignment will mainly focus on the category *social/emotional development*, however depending on the direction of the students, any number of other content categories can be included as well. Modifying this assignment would benefit upcoming teachers because it has students explore a SEB issue/topic with a group to deepen their SEB *content knowledge* understanding on their chosen SEB topic, as well as deepening their understanding of SEB topics that their peers will present on.

In addition to modifying assignment/activities in HDEV 358, there is one assignment in HDEV 355 that can also be modified to become *directly related*, specifically to internalizing disorders within mental health. This assignment is the autobiography assignment, which has students pick an autobiography of someone with a mental disorder and when finished reading, fill out a worksheet that has them identify the characteristics of their disorder, describe the treatment they underwent, and more (see Appendix F; see Appendix G). If this assignment were to be modified, students would be required to choose an autobiography of someone who is diagnosed with an internalizing disorder and then complete the accompanying worksheet, which would include content categories of *characteristics/identification, intervention*, and others depending on each autobiography (see Appendix G). Making this modification would have students pick an autobiography that is *directly related* to internalizing disorders and would benefit upcoming teachers in deepening their *content knowledge* understanding of internalizing disorders, through a first-person case study-like medium, as opposed to textbooks and lectures.

One final assignment that can be modified, in terms of content knowledge, is the semester-long project from PSY 320. This project has students write a literature review on an assigned psychopathology topic, work in groups to peer review, and ultimately create a
presentation on their findings to the class (see Appendix H; see Appendix I). If this project were to be modified, students would be assigned different internalizing disorders as their topics, which would render this assignment as *directly related* to internalizing disorders. This assignment is similar to the group presentation in HDEV 358, except in PSY 320 students focus on disorders (internalizing) as opposed to SEB development. Similar to that of HDEV 358, depending on the direction student’s investigation go, any number of content categories can be explored for the different internalizing disorders. Modifying this assignment would be beneficial to teachers because it would deepen their understanding of mental health and internalizing disorder *content knowledge* through their own investigations, as well as through listening to the presentations of their peers on different internalizing disorders.

**Content knowledge and indirect application.** A *possibly related* assignment/activity that includes *content knowledge* and *indirect application*, but can be modified is in HDEV 355. This assignment is the case study papers, of which one of the case study sets has already been included as *directly related* in the HDEV findings section (see also Appendix F). However, the third case study set included mental disorders that were externalizing (autism) and internalizing (eating disorder), making this set *possibly related*, because students may or may not have chosen the internalizing disorder case study (see Appendix F; see Appendix G). If this set were to be modified, only the internalizing disorder case study (eating disorder) would be included and therefore have to be chosen by the students, making it *directly related* to internalizing disorders. A further modification for the entire case study papers, would be to have students read and complete the designated questions of all the internalizing case studies, in order to benefit upcoming teachers the most. This would benefit teachers by having them deepen their
understanding of the *content knowledge* and engage in *indirect applications* represented in each of the internalizing case studies (see Appendix G). As mentioned in the autobiography assignment, case studies provide students a richer form of gaining/deepening knowledge, rather than, or in addition to lectures and textbook readings. Additionally, the content categories that students would gain a deeper understanding of in each case study are characteristics/identification, assessment, intervention, social/emotional development, and home/family issues (see Appendix G).

**Content knowledge and direct application.** A *possibly related* assignment/activity that includes *content knowledge* and *direct application*, but can be modified is from PSY 321. This assignment is the mental health group project which has students create an action project that addresses a specific mental health problem, work in teams to research the literature surrounding their topic, find research that supports the importance of their topic, and create a plan that addresses/stops the issue they focus on (see Appendix J). Due to the assignment being an action project where students create an action plan in relation to the topic they focus on, as well as integrating the *content knowledge* they gained from throughout the course and their research (any number of content categories), this assignment is labeled as having *direct application* and *content knowledge* (see Appendix J; see Appendix K). If this assignment were to be modified, students would be required to choose a mental health problem that specifically relates to SEB and/or internalizing disorders, which would make it *directly related* to either SEB and/or internalizing disorders. This assignment would benefit upcoming teachers to be modified because it would provide students the opportunity to not only deepen their understanding of SEB and/or mental health related *content knowledge*, but also working through the *direct application*
of creating an action project that addresses a specific mental health topic. This direct application will really benefit students because it provides them hands-on work to directly combat a mental health problem, using their understanding of the different context surrounding their issue.

In addition to these proposed remodelings, all the content within the courses (both in the findings/remodeling) greatly lack practical applications in general, with the exception of the last modified assignment, and while both theoretical and practical knowledge is important for upcoming teachers, it is theoretical content that is mostly represented. This is something that also needs to change at CSUMB, to integrate direct application components in courses that pertain to children’s SEB development and mental health. Should this aspect go unchanged in teacher preparation courses, upcoming teachers will not have the benefit of directly applying the theories they learn into actual practice before they reach the classroom. This can lower teacher confidence and ability to put the theories they learned in their courses into action once inside their own classrooms, which is why direct applications are important components. They provide upcoming teachers a better understanding of how they can put theories into practice, in real settings and with guidance, that they can later use and implement when they reach the classroom.

Limitations

The limitations of this study include the lack of depth and details provided in the some of the syllabi. For instance, some of the syllabi did not include a course calendar which makes it hard to discern the level of depth and time spent on any particular concept. In some cases, class assignments were not clearly defined and therefore could not be adequately coded and represented in the data. In addition to this, because most of the graded assignments/activities included in each of the syllabi were mostly quizzes, exams, finals, this means that ungraded
assignments, such as in-class activities, were not included in the syllabi and could therefore not be coded for and represented in the data. The lack of this information greatly limited the findings of this study and additional research needs to further investigate these courses and the actual in-class activities they contain.

An additional limitation was, as mentioned in the PSY section of analysis, that two of the acquired PSY course syllabi that contained keywords in the course description, were not useful to this paper due to the lack of SEB/mental health content in the rest of the syllabi. However, these courses, PSY 322 and PSY 347, are worth further research, should there ever become available more comprehensive syllabi to better analyze because they have the potential to also serve as a guiding model for more directly related content. Furthermore, the syllabi for HDEV 358 included content assignment/activities that were entirely possibly related to SEB and/or mental health, which caused for this class to also not be represented in the findings section.

Another limitation is that a majority of these courses are geared towards upcoming clinical psychologists, counselors, or other professionals within that field, as opposed to teachers. This is important to point out because it means that a majority of the applications being taught in these courses will not be useful or applicable for teacher’s use inside the classroom, unless they are remodeled. Therefore, this analysis serves to identify these classes as guides for SEB/mental health related content assignment/activities which can further be remodeled to focus on children specifically and be better adapted for teacher’s use in the classroom. As this paper does not provide the remodeling of these content assignment activities to be better adapted for teachers, this is an area that additional research needs to focus on.
A final limitation of this study is that the models I used to carry out this study, such as State et al. (2011), the school psychology standards (NASP, 2010), and the school social workers standards (NASW, 2012), do not recommend the amount of time, or the exact type of assignment/activities that teachers must be receiving in order to be considered having adequate training/education in the area of SEB and/or mental health. For this reason, my own criteria, and therefore analysis, was limited to simply examining the assignments/activities for their content. Additional research needs to further determine the minimal amount of time needed during each course, or during a whole teacher preparation program, in the areas of SEB and mental health, in order for the course and/or program to be considered having a sufficient amount of this content for upcoming teachers.

**Conclusion**

It is clear from this analysis that CSUMB needs more content within courses that go further in depth than general courses, in areas of mental health and SEB content. It is also clear that CSUMB needs more courses that have teacher application components, in order to adequately provide future teachers the skills needed to support their students with socio-emotional and mental health needs. Content within courses that comply with adequate socio-emotional and mental health representation, set on by State et al. (2011), the standards placed on school psychologists and social workers, and the criteria set out in this paper (see Appendix A), need to be integrated into the pathway for LS students. This content, that is vital for the knowledge and preparation of teachers to ensure every student’s success in their future classrooms, should fully be a part of their major. Although this will potentially add to these
undergraduates’ course load, it is time being well invested into their preparation to serve all their students effectively and successfully.

Despite the fact that including this content into existing or potentially new courses as part of the requirements for upcoming teachers will make their graduation trajectory longer, given the need for more teacher knowledge and preparation of children’s mental health needs in the classroom, it is a necessity. CSUMB’s College of Education’s vision statement says that it prepares its students to be highly qualified professionals that promote equity and social justice in schools and the community (n.d.d). However, I cannot see the validity in this statement if mental health is not explicitly included in the College of Education’s core values, nor included in the content of any of the listed courses required of LS students. I understand that four years is a long time, let alone the years that will be spent in post-graduate education, and I also understand that the LS department, as it stands, is already considered a high-unit major. Nonetheless, education is a vastly important and tough profession because in the school system’s and teacher’s hands lies the future of countless students’ success and well-being, for better or worse. This concept in itself denotes the significance of the profession and the reality that preparation programs must include disciplines in areas such as SEB and mental health. This extra education, extra time, extra years is an investment in teacher’s own preparation to be as adequately ready to support the students who they will be welcoming into their future classrooms. Supporting the success of all children, including those with SEB and mental health needs, can only happen if the preservice model for teachers changes to include this necessary content within courses as a requirement. This is why I implore the Dean of Education, Jose Luis Alvarado, the Chair of the Liberal Studies Department, Deanne R. Pérez-Granados, and the rest of the liberal studies faculty to
consider the findings in this paper and the College of Education’s core value of continuous program improvement (n.d.d), and improve the quality education of LS students by including mental health and SEB content courses. By doing so, it can only have long-lasting positive benefits for the future students of the next upcoming teachers that will go through the LS program offered at CSUMB.
References


California State University Monterey Bay. (n.d.a). *College of education*. Retrieved from https://csumb.edu/education#sts=Department%20of%20Liberal%20Studies

California State University Monterey Bay. (n.d.c). Liberal studies BA. Retrieved from https://csumb.edu/catalog/liberal-studies-ba

California State University Monterey Bay. (n.d.d). Psychology courses. Retrieved from https://csumb.edu/catalog/psychology-courses-0


Hibel, J., Farkas, G., & Morgan, P. L. (2010). Who is placed into special education? Sociology of


Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers’ beliefs about mental health needs in
Appendix A

For the purposes of understanding this paper, the definitions of used terms in the criteria, and in the paper in general, are as follows:

- **SEB** itself is defined as social, emotional, and behavioral development. SEB development includes an individual’s ability to emotionally self-regulate, form and build various types of relationships, solve interpersonal conflicts, communicate in a positive manner, and have a developed self-identity (Ma, 2012).

- **Mental health**, which is a distinction from SEB, is a broader term that is defined as the emotional, psychological, and social well-being of people. Issues in mental health include varying mental illnesses and mental disorders, which, in themselves, can include SEB issues.

- **SEB content** is defined as relating to the content categories proposed by State et al. (2011) which are: philosophy/theory, characteristics/identification, social/emotional development, assessment, intervention, home/family issues. These content categories are defined in the “Model for assessing mental health and SEB courses” section of the paper.

- **Mental health content** is defined as relating to the content categories proposed by State et al. (2011) which are: philosophy/theory, characteristics/identification, social/emotional development, assessment, intervention, home/family issues. When mental health concepts relate to specific disorders, only those that are internalizing disorders or internalizing/externalizing disorders (Mood Disorders, Stress, Anxiety Disorders, Feeding and Eating Disorders, Personality Disorders) will be included in the review. The
specific content categories are further defined in the “Model for assessing mental health and SEB courses” section of the paper.

- **SEB terms** include: socio-emotional development, social/emotional development, social development, emotional development, mental health [or a term under mental health]
- **Mental health terms** include: mental health, psychopathology, abnormal behavior, behavioral and emotional disorders, psychological disorders, psychology, clinical…
- **Weeks** are defined as weeks the students are actually in class (does not include holidays/breaks)
- **Labels** that are used in the coding are directly related and possibly related, as well as having content knowledge, indirect application, and/or direct application (State et al., 2011). Each of these labels are further defined in the “Model for assessing mental health and SEB courses” section of the paper. Although I will be coding for activities/assignments that are both directly and possibly related to the desired content, I will only be including the coding for the directly related content into the findings section of the paper. The items coded as possibly related will be coded for the purpose of easily referring back to when I discuss them in the implications section of my paper.

**Defining the categories and labels:**

These content categories and labels are adapted from State et al. (2011)

- **philosophy/theory**: content that addresses the theoretical and/or philosophical foundations for understanding emotional or behavioral problems (ex. Skinner’s behavioral theory, Ainsworth’s attachment theory, etc.).
- **characteristics/identification**: content related to the characteristics or identification of children with emotional/behavioral disorders, psychiatric diagnoses, and/or mental health problems (ex. anxiety disorder, depression, at-risk for mental health problems, etc.).

- **social/emotional development**: content about the development of social skills, child emotional development, age norms regarding appropriate behavior, etc.

- **assessment**: content that includes methods and/or tools for determining social, emotional, behavioral, and/or mental health needs (ex. screeners, screening mental health needs, etc.).

- **intervention**: content about teaching specific intervention strategies for SEB problems, including any type of mental health services (ex. social emotional learning instruction, behavioral incentive systems, social skills instruction, cognitive-behavioral therapy, etc.).

- **home/family issues**: content about the influence of home and family issues on a student’s behavioral/mental health (ex. parent–child interactions, home/family risk factors, etc.).

- **directly related**: assignments/activities that explicitly address the content categories previously mentioned.

- **possibly related**: assignment/activities that SEB related content may or may not have been part of the assignment. For example, assignments that allow for student choice such that students can choose to the SEB related content or choose the content unrelated to SEB.

- **content knowledge**: activities that evaluate student’s understanding of content relating to student SEB problems that can take place through tests, quizzes, and assignments (ex. projects, papers).
• **indirect application:** assignment/activities that provide students with indirect applications of SEB content, such as applying content knowledge to hypothetical scenarios, making a hypothetical diagnosis to a hypothetical student in a hypothetical scenario, developing an intervention in a hypothetical scenario, etc.

• **direct application:** assignment/activities that provide students direct applications of SEB content, such as working with a student that has EBD, creating a project that works to decrease the stigma of mental health, etc.

**Process for Coding Syllabi**

To be included in the review, at least one keyword (socio-emotional, social/emotional, mental health [or a term under mental health]) has to be included at least once in the course description.

**Specific Coding for SEB Content:**

1. To be considered *SEB related* in the area of content objectives, they must include at least one SEB keyword (socio-emotional development, social/emotional development, social development, emotional development) and/or mention at least one content category.

2. To be considered *SEB related* in the area of assignments and activities, they must be *directly related* to SEB content, such that there is a focus in one or more of the content categories.

3. Of the course assignment/activities that are *directly related* to SEB content, to be considered to be about *content knowledge* the assignment/activities must relate to student’s understanding of SEB problems relating to students.
4. Of the course assignment/activities that are directly related to SEB content, to be considered having indirect application they must provide students with applications that are indirectly related to SEB content.

5. Of the course assignment that are directly related to SEB content, to be considered having direct application, the assignment/activities must provide students with direct, hands on applications of SEB content.

Specific Coding for Mental Health Content:

1. To be considered having mental health related in the area of content objectives, they must include at least one mental health keyword (mental health [or a term under mental health]) and/or mention at least one content category.

2. To be considered mental health related in the area of assignments and activities, they must be directly related to mental health content or specifically about internalizing disorders, such that there is a focus in one or more of the content categories.

3. Of the course assignment/activities that are directly related to mental health content or specifically to internalizing disorders, to be considered to be about content knowledge the assignment/activities must relate to student’s understanding of mental health problems relating to students.

4. Of the course assignment/activities that are directly related to mental health content or specifically to internalizing disorders, to be considered having indirect application they must provide students with applications that are indirectly related to mental health content.

5. Of the course assignment that are directly related to mental health content or specifically to internalizing disorders, to be considered having direct application, the
assignment/activities must provide students with direct, hands on applications of mental health content.

**Rationale for the Specified Coding**

The categories and labels used to code the syllabi are adapted from the study done by State et al. (2011). State et al. (2011) created the six specific content categories of *philosophy/theory, characteristics/identification, social/emotional development, assessment, intervention, and home/family issues* based on NCATE Professional Standards for the Accreditation of Teacher Preparation Institutions which are further based on the Elementary Education Standards of the Association for Childhood Education International (ACEI) (2007). These standards outline six broad standards that pertain to the knowledge, skills, and professional behavior expected of teachers (State et al, 2011). ACEI specifically, describes in further detail specific SEB related standards, which are used by State et al. (2011) to identify the content categories they ultimately used to review their gathered syllabi for SEB content. However, since then, NCATE accreditation has expired and these standards are no longer valid. In my own review of standards, (refer to sections “School Psychology” and “School Social Work” of the paper), I found that current school psychologists standards (NASP, 2010), as well as standards for school social workers (NASW, 2012) reflect standards of knowledge, skills, and behavior of these professionals that pertains to SEB in a similar manner as the ACEI standards. For this reason, I left the content categories outlined by State et al. (2011) the same and also used them in my own review of SEB content within courses at CSUMB. Additionally, I chose to include these specific content categories because they cover a range of topics within SEB, or mental health, that are all important for comprehensively understanding the intricacies of the
subject. These categories provide a range from philosophies to identification to actual practices, such as assessment and treatment, which are all necessary to understand for teachers in order to fully support the SEB and mental health needs of their students. I also chose to include these labels (directly related, possibly, related, content knowledge, indirect application, direct application) because they cover the differing nature of types of assignments and activities that allow for student choice in direction or if they are set assignments with no room for flexibility. These labels also take into consideration the very type of content being divulged through an assignment or activity, such that it simply covers content knowledge for understanding or whether it has in/direct applications as well. Furthermore, because State et al. (2011) and the different standards (NASP, 2010; NASW, 2012) I look at do not include a recommendation for the number of assignment/activities or a number of hours dedicated to SEB content that would be sufficient for teacher preparation, my analysis of syllabi is limited to reviewing only whether the provided content is SEB related or not (in terms of content categories and type of content). For this reason, my specific coding only includes criteria that pertains to whether the content is directly related (yes/no and which one(s)) and whether the directly related content includes content knowledge (yes/no), indirect application (yes/no), and direct application (yes/no). The purpose of this coding is to identify assignments/activities that are specifically SEB/mental health related and can be adapted into the LS pathway through remodeling current classes or adding new classes.
Appendix B

Spring 2018, IHuman Development
HDEV 260 - Introduction to Child Development 21905
WeFr, 12:00-1:50
Valley Hall RmA115

Professor Janinne Chadwick
Office: Liberal Studies, (HDFS)
Building 2
Email: JChadwick@csumb.edu
Phone: 831 334-4321
Office Hours: Th. 11:00-11:30 or by appointment

Course Description
Introduction to Child Development presents the major theories of child development and the milestones of physical, social/emotional, and cognitive development from the prenatal period through adolescence.

Students will identify the characteristics of play and their impact on development; describe the social development of children and adolescents including persons with special needs; understand the effects of a broad range of influences on development, including environmental (e.g. family, school, childcare, media, early intervention), cultural, economic, and gender; and identify sources of possible abuse and neglect and describe their impact on development.

Course Learning Outcomes
Through successful completion of course requirements (course readings, discussions, activities, and assignments), students will:
1. Identify the major developmental milestones in the areas of, cognitive, language, literacy, moral, physical, and social development from conception through adolescence.
2. Discuss, compare and contrast major theories of human development and development change.
3. Critically distinguish the impact of environmental (e.g. family, school, childcare, media, early intervention), cultural, and economic influences on development.
4. Recognize the role and methods of research in child development.
5. Construct examples of developmentally appropriate practices in familial, educational, and societal contexts.
6. Contextualize contemporary issues in child and adolescent development in related professional fields (e.g., childcare, education, social services).
7. Identify sources of developmental risk (e.g., abuse and neglect, substance abuse, poverty) and the influence of early experience on later growth and development.

General Education Area D1 Social Sciences Learning Outcomes
HDEV 260 is an approved General Education (GE) course for Area D1 – Social Sciences. Through successful completion of course requirements (course readings, discussions, activities, and assignments) students will meet the following Area D1 Learning Outcomes:
1. Basic Principles: Students identify and define major vocabulary, concepts, value systems, assumptions, theoretical perspectives, and ethical issues in a field of study or a discipline in the social sciences.
2. Inter-disciplinarity: Students demonstrate an understanding of how a field of study or a discipline is similar to and different from other social sciences.
3. Contexts: Students demonstrate an understanding of one or more social issues across historical, cultural, geographical, economic, political or institutional dimensions.
4. Global Competency: Students demonstrate awareness that one or more social issues or concepts vary across global contexts or that a social issue has global impacts.
5. Methodology: Students demonstrate an understanding of how a field of study or discipline applies a range of social scientific methods of inquiry to understand human behavior within established ethical and/or professional frameworks.

**Required Course Text:**


**Ebook Package option ok.**

For a much lower price, you can purchase an Ebook version of the textbook rather than the hardcopy. The Code can be purchased online direct from Pearson at, www.myvirtualchild.com, it is priced at $39.60.

For online purchase of the Ebook, when you REGISTER. Enter your Course ID: HDEV 260 21905 and Course ID for MyVirtualChild23996

Then follow the links to buy online. The Ebook comes with MyVirtualChild, which is required for this class and MyDevelopmentLab, which is a useful online resource.

MyDevelopmentLab is not required, MyVirtual Child is required.

**Used Textbook option:**

You may purchase a used textbook (make sure it is not earlier than the 7th Edition) either at the bookstore (when available) or online from different websites (e.g., amazon.com). If you purchase a used textbook, you must also purchase the MyVirtualChild simulation separately.

The MyVirtualChild ID number is: 23996, once you have enrolled in MyVirtualChild, you may begin the simulation.

For students who have purchased the MyVirtualChild only, Follow the instructions in the link below to register and enter class ID above when prompted.

**Instruction video:** https://www.youtube.com/watch?v=kM2UVHLEJoA

**Required Supplemental Readings**

In addition to reading the chapters in the textbook, students are required to complete supplemental readings by the designated due dates. These readings will be integrated into class discussions and activities, and into the My Virtual Child paper assignments. All supplemental readings are available on iLearn.

Children’s Mental Health: Reimagining


Reading 5: Select ONE of the following (need to select an ethnic group DIFFERENT from your own):


Required Online Course Activity: My Virtual Child
My Virtual Child. Pearson Education Inc.
My Virtual Child is an interactive web-based simulation that allows you to raise a child from birth to age 18 and monitor the effects of your parenting decisions over time. This engaging website lets you apply the key concepts that you will learn in class. And just like in real life, certain unplanned events will be presented to you. Each student will participate in this online simulation activity, and complete corresponding written assignments.
Using Course iLearn Site
All course materials (e.g. syllabus, assignment guidelines etc.) and textbook presentation slides will be available to you on the course iLearn site via the CSUMB url: http://ilearn.csumb.edu/

Course Requirements *
* Course requirements may change as semester progresses to adjust to specific learning needs, goals or plans.
concept, or theory to particular contexts or situations) rather than factual (e.g., identifying concepts). There will be no class meetings on Exam days. These tests will be available on iLearn. Exams will be completed on iLearn, so you must have access to a computer with the reliable internet access.

Extra Credit Opportunity
There will be two to three opportunities to watch films, or respond to articles (on your own time) and submit a brief write up for 10 points each.

Final Grade
Your final grade will be determined by your performance on the following course assignments and activities:

- **Course Activity Points**
  - Virtual Child Case Study Assignments (4 papers) 200
  - Examinations (3 exams) 180
  - Class Attendance/Participation 50
  - Chapter Responses 120
  - Total 550

  \[ \frac{3}{4} \text{ directly related} \quad \frac{1}{4} \text{ possibly related} \]

  Your final grade will be based on the percentage of total points you received:

  - Percentage (of total points)

  \[
    \begin{array}{c|c}
    \text{Score} & \text{Grade} \\
    \hline
    90\% \text{ and above} & A \\
    80-89\% & B \\
    70-79\% & C \\
    60-69\% & D \\
    59\% \text{ and below} & F \\
    \end{array}
  \]

Course Policies
Attendance and Participation.
You are expected to attend class and to be prepared to participate in class discussions and activities. This means that you have read and reflected on the assigned readings. You are also expected to be an active contributor to class discussions and activities. We will engage in small and large group discussions and activities, and it is essential that groups stay focused and, and are prepared to summarize or share findings from small group with the larger group.

Early departure from class and excessive tardiness will negatively influence your grade. When absent or late, you are responsible for getting handouts, notes, activity guidelines, etc., PRIOR to the next class. See catalog for complete University Attendance Policies.

Discussion Ground Rules
It is important that you find your “voice” in classroom activities and discussions of ideas, critiquing your own and others’ ideas, and finding ways to engage in ideas, concepts, theories and issues raised through class discussions. I hope that class discussions and activities are engaging; they may sometimes raise controversial topics that have personally impacted you and/or your fellow students, their families and communities. To facilitate open, honest and respectful discussions -- even when we are questioning,
concept, or theory to particular contexts or situations) rather than factual (e.g., identifying concepts). There will be no class meetings on Exam days. These tests will be available on iLearn. Exams will be completed on iLearn, so you must have access to a computer with the reliable internet access.

**Extra Credit Opportunity**  
There will be two to three opportunities to watch films, or respond to articles (on your own time) and submit a brief write up for 10 points each.

**Final Grade**  
Your final grade will be determined by your performance on the following course assignments and activities:

<table>
<thead>
<tr>
<th>Course Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Child Case Study Assignments (4 papers)</td>
<td>200</td>
</tr>
<tr>
<td>Examinations (3 exams)</td>
<td>180</td>
</tr>
<tr>
<td>Class Attendance/Participation</td>
<td>50</td>
</tr>
<tr>
<td>Chapter Responses</td>
<td>120</td>
</tr>
<tr>
<td>Total</td>
<td>550</td>
</tr>
</tbody>
</table>

24 total graded assignments  
3/24 directly related  
3/24 possibly related

Your final grade will be based on the percentage of total points you received:  
Percentage (of total points)

- 90% and above: A  
- 80-89%: B  
- 70-79%: C  
- 60-69%: D  
- 59% and below: F

**Course Policies**  
Attendance and Participation.  
You are expected to attend class and to be prepared to participate in class discussions and activities. This means that you have read and reflected on the assigned readings. You are also expected to be an active contributor to class discussions and activities. We will engage in small and large group discussions and activities, and it is essential that groups stay focused and, and are prepared to summarize or share findings from small group with the larger group.  
Early departure from class and excessive tardiness will negatively influence your grade. When absent or late, you are responsible for getting handouts, notes, activity guidelines, etc. PRIOR to the next class. See catalog for complete University Attendance Policies.

**Discussion Ground Rules**  
It is important that you find your “voice” in classroom activities and discussions of ideas, critiquing your own and others’ ideas, and finding ways to engage in ideas, concepts, theories and issues raised through class discussions. I hope that class discussions and activities are engaging; they may sometimes raise controversial topics that have personally impacted you and/or your fellow students, their families and communities. To facilitate open, honest and respectful discussions - even when we are questioning,
critical, or in disagreement with one another – it is important that we all support our opinions with examples from the reading, class discussion, and/or personal experiences, and show how they are connected to the theories, concepts, ideas, and issues we are learning. It is also important that we all take care to give each other a chance to be heard during discussions.

Disabilities
Students with disabilities who may need accommodations should contact me by the third week of class to discuss those accommodations, and have the relevant forms completed and signed. It is imperative to contact Student Disability Resources office: Email student_disability_resources@csumb.edu, Phone 831-582-3672, or 831-582-4024 fax/TTY, http://www.csumb.edu/student/sdr.

Make Up Exams/Late assignments
Only in cases of emergencies, and with my advance approval, can you make up a missed exam. Any assignments submitted late may result in a reduced score at my discretion.

Cell phones, Laptops, and other Electronic Devices
Turn off cell phones and other electronic devices when in class. If you must have your phone on vibrate, and absolutely MUST take a call, leave the room quietly, and avoid disrupting the class.
Laptops may be used conditionally, for note-taking and class related activities only.

Academic Integrity
Remember that all assignments need to be your own work. Familiarize yourself with the Academic Dishonesty section of the University Catalog. Any infractions of the guidelines of academic honesty will be pursued in this course. It would be very unfortunate to jeopardize your academic career by cheating, plagiarizing, or helping someone else in appropriately. Assignments for this class are unique to this class, and not to be submitted in other formats/class or vice versa.

Plagiarism: It is important to acknowledge the sources from which you are drawing your insights, inspiration, or ideas. If the material is copied directly from the readings then both quotations marks and text citations should be used. If you are paraphrasing or putting the material into your own words, then you need to cite your source using APA format for citations. Failure to do so constitutes PLAGIARISM, which will negatively influence your grade in this class.

Incomplete
According to the University Catalog, an Authorized Incomplete (or “I” grade) “indicates that a portion of required coursework has not been completed and evaluated in the prescribed time period due to unforeseen, but fully justified, reasons and that there is a possibility of earning credit. It is the responsibility of the student to bring the pertinent information to the attention of the Instructor and to determine from the Instructor the remaining course requirements that must be satisfied to remove the incomplete. A final grade is when the work agreed upon has been completed and evaluated. An ‘I’ must normally be made up within one calendar year immediately following the end of the term during which it was assigned. The limitation prevails whether or not the student maintains continuous enrollment. Failure to complete the assigned work will result in an ‘I’ being counted as a failing grade for the grade point average and progress point
computation, unless the faculty member assigns a specific letter grade to be assigned at the time the incomplete is assigned. The academic program responsible for the course shall maintain an official record of the written contract. If the Instructor or record is no longer available, the academic program director shall ensure that the Instructor’s obligations are fulfilled” (http://policy.csumb.edu/search/redirect/11213?searchterm=catalog). For more information on Incompletes, please see the matriculation policy at http://policy.csumb.edu/matriculation.

Campus Resources for Students (use them if you need them, you paid for them!)
Center for Student Success
http://studentsuccess.csumb.edu/, (831) 582-3615, TAFM Library Second floor, Room 2163
Academic Skills Achievement Program (ASAP)
http://asap.csumb.edu, (831) 582-4104, asap@csumb.edu
Career Development Office
http://career.csumb.edu, (831) 582-3845, Career_Development@csumb.edu
Personal Growth and Counseling Center
http://pgcc.csumb.edu, (831) 582-3969, counseling_center@csumb.edu
Health Center
http://health.csumb.edu, 831/582-3965

HDEV 260 - Spring 2018, Course Schedule and assignments posted on iLearn *

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week-1</td>
<td>Class Introduction, Foundations of Development</td>
</tr>
<tr>
<td>Week-2</td>
<td>Traditional and Recent Theories of Child Development: Research in Child Development</td>
</tr>
<tr>
<td></td>
<td>Context and Culture</td>
</tr>
<tr>
<td>Week-3</td>
<td>Prenatal Development-Biological Beginnings, Environments for Development</td>
</tr>
<tr>
<td></td>
<td>Pregnancy and Parenthood</td>
</tr>
<tr>
<td></td>
<td>Quiz 1</td>
</tr>
<tr>
<td>Week-4</td>
<td>Birth and the Newborn, New Families</td>
</tr>
<tr>
<td>Week-5</td>
<td>Infancy</td>
</tr>
<tr>
<td></td>
<td>Infant Toddler Physical-Motor Development</td>
</tr>
<tr>
<td>Week-6</td>
<td>Infant Toddler Social Emotional Attachment</td>
</tr>
</tbody>
</table>

* This week covers the social emotional theory of attachment
<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Cognitive &amp; Language Development</td>
</tr>
<tr>
<td></td>
<td>Children's Literature</td>
</tr>
<tr>
<td>8</td>
<td>Early Childhood-The Play Years, Initiative</td>
</tr>
<tr>
<td></td>
<td>Early Childhood Physical Development</td>
</tr>
<tr>
<td>9</td>
<td>SPRING BREAK</td>
</tr>
<tr>
<td>10</td>
<td>Piaget: Cognitive development</td>
</tr>
<tr>
<td></td>
<td>Language development, emergent literacy</td>
</tr>
<tr>
<td>11</td>
<td>Issues for Preschoolers/School Readiness</td>
</tr>
<tr>
<td></td>
<td>EXAM-2 (Chapters 5-10) → includes ch. 10 (EmoDev.) → directly SEB related</td>
</tr>
<tr>
<td>12</td>
<td>Emotional Development</td>
</tr>
<tr>
<td></td>
<td>In Middle Childhood</td>
</tr>
<tr>
<td></td>
<td>* Part of this week covers emotional development.</td>
</tr>
<tr>
<td>13</td>
<td>Middle Childhood/Cognitive Development</td>
</tr>
<tr>
<td></td>
<td>School success, learning and learning differences.</td>
</tr>
<tr>
<td>14</td>
<td>Introducing Teen Agers</td>
</tr>
<tr>
<td>15</td>
<td>Puberty and Physical Development</td>
</tr>
<tr>
<td>16</td>
<td>Socio-emotional Development</td>
</tr>
<tr>
<td></td>
<td>Identity and Moral Development Family, Peers,</td>
</tr>
<tr>
<td></td>
<td>* Part of this week covers socio-emotional development</td>
</tr>
<tr>
<td>17</td>
<td>Final Exam</td>
</tr>
<tr>
<td></td>
<td>Middle Childhood and Adolescence</td>
</tr>
<tr>
<td></td>
<td>* Includes socio-emotional development</td>
</tr>
<tr>
<td></td>
<td>* Directly SEB related</td>
</tr>
</tbody>
</table>

* Course schedule may change as semester progresses to adjust to specific learning needs, goals or plans.
Appendix C

Appendix C details the coding done for the HDEV 260 course syllabi.

**Coding for Inclusion of Course Syllabi**

This syllabi was included in the syllabi review because it contained at least one keyword, “social/emotional,” in the course description. I included the syllabi of courses that included at least one of the keywords once in the course description because it indicates the course will potentially discuss this specific content in depth.

**Coding for Class Objectives**

Further looking at the class objectives, I found that only about 14% of objectives were directly SEB related (one out of seven). This objective speaks to identifying major developmental milestones of children, from conception through adolescence, which includes the context of emotional and social development (see Appendix B). This objective qualifies as having the content category of characteristics/identification because it uses language such as “identify” milestones, or characteristics, of the children in the area of social/emotional development.

**Coding for Class Assignment/Activities**

Reviewing the course activities/assignments, I found that there was one assigned reading that, based on the title (Reading 3 in Syllabi), was directly related to SEB content and this reading is used to gain content knowledge of the attachment theory, within social and emotional development, in children. This assignment qualifies for the content category of philosophy/theory because, based on the title, it is entirely about a theory in the context of social/emotional development. It also qualifies for the content category of social/emotional
development because it discusses age norms of expected behavior within the concept of attachment. This reading is part of a class assignment consisting of four papers for the Virtual Child paper assignments. One of these papers will focus on this article, along with related class lectures and readings from the textbook. The paper that will focus on this reading is directly related to SEB, due to the reading, and because students are asked to apply key concepts from this reading to specific questions and to link the concepts to their virtual child simulation project, this assignment also qualifies for the content knowledge label. This is because the assignment asks for the students to read literature that works to have them gain and understand content knowledge of SEB related topics, and link this gained content knowledge to their virtual child simulation project.

Another activity/assignment that was included in the review was the group discussion/activity responses. These discussions and responses take place throughout the semester, with a total of five graded responses, and can possibly relate to SEB content, given that SEB content is taught in three weeks of the semester (weeks 6, 12, 15). At least one of these five responses will be SEB related. The content of the discussions or responses was not included in the syllabi and therefore cannot be included in the review.

Another assignment/activity that is included is the chapter response journal summary. This assignment has students read about and write content knowledge learned from textbook chapters. This assignment is possibly SEB related because it has students write responses to 12 of the 16 chapter, of which only 3 of the chapters include SEB related content (ch. 7, ch. 10, and ch. 13). However, because the students get to choose which of the 12 chapters they would like to do the assignment for, this assignment cannot be coded as directly related because the students may
decided not to choose these three specific chapters. These chapters qualify for the social/emotional development content category because they discuss the social/emotional developmental period in infancy and toddlerhood, early childhood, and middle childhood.

There are also three examinations that take place over the course of the semester, which are included in activities/assignments. At two of these exams are directly related to SEB content, because they cover material from the course, through lectures and readings, that include SEB content. Exam 2 covers content from chapters 5-10 of the required textbook, which chapter 10 is specifically about the emotional and social development during early childhood, based on the table of contents. Exam 3 covers content of middle childhood, which based on the course schedule, includes a lectures on emotional development and socio-emotional development. Further based on the chapter and lecture titles, these readings qualify for the content category of social/emotional development, as well as for the philosophy/theory content based on the exam descriptions in the syllabus. Additionally, these exams are conceptual or applied, meaning that some of the questions relate to content knowledge and other questions relate to indirect application of theories/concepts in a theoretical scenario.

As a Whole

This class has 14% (1 out of 5) of SEB content in the objectives; 0.08% (2 out of 24) of assignments/activities are possibly related to SEB content; 12.5% (3 out of 24) of assignments/activities are directly related to SEB content; of these 3 activities/assignments, 100% (3) included the same two content categories, philosophy/theory and social/emotional development; and of these 3 activities/assignments, 100% (3) covered content knowledge, 66% (2) included indirect applications, and 0% (0) had direct application.
HDEV 358: MIDDLE CHILDHOOD  
FALL 2017  
Dr. Christi Cervantes

COURSE INFORMATION  
HDEV 358 (section 01); meets on Fridays, from 9:00 to 11:45am, in Oaks Hall 101.

INSTRUCTOR INFORMATION  
Email: ccervantes@csumb.edu  
Phone: (916) 529-7251 (cell); (831) 582-4376 (Liberal Studies phone)  
Office hours: Tuesdays & Thursdays, 4:00 - 5:00pm; also, immediately after class & by appointment  
Office hours location: Playa Hall, Room 110

COURSE DESCRIPTION  
Middle childhood focuses on physical, cognitive, language, and social-emotional development during the school-age years (ages 6-11), with an emphasis on the various contexts of child development, including cultural community, family, peers, and school. This course offers a critical examination of developmental theories and research and an exploration of the application of research in different social settings.

Prerequisites:  
HDEV 260, HDEV 360, HDEV 351, or PSY 340, or an equivalent; plus Junior or Senior standing.

COURSE LEARNING OUTCOMES (CLO)  
CLO 1: Students will increase their knowledge of middle childhood development—including, physical, cognitive, language, and social-emotional development.

CLO 2: Students will apply pertinent theories and current research findings to children’s school lives, academic development, and community participation.

CLO 3: Students will increase their knowledge of diversity (e.g., social class and ethnicity) in school-age children’s learning in different environments (e.g., schools, neighborhoods, extracurricular activities).

CLO 4: Students will analyze the role of context in school-age children’s development and well-being.

CLO 5: Students will analyze the developmental significance of the middle childhood period as (a) building on and adding to the skills and competencies formed in early childhood and (b) providing a pathway to skills, competencies, and well-being in adolescence and adulthood.

REQUIRED COURSE READINGS  

2. Additional Readings: A set of electronic readings posted on the course iLearn site.
COURSE REQUIREMENTS

Paper 1: Early in the semester, you will submit a short position paper (about 3 pages in length) on an issue related to school-age children's physical development (35 points).

Paper 2: Midsemester, you will submit a paper on language development in middle childhood (40 points).

Reading Reflections: You will submit 6 reading reflection assignments throughout the semester (70 points total). These reflection assignments focus on Lareau's book on social class variation in middle childhood development and well-being.

Paper 3: You will submit a final paper regarding (a) the social class contexts of middle childhood development and (b) the notion of middle childhood as an important gateway to adolescence and adulthood (60 points).

Group Presentation: You will work in groups of three to four students to (a) present material on a specific middle childhood issue/topic and (b) lead class discussion (about 20 minutes total; 40 points).

3. Worksheets: There will be a few in-class worksheet activities during the semester (10 points total). Some of the worksheets serve as preparation for the assigned papers mentioned above.

Attendance and Participation (50 pts): An attendance sheet will be circulated during the first and second halves of each class meeting. In order to receive the full 50 points for attendance, you will need to attend at least 12 out of the 14 weeks of class meetings and also regularly participate in class discussions (small- and large-group). Note that if you come significantly late to class or leave significantly early, it does not count as an attendance.

REVISED SUMMARY OF REQUIREMENTS AND POINTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper 1 (physical dev)</td>
<td>35</td>
</tr>
<tr>
<td>Paper 2 (language dev)</td>
<td>40</td>
</tr>
<tr>
<td>Paper 3 (social class)</td>
<td>55</td>
</tr>
<tr>
<td>Reading Reflections (6)</td>
<td>70</td>
</tr>
<tr>
<td>Group Presentation (30) + Powerpoints (10)</td>
<td>40</td>
</tr>
<tr>
<td>In-Class Worksheets</td>
<td>10</td>
</tr>
<tr>
<td>Attendance (44 pts.) &amp; Participation (6 pts.)</td>
<td>50</td>
</tr>
</tbody>
</table>

11 total assignments TOTAL 300 points

FINAL GRADES FOR HDEV 353

A = 281-300 (94-100%); A- = 272-280 (91-93%); B+ = 263-271 (88-90%); B = 251-262 (84-87%);
B- = 242-250 (81-83%); C+ = 233-241 (78-80%); C = 221-232 (74-77%); C- = 212-220 (71-73%);
D+ = 203-211 (68-70%); D = 191-202 (64-67%); D- = 182-190 (61-63%)

→ Assignments:
1. Paper 3 focuses on social class contexts, which according to the weekly schedule, includes social development. Because it also includes other contexts (social class, academic pathways), this assignment is possibly SED related because what the student writes about is their choice.

2. The group presentation focuses on a middle childhood issue/topic of the student's choice, which may or may not include a SED topic. This assignment is therefore possibly SED related.

3. Worksheets are possibly SED related because they will happen throughout the semester which coincides with SED material being taught in certain weeks of the semester (3 total weeks).
ADDITIONAL INFORMATION FOR THIS COURSE

■ HOMEWORK EXPECTATIONS

1. iLearn: You are expected to check iLearn Announcements a few times a week—in order to be prepared for class meetings and to keep abreast of schedule changes. You are also expected to download the readings and handouts onto your computer so that you have easy access to these materials. If you should have trouble opening or downloading a document in iLearn, email me and I will send it to you through email.

2. Reading: It is important to keep up with the weekly readings and to do the readings before class (even if you have to skim some parts). Note that all readings continue to be relevant throughout the entire semester. Therefore, aim to remember key reading content over the semester and to make connections across readings.

■ CLASSROOM EXPECTATIONS

1. Attending and Listening: You will be expected to give your full attention to classroom discussions and video showings. At the beginning of each class meeting, you will be asked to silence and put away your cell phones and to use your laptops only for class purposes.

2. Staying Put: Aim to sit in class during the whole class meeting. That is, don’t leave class early or make a habit of temporarily leaving class during instruction. However, if you do need to leave class early on a particular day, it is helpful if you let me know before class starts.

3. Talking in Small-Group Discussions: The objective of small-group discussions is to learn about each other’s family experiences, cultural perspectives, and individual ideas, and to thoroughly discuss the assigned topics and issues—and most of all, to engage as a group. You should not rush through the assigned discussion task and then do your individual work or electronic activities. Use the entire allotted time to engage as a group (even if your discussion goes off topic).

■ REQUESTING CLASSROOM ACCOMMODATIONS:

If you require any special assistance or accommodations, please let me know by the second week of the semester so that we can discuss possible accommodations. Please schedule an appointment to discuss specifics with me. Documentation from Student Disability Resources may be required. The Student Disability Resources Office is located in the Health and Counseling Centers Building (#80).
### SCHEDULE FOR HDEV 358

<table>
<thead>
<tr>
<th>DATES/ASSIGNMENTS</th>
<th>TOPICS AND ACTIVITIES</th>
</tr>
</thead>
</table>
| **F 8-25**         | 1. Introduction to the Course  
                     | 2. Overview of Middle Childhood |
| **F 9-01**         | 1. Student Introductions  
                     | 2. Physical Development in Middle Childhood: Key Developments |
|                    | **Background Survey**  
                     | 3. Special Discussion Topics:  
                     |   a. The potential benefits of risky play  
                     |   b. Bravery & gender  
                     |   c. Video  
                     | **READ:** Gray (2014); Sandseter (2011) |
| **F 9-08**         | 1. Physical Development continued  
                     |   a. Presentation 1: Risky Play/Outdoor play continued  
                     |   b. Presentation 2: Body Image  
                     | 2. Brain & Cognitive Development in Middle Childhood: Executive Function Skills  
                     |   (Postponed till 9-22) |
| **F 9-15**         | **NO CLASS MEETING** |
|                    | **Do Reading & Writing Assignments Instead:**  
                     |   1. Opinion Paper: Write about physical development & issues  
                     |   2. Social Class & Development: Lareau readings & Rdg Reflection 1  
                     | **DUE on Mon., 9-18** |
|                    | **Paper 1** |
|                    | **DUE on Friday:**  
<pre><code>                 | **Rdg Rf 1** |
</code></pre>
<p>|                    | <strong>READ:</strong> Lareau, ch.1 &amp; 2 |</p>
<table>
<thead>
<tr>
<th>DATES/ASSIGNMENTS</th>
<th>TOPICS AND ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 9-22</td>
<td>1. Brain &amp; Cognitive Development in Middle Childhood: Executive Function Skills</td>
</tr>
<tr>
<td></td>
<td>2. Brain &amp; Cognitive Development: Reasoning, Classification, &amp; Theory of Mind</td>
</tr>
<tr>
<td></td>
<td>Presentation 3: Video games &amp; children's cognitive development</td>
</tr>
<tr>
<td></td>
<td>Presentation 4: Children's humor</td>
</tr>
<tr>
<td></td>
<td>*READ: Dowling (2014); Blumberg &amp; Fisch (2013: pp.1-5); Blumberg et al. (2013: pp. 45-47)</td>
</tr>
<tr>
<td>F 9-29</td>
<td>1. Language Development in Middle Childhood: Key Developments &amp; Skills</td>
</tr>
<tr>
<td></td>
<td>2. Language Development: Role of Parents</td>
</tr>
<tr>
<td></td>
<td>3. Contexts of Development: Language use in middle-class families (Laureau)</td>
</tr>
<tr>
<td></td>
<td>*DUE: Rdg Rfl 2</td>
</tr>
<tr>
<td></td>
<td>*READ: Lareau, ch.6; and start ch.7</td>
</tr>
<tr>
<td>F 10-06</td>
<td>1. Contexts of Development: Language Use in Working-Class &amp; Poor Families (Lareau)</td>
</tr>
<tr>
<td></td>
<td>2. Language Development: Role of Peers in Language Development</td>
</tr>
<tr>
<td></td>
<td>3. Special Discussion Topic: Dialect Variation &amp; School Talk</td>
</tr>
<tr>
<td></td>
<td>* Video clips</td>
</tr>
<tr>
<td></td>
<td>*DUE: Rdg Rfl 3</td>
</tr>
<tr>
<td></td>
<td>*READ: Lareau, ch.7; Wheeler &amp; Swords (2004)</td>
</tr>
<tr>
<td>F 10-13</td>
<td>1. Language Development: Bilingual Development in Middle Childhood</td>
</tr>
<tr>
<td></td>
<td>Presentation 5: Bilingual development/bilingual education</td>
</tr>
<tr>
<td></td>
<td>2. Special Discussion Topic: Dual language immersion programs</td>
</tr>
<tr>
<td></td>
<td>* Video</td>
</tr>
<tr>
<td></td>
<td>*READ: Gandara (2015); Soderman (2010)</td>
</tr>
<tr>
<td>DATES/ASSIGNMENTS</td>
<td>TOPICS AND ACTIVITIES</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>F 10-20</strong></td>
<td>1. Emotional Development in Middle Childhood: Key Developments</td>
</tr>
<tr>
<td></td>
<td>- content knowledge</td>
</tr>
<tr>
<td></td>
<td>- social/emotional development category</td>
</tr>
<tr>
<td></td>
<td>- home/family issues</td>
</tr>
<tr>
<td></td>
<td>2. Emotional Development: The Role of Parents</td>
</tr>
<tr>
<td></td>
<td>- Presentation 6: Parents' emotion coaching with school-age children</td>
</tr>
<tr>
<td></td>
<td>3. Preparation for Paper 2</td>
</tr>
<tr>
<td></td>
<td>*READ: Lambie &amp; Lindberg (2016);</td>
</tr>
<tr>
<td><strong>F 10-27</strong></td>
<td>1. Emotional Development: Extra-familial Influences</td>
</tr>
<tr>
<td></td>
<td>- Presentation 7: Supportive adults</td>
</tr>
<tr>
<td></td>
<td>- Presentation 8: Cyberbullying in elementary school</td>
</tr>
<tr>
<td></td>
<td>2. Preparation for Paper 2</td>
</tr>
<tr>
<td></td>
<td>*READ: Oberie et al. (2014); DaPaolis &amp; Willford (2015)</td>
</tr>
<tr>
<td></td>
<td>*DUE on Mon., 10:30; Paper 2</td>
</tr>
<tr>
<td><strong>F 11-03</strong></td>
<td>1. Significance of Daily Activities in Middle Childhood</td>
</tr>
<tr>
<td></td>
<td>2. Contexts of Development: “Concerted Cultivation” in Middle Class Families (Lareau)</td>
</tr>
<tr>
<td></td>
<td>*DUE: Rdg Rfl 4</td>
</tr>
<tr>
<td></td>
<td>*READ: McHale et al. (2009: pp.1186-1191); Lareau, ch.3</td>
</tr>
<tr>
<td><strong>F 11-10</strong></td>
<td>NO CLASS: Veteran's Day</td>
</tr>
<tr>
<td><strong>F 11-17</strong></td>
<td>1. Social Development in Middle Childhood: Family Relationships</td>
</tr>
<tr>
<td></td>
<td>- Presentation 9 &amp; 10: Children's sibling relationships</td>
</tr>
<tr>
<td></td>
<td>2. Contexts of Development: “Accomplishment of Natural Growth” in Working-Class &amp; Poor Families</td>
</tr>
<tr>
<td></td>
<td>*DUE: Rdg Rfl 5</td>
</tr>
<tr>
<td></td>
<td>*READ: Lareau, ch.4 &amp; 5; Kramer &amp; Conger (2009); OPTIONAL: Kramer (2010)</td>
</tr>
<tr>
<td>Date</td>
<td>Notes</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>F 11-24</td>
<td>NO CLASS: Thanksgiving Week</td>
</tr>
</tbody>
</table>
2. Children's Academic Pathways  
3. Preparation for Final Paper  
*DUE: Rdg Rfl 6  
*READ: Lareau, ch.8 & ch.11 |
| F 12-08 | 1. Significance of Middle Childhood: Pathways to Adolescence & Adulthood  
2. Preparation for Final Paper  
*READ: Lareau, ch.13 |
| F 12-15 | FINALS WEEK: NO CLASS  
*DUE on Friday; Paper 3 |

3 weeks out of 14 are 5&8 related.
Appendix E

Appendix E details the coding done for the HDEV 358 course syllabi.

Coding for Inclusion of Course Syllabi

This syllabi was included because it contained at least one keyword, “socio-emotional development,” in the course description. The course description specifically says that the class will focus on various developments that take place in children (aged 6-11), including that of socio-emotional development (see Appendix D). This indicates that this course will potentially go into some degree of depth into this topic.

Coding for Class Objectives

Looking at the course objectives, one out of the five (20%) total objectives directly related to SEB content. This objective states that through this course, students will gain knowledge of middle childhood developments, which includes social-emotional development (see Appendix D). This objective qualifies for the content category of social/emotional development because it states that students will learn and become knowledgeable on this topic.

Coding for Class Assignment/Activities

Reviewing the course activities/assignments, I found that all of the assignments/activities that were SEB related were only possibly related to SEB, as opposed to directly. This is unfortunate because although the course description and one of the course objectives directly relate to SEB content, there are no assignments that explicitly and directly relate to SEB. Of the possibly related assignments, there are only three out of eleven assignments (27%) that demonstrate this. One of these assignments is a written paper where students focus on the social class contexts of development during middle childhood, which according to the course schedule,
includes social development as well (see Appendix D). Due to the fact that social class contexts also involves social class, academic pathways, and accomplishments of natural growth, according to the course schedule, this assignment is labeled as possibly related to SEB. This is because students are given the freedom to choose specifically which context of development during this unit they want to focus and write about. Additionally, due to the language in the description of this assignment, such as “regarding” and “notion”, this assignment is also labeled as focusing on content knowledge because students will only be focused on reading about, learning, and presenting the knowledge they gained from these developmental contexts.

Another possibly related assignment is a group presentation. This presentation has students work together to present information on a specific middle childhood issue (see Appendix D). Once again, this assignment focuses on content knowledge because students are asked to simply “present material” on topics they have read about and learned. This assignment also is possibly related to SEB because it focuses on any middle childhood issue, which may very well be a SEB topic should students choose to go that route. However, because students have the choice to pick whichever middle childhood topic or issue that interests them, this assignment has to be labeled possibly related.

The final assignment that is possibly related to SEB are in class worksheets. The worksheets are said to mainly serve as preparation for the assigned written papers but also simply be happening throughout the semester. Due to the language of the description, this assignment is labeled as focusing on content knowledge because they serve as preparation for papers, of which the papers themselves also focus on content knowledge. This assignment is labeled as possibly related to SEB because it is not clearly mentioned when they will take place,
but because they will happen throughout the semester, they will *possibly related* to SEB content since SEB content is covered during some of the course weeks.

An analysis of the weeks are also included to give a better idea to the type of content categories that are specifically covered during weeks that cover SEB content. Out of the fourteen weeks that are in session, only three include SEB content. One of these weeks focuses on emotional development, and based on the language of that week’s descriptions, there are two content categories that can be covered. One of these is the *social/emotional development* category because it stated that students will learn “key developments” of the emotional development during middle childhood (see Appendix D). The other content category is *home/family issues* because of the description also states that there will be a focus in “the role of the parents” in relation to emotional development (see Appendix D). The week following this last one partially continues the focus on emotional development. The content category for the SEB content of this week is also *home/family issues* because it the focus mentioned is “extra-familial influences” (see Appendix D). The final week that includes SEB content focuses on the social development during middle childhood. The content category for this week is also *home/family issues* because the description states a focus in “family relationships” (see Appendix D). The analysis of these three weeks are important because they can inform the types of content that the *possibly related* assignments could possibly include, however, again, should the students choose to focus on these SEB topics.

**As a Whole**

This class has 14% (1 out of 5) of SEB content in the objectives; 0% (0 out of 11) of assignments/activities are *directly related* to SEB content; % (3 out of 11) assignment/.activities
are possibly related; of these 3 activities/assignments, the possible content categories included social/emotional development and home/family issues; and of these 3 activities/assignments 100% (3) covered content knowledge, 0% (0) included indirect applications, and 0% (0) had direct application.
Appendix F

Human Development (HDEV) 355:
Behavioral and Emotional Disorders of Childhood and Adolescence
(3 units)

Instructor: Rob Weisskirch, MSW, Ph.D.
Class meets: TTH 2:00-3:20 PM
in T&A FM Library, 1170
Fall 2017

Office: Playa/159
Hours: Tuesdays 3:30-4:30 PM, and by appt.
Phone: (831) 582-5079 (office)
582-4376 (Liberal Studies Dept.)
582-3356 (FAX)
Email: rweisskirch@csumb.edu
Website: http://ilearn.csumb.edu

Boston, MA: Cengage Learning.
MA: Cengage Learning.

Course description: This course explores common behavioral and emotional disorders which occur during childhood and adolescence such as attention deficit disorder, autism, depression, eating disorders, and conduct disorders. Physiological and environmental origins of the disorders are discussed as well as prevention, intervention, and treatment. Multidisciplinary and multicultural perspectives are included.

Prerequisite: HDEV 260: Intro to Child Development or HDEV 360: Child Development or HDEV 351: Lifespan Development, or equivalent.
⇒ therefore, it is assumed that you have had some exposure to some developmental theories and applications. Although some review of major theories of human development will occur, this course will build on prior learning.

Course student learning outcomes:
Students:
1. differentiate between normal or typical development and "abnormal" or "atypical" development
2. use biological, cognitive, psychological, and ecological perspectives to understand childhood and adolescent disorders
3. identify the main treatment approaches that are used in working with children and youth with problems, and their families;
4. critically analyze individual case studies, thoughtfully discuss the etiology of the problem, and formulate treatment intervention and
describe the influence of environment and culture on the diagnosis and treatment of behavioral and emotional disorders in educational and community settings.

Course format: Course will consist of lectures, demonstrations, in-class activities, discussions, and videos.

Major in Human Development and Family Studies
This course partially fulfills the Development in Context coursework (3 of 6 required units) in the HDFS major. See the Major in HDFS requirements for details.

Minor in Human Development
This course partially fulfills the Human Development minor learning outcome II. Focused Developmental Application: Students will refine theoretical understandings of developmental inquiry to a specific phase in the lifespan and explore the influences of race, gender, ethnicity, culture, personal history, and socioeconomics on individual development. See Minor in Human Development for details.

Assessment of student knowledge:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due date</th>
<th>Point value</th>
<th>Grading scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set 1 Case Study</td>
<td>Tues., Oct. 3</td>
<td>30 points</td>
<td>99-100% = A+</td>
</tr>
<tr>
<td>Set 2 Case Study</td>
<td>Thurs., Oct. 26</td>
<td>30 points</td>
<td>94-98% = A</td>
</tr>
<tr>
<td>Set 3 Case Study</td>
<td>Tues., Dec. 5</td>
<td>30 points</td>
<td>90-93% = A-</td>
</tr>
<tr>
<td>Brain Quiz</td>
<td>Tues., Sept 12</td>
<td>30 points</td>
<td>87-89% = B+</td>
</tr>
<tr>
<td>Test #1</td>
<td>Tues., Oct. 10</td>
<td>50 points</td>
<td>84-86% = B</td>
</tr>
<tr>
<td>Test #2</td>
<td>Thurs., Nov. 2</td>
<td>50 points</td>
<td>80-83% = B-</td>
</tr>
<tr>
<td>Test #3</td>
<td>Tues., Dec. 12</td>
<td>50 points</td>
<td>77-79% = C+</td>
</tr>
<tr>
<td>Autobiography Review</td>
<td>Tues., Nov. 14</td>
<td>20 points</td>
<td>74-76% = C</td>
</tr>
<tr>
<td>Extra Credit</td>
<td>Tues., Oct. 17</td>
<td>(10 points)</td>
<td>70-73% = C-</td>
</tr>
<tr>
<td>Autobiography Review</td>
<td></td>
<td></td>
<td>67-69% = D+</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>290 points</td>
<td>64-66% = D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>60-63% = D-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Below 60 = F</td>
</tr>
</tbody>
</table>

Other assignments or homework may be assigned, and the point value will be given at the time of assignment.

Class Guidelines & Policies:
Absences. It is your responsibility to attend class. Missing in-class work, assignments, or changes in tasks are your responsibility to find out from peers when absent. When you registered for the course, you understood the time class begins and ends and are expected to attend. Quietly coming in late is better than missing a whole class session.

Academic (Dis)honesty: Remember that all work submitted should be your own. Please familiarize yourself with the Academic Dishonesty section of the University Catalog. Any infractions of the guidelines of academic honesty will be pursued in this course. Don’t get yourself in trouble and jeopardize your academic career by cheating, plagiarizing or helping someone else.
This includes submitting the same assignment to two (or more) classes. All work should be original for this class and specific to the assignment.

**Cell phones**: Please shut off or silence all cell phones prior to entering the classroom. Please do not text message during class.

**Citations.** All citations of sources and references must be in the latest APA style (currently, the sixth edition), which is available in Reference and the Book Stacks BF76.7 .P83 2001

**Class Etiquette**: Behaviors for at home include sleeping, balancing your checkbook, planning your weekend, etc. You may eat and bring food as long as you are careful and do not spill. This includes wiping down tables to make sure they are not sticky. However, avoid particularly strong-smelling food like tuna fish and corn nuts. Any food or drink spill will jeopardize this privilege for everyone.

Sharing with the instructor is always recommended.

**Contact**: Feel free to drop by with questions anytime, even outside of office hours. If I am available, I am glad to help. Also, email is the most efficient way of communicating with me. I probably answer the fastest with email. I have enabled the chat function on the campus email system. If I am available, I can chat as well.

**Disabilities**: Students with disabilities should connect with student disability resources and bring documentation of necessary accommodations during office hours or make an appointment by calling 582-5079 or by email (rweisskirch@csumb.edu). **Notification of accommodations should be made by the third week of classes.** Also, contact: Student_Disability_Resources@csumb.edu. Phone: 831/582-3672 voice, 582-4024 fax/TTY http://sdr.csumb.edu/

**Email**: Assume it will take me at least one day to respond to email. I sometimes check email over the weekend but not always.

**Emergencies.** If you have to miss a scheduled exam, contact me as soon as possible either by phone or by email. If you inform me in advance of problems, then I can decide what to do (The answer may still be no). If you ask me on the spot, I will say no.

**Extra credit**: I do not offer extra credit. Extra credit implies that the regular assignments are less important or require less effort.

**Grade Option**: This course should be taken for a letter grade in order to count for your major or minor. No grade changes from a letter grade to C/NC will be granted after the first day of the third week of the semester.

**Grading**: Assume most assignments take a week to grade. I try to grade quicker, but occasionally other duties conflict.

**Illness.** We all get sick sometimes. If you are sick and are unable to come to class, contact a classmate to find out what you missed. If you miss an exam or turning in an assignment because of illness, please contact me before the scheduled exam (unless you are unable to speak, which will require proof).

**Incompletes.** According the Undergraduate Matriculation policy, “The use of an ‘Incomplete’ may not be initiated by faculty, but rather must be requested by the student. The ‘Incomplete’ (I) is a temporary assessment that may be assigned only with
the approval of the instructor, at the request of the student, and only when certain criteria apply. Those criteria shall be as follows:

- A student requesting an incomplete and an instructor approving an incomplete shall do so if, and only if, the student has satisfactorily completed a majority (75%) of the course requirements as determined by the instructor;
- The student has experienced unforeseen and extenuating circumstances that can be documented, which prevent fulfillment of the remaining course requirements no later than the end of the term; and,
- The student shall be making satisfactory progress toward achieving course outcomes at the time the request for the incomplete is made.

Students shall be responsible for providing the instructor with documentation to support the request for an 'I' normally no later than the published 'Last Day of Instruction' for that term.
An incomplete shall not be assigned when it is necessary for the student to attend a major portion of the class when it is next offered...

The student and instructor shall agree on how and when the remaining course requirements shall be completed and enter into a written contract describing those requirements. Completion of the course requirements and evaluation shall take place no later than one year from the date of the approved 'I.' An extension of the one-year time limit may be granted by the faculty member for contingencies such as intervening military service and serious health or personal problems. Faculty members approving an extension shall revise the contract and notify the Registrar. Final assessment shall be given when the work agreed upon has been completed and evaluated in a timely manner.

Ink color: Please do not write in green or purple ink. I typically grade in green or purple ink.

Late work: Generally, late work is not acceptable. However, late work is better than missing work. Assume there is a penalty every time work is late for any reason (at least 10% per day, even weekends). This policy means that you have ten (10) days to submit most assignments in order to receive partial credit.

Never slide assignments under my office door, the building door, or any other door. Please make sure assignments are available on time. Computer glitches can wreak havoc on your grade. Also, electronic submission of assignments must be approved by the instructor in advance.

Missing work: There is no reason to fail to turn in work. This signals a lack of caring about classwork. Always try to make up work, even if it is late. If you will miss a deadline or exam, inform the instructor immediately. Failing to contact the instructor within 24 hours of missing an exam eliminates any opportunity to make it up. Don't assume you'll be able to make it up the following week. Work that is missing will receive zero points.

Printers: Any work you hand in must be of sufficient legibility.

Printing: Please print on one side of the paper only. This means you may have to change the default on campus printers.
Use of student work in research: On occasion, I use examples of students' work to evaluate the effectiveness of teaching and learning or classroom exercises. I do not include students' names or other identifying information. If you would prefer that none of your class submissions be used in this manner, please notify me (by email) prior to the end of the term.

Voicemail: Please feel free to leave me a voicemail message. I generally return calls as soon as I can but expect that it will take me 24 hours. Also, please be sure to include your last name in leaving messages as well as a contact phone number.

Writing: Your writing conveys your thoughts and your learning. It is always being evaluated. Always proofread all your written work. Poor writing always lowers your grade.

In an effort to improve your writing, please note the Don't be a grammar violator! handout. You must submit a copy of the checklist with your Case Study assignments.

Tests:

Brain Quiz: You will have a short quiz on the neuroanatomy and neurotransmitters discussed in class and in the text. Answers will be in short answer format. More information will be given in class.

Tests: There will be three tests given in class. The first test will cover the content from Mash & Wolfe chapters 4, 8, and 9 (and the corresponding Kearney book case studies as they support the material from Mash & Wolfe). The second test will cover content from Chapters 1 and 10. The third test will cover content from Chapters 6 and 14. The tests will be multiple choice, short answer, and essay and include both textbooks and handouts that correspond. You select the package of questions that best suits your understanding of the material. See example below:

<table>
<thead>
<tr>
<th>Package A</th>
<th>Package B</th>
<th>Package C</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 Multiple Choice (1 point each)</td>
<td>32 Multiple Choice (1 point each)</td>
<td>26 Multiple Choice (1 point each)</td>
</tr>
<tr>
<td>2 Short Answers (4 points each)</td>
<td>2 Short Answers (4 points each)</td>
<td>2 Short Answer (6 points each)</td>
</tr>
<tr>
<td>1 Vignette (6 points)</td>
<td>1 Vignette (10 points)</td>
<td>2 Vignettes (7 points each)</td>
</tr>
</tbody>
</table>

Written work:

Case Studies Questions: You will be reading and responding to three case studies from the Kearney text.

You will select from sets of chapters:

<table>
<thead>
<tr>
<th>Set 1</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ch. 6 ADHD Case</td>
<td>2, 4, 5, 7</td>
</tr>
<tr>
<td>Ch. 8 Conduct Disorders Case</td>
<td>1, 2, 4, 6</td>
</tr>
<tr>
<td>Ch. 10 Oppositional Defiant Disorder Case</td>
<td>1, 2, 4, 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Set 2</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ch. 2 Social Anxiety Case</td>
<td>1, 3, 8, 9</td>
</tr>
<tr>
<td>Ch. 3 Depression Case</td>
<td>1, 2, 6, 7</td>
</tr>
</tbody>
</table>

*Content categories:
- characteristics/identification
- assessment
- intervention
- social/Emotional development
- home/family issues

(See end of syllabus)
Select one case from each set to answer. You should select two or more of the designated questions noted above from the back of your chosen chapter to answer as your essay. The essay does not need to be one continuous essay but should be noted with the number of the question answered. The completed assignment should be about 3-4 pages, double-spaced, 12 point font, 1 inch margins (i.e, 3-4 pages in total), and printed on one side of the paper. Deviation from this structure may result in penalties. Criteria for evaluation appears at the end of the syllabus.

If questions ask you to distinguish among the features of various disorders or behavioral differences, you should discuss the underlying distinction among similarly-appearing behaviors. Avoid just listing the signs and symptoms and use your critical thinking to provide the reader with the distinguishing characteristics.

Assignment: Over the course of the semester, you will read one autobiography of someone who was diagnosed with a disorder. At the conclusion, you will fill out an Autobiography Review Form (available on the course website). Extra Credit: You may read one additional autobiography and complete the review form by the designated date on the calendar or as notified in class.

Tips for success:

You are responsible for attending class every time. Often times, material in class is not duplicated in the texts. It is to your benefit to attend class. Even if the material is repetitive to you, even by attending, listening, and hearing questions you will learn something.

You also ought to practice active listening. If you are unclear on something, please ask. All questions are good questions. Discussion allows for better understanding.

Complete assignments as instructed. Read the requirements carefully of each assignment. If you are uncertain if your interpretation is correct, please ask. Students who do worse than they expected are usually those who do not follow directions.

Be prepared. Do the reading assigned for that day. The lecture will be much more meaningful if you do. Instead of hearing the information one time, you will hear other examples or different explanations. Don't get caught in the cycle of always playing catch-up to the lectures.

Eat and sleep well. Illness and fatigue impair your ability to learn. All-nighters only make you feel terrible and turn out lesser work. Plan and allow yourself plenty of time to complete assignments.

Use office hours. Dialogue and discussion are often the best ways to resolve confusion. Plus, you can gain insight into how to approach assignments and examinations.
Use the resources available to you. Many, many students fail to use the campus resources available to them. You already pay for them through your tuition. These may include: Academic Skills Achievement Program (ASAP in T&A FML), Career Development Office (3rd Floor in T&A FML), Personal Growth and Counseling (Health and Wellness Services/80), and Health Center (Health and Wellness Services/80). Use them to improve your success.
<table>
<thead>
<tr>
<th>Calendar</th>
<th>Topics</th>
<th>Reading Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week One</strong></td>
<td>Introduction, Overview of course</td>
<td>Mash &amp; Wolfe, Ch. 1</td>
</tr>
<tr>
<td>Thurs., Aug. 24</td>
<td>What is normal and abnormal?</td>
<td></td>
</tr>
<tr>
<td><strong>Week Two</strong></td>
<td>Theories and causes of behavior</td>
<td>Mash &amp; Wolfe, Ch. 2</td>
</tr>
<tr>
<td>Tues., Aug. 29</td>
<td>The functioning of the brain/neuroanatomy</td>
<td></td>
</tr>
<tr>
<td>Thurs., Aug. 31</td>
<td>The functioning of the brain/neuroanatomy</td>
<td></td>
</tr>
<tr>
<td><strong>Week Three</strong></td>
<td>The functioning of the brain/neuroanatomy</td>
<td>Mash &amp; Wolfe, Ch. 2</td>
</tr>
<tr>
<td>Tues., Sept. 5</td>
<td>The functioning of the brain/neuroanatomy</td>
<td></td>
</tr>
<tr>
<td>Thurs., Sept. 7</td>
<td>The functioning of the brain/neuroanatomy</td>
<td></td>
</tr>
<tr>
<td><strong>Week Four</strong></td>
<td>Brain quiz</td>
<td>Mash &amp; Wolfe, Ch. 4</td>
</tr>
<tr>
<td>Tues., Sept. 12</td>
<td>Assessment &amp; Treatment approaches</td>
<td></td>
</tr>
<tr>
<td>Thurs., Sept. 14</td>
<td>Assessment &amp; Treatment approaches/ADHD</td>
<td>Mash &amp; Wolfe, Ch. 8</td>
</tr>
<tr>
<td><strong>Week Five</strong></td>
<td>Assessment &amp; Treatment approaches/ADHD</td>
<td></td>
</tr>
<tr>
<td>Tues., Sept. 19</td>
<td>No class today!</td>
<td>Mash &amp; Wolfe, Ch. 8</td>
</tr>
<tr>
<td>Thurs., Sept. 21</td>
<td>No class today!</td>
<td></td>
</tr>
<tr>
<td><strong>Week Six</strong></td>
<td>Attention Deficit Hyperactivity Disorder</td>
<td></td>
</tr>
<tr>
<td>Tues., Sept. 26</td>
<td>Conduct Disorders</td>
<td>Mash &amp; Wolfe, Ch. 9</td>
</tr>
<tr>
<td>Thurs., Sept. 28</td>
<td>Conduct Disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Week Seven</strong></td>
<td>Conduct Disorders</td>
<td></td>
</tr>
<tr>
<td>Tues., Oct. 3</td>
<td>Conduct Disorders</td>
<td>Mash &amp; Wolfe, Ch. 9</td>
</tr>
<tr>
<td>Thurs., Oct. 5</td>
<td>Conduct Disorders/Review</td>
<td></td>
</tr>
<tr>
<td><strong>Week Eight</strong></td>
<td>Test #1</td>
<td>Mash &amp; Wolfe, Ch. 11</td>
</tr>
<tr>
<td>Tues., Oct. 10</td>
<td>Anxiety Disorders</td>
<td></td>
</tr>
<tr>
<td>Thurs., Oct. 12</td>
<td>Anxiety Disorders</td>
<td></td>
</tr>
</tbody>
</table>

*Content categories: characteristics, identification, assessment, intervention, philosophy/theory, social/emotional development, and home/family issues (see end of syllabus)*
<table>
<thead>
<tr>
<th>CALENDAR</th>
<th>TOPICS</th>
<th>READING ASSIGNMENT</th>
<th>WORK DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week Nine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Oct. 17</td>
<td>Anxiety Disorders</td>
<td>Mash &amp; Wolfe, Ch. 11; Kearney, Ch. 2</td>
<td>Extra Credit Autobiography due Tues., Oct 17</td>
</tr>
<tr>
<td>Thurs., Oct. 19</td>
<td>Anxiety Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Ten</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Oct. 24</td>
<td>Mood disorders</td>
<td>Mash &amp; Wolfe, Ch. 10; Kearney, Ch. 3</td>
<td>Set 2 Case Study is due Thurs., Oct. 26</td>
</tr>
<tr>
<td>Thurs., Oct. 26</td>
<td>Mood disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Eleven</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Oct. 31</td>
<td>Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs., Nov. 2</td>
<td>Test #21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Twelve</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Nov. 7</td>
<td>Schizophrenia &amp; other psychotic disorders</td>
<td>Mash &amp; Wolfe, Ch. 6; Kearney, Ch. 11</td>
<td></td>
</tr>
<tr>
<td>Thurs., Nov. 9</td>
<td>Autism Spectrum Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Thirteen</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Nov. 14</td>
<td>Autism Spectrum Disorder</td>
<td></td>
<td>Autobiography book review is due Tues., Nov. 14</td>
</tr>
<tr>
<td>Thurs., Nov. 16</td>
<td>Autism Spectrum Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Fourteen</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Nov. 21</td>
<td>Fall Break and Thanksgiving! No class!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs., Nov. 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Fifteen</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Nov. 28</td>
<td>Eating Disorders</td>
<td>Mash &amp; Wolfe, Ch. 14; Kearney, Ch. 5</td>
<td></td>
</tr>
<tr>
<td>Thurs., Nov. 30</td>
<td>Eating Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week Sixteen</strong></td>
<td></td>
<td>*</td>
<td>Set 3 Case Study is due Tues., Dec. 5</td>
</tr>
<tr>
<td>Tues., Dec. 5</td>
<td>Eating Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs., Dec. 7</td>
<td>Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment week</td>
<td>Test #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues., Dec. 12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Content categories of characteristics/identification, assessment, intervention, philosophy/theory, home/family issues, and social/emotional development. (See end of syllabus)*
<table>
<thead>
<tr>
<th>Autobiographies on Behavioral and Emotional Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anorexia &amp; Bulimia</strong></td>
</tr>
<tr>
<td><strong>Obsessive-compulsion</strong></td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>Bipolar &amp; depression</td>
</tr>
<tr>
<td>Cutting</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>ADHD/ODD</td>
</tr>
</tbody>
</table>

Other autobiographies/biographies may be included with instructor consent!

Criteria for Grading Case Study Responses

<table>
<thead>
<tr>
<th>Format and structure (roughly 3 points)</th>
<th>To earn three points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essay answers two or more of the designated questions.</td>
</tr>
<tr>
<td></td>
<td>Essay adheres to format (12 point font, one inch margin, one sided printing).</td>
</tr>
<tr>
<td></td>
<td>Essay clearly identifies which questions are being answered.</td>
</tr>
</tbody>
</table>

Less than three points may be awarded, if all criteria are not met.

<table>
<thead>
<tr>
<th>Content (roughly 20 points)</th>
<th>To earn twenty points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All components of the questions are addressed effectively.</td>
</tr>
<tr>
<td></td>
<td>Information asserted is supported knowledgeably.</td>
</tr>
<tr>
<td></td>
<td>Information from class and the main text are integrated successfully.</td>
</tr>
<tr>
<td></td>
<td>Terminology and concepts are used correctly and appropriately.</td>
</tr>
<tr>
<td></td>
<td>Opinions given are supported adequately.</td>
</tr>
<tr>
<td></td>
<td>If personal experiences are used, they are well-integrated and enrich the assertions.</td>
</tr>
<tr>
<td></td>
<td>Responses present understanding of the topic.</td>
</tr>
<tr>
<td></td>
<td>Responses demonstrate reflective and original thought.</td>
</tr>
<tr>
<td></td>
<td>Responses are sufficiently detailed.</td>
</tr>
</tbody>
</table>

Less than twenty points may be awarded, if all criteria are not met.

<table>
<thead>
<tr>
<th>Writing (roughly 7 points)</th>
<th>To earn seven points:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The writing is clear and understandable.</td>
</tr>
<tr>
<td></td>
<td>Text is free of mechanical or spelling errors.</td>
</tr>
<tr>
<td></td>
<td>Sentences flow well into a coherent response.</td>
</tr>
<tr>
<td></td>
<td>Ideas proposed are effectively substantiated.</td>
</tr>
<tr>
<td></td>
<td>Transitions are used appropriately.</td>
</tr>
<tr>
<td></td>
<td>Sentences are grammatical and support the notions presented.</td>
</tr>
</tbody>
</table>

Less than seven points may be awarded, if all criteria are not met.

TOTAL
Don't be a grammar violator!

Writing demonstrates your organization of thought. Consequently, poor writing and grammar impede the ability of the reader to understand the thoughts you are trying to convey. As university students, you have been writing for a long time and are in a venue that requires you to demonstrate your thinking by the words you write as evidence of learning. The way you convey your thoughts as well as the mastery of the symbols provide evidence of you as an educated person. List below are some specific skills you should have mastered (or should take the opportunity to master) by the time you receive your undergraduate degree. For this course, you should already know...

1. **what is a complete sentence.**
   A. There should be no fragments.
   B. There should be no run-ons.

2. **to place a comma after an introductory subordinate clause or phrase.**
   Examples: When commas are used correctly, papers are easier to grade. Luckily, these rules are easily mastered.

3. **to place comma before the conjunction of two independent clauses.**
   For example: Good writing improves your grades, and effective grammar makes things easier to read.
   A. no comma is needed when there are two subordinate clauses linked by a conjunction.
   For example: Good grammar techniques are hard to learn but easy to practice every time.

4. **to place a comma after a word that is being explained.**
   For example: My professor teaches Human Development, my favorite topic to study.

5. **how to use an apostrophe to show possession correctly.**
   For example: the child's toy and the children's toys
   For example: the doctor's office and the doctors' office
   For example: the mom and dad's cars and the mom's and dad's cars.

6. **how to match the subject with the correct pronoun.**
   Examples: A child must learn on his (or her) own. Parents must know whom their children are talking to on the Internet. The author makes a good point in her essay. Teachers have to pay attention to their union contract. Everyone tries to edit his paper.

7. **not to capitalize “high school” unless it is in the name.** For example: Marina High School.

8. **that punctuation almost always should be placed inside quotation marks.** APA style exceptions.

9. **to use semi-colons correctly but sparingly.**

10. **how to use its and it's, their, they're, and there, your and you're correctly.**

11. **how to use these words correctly:** adolescents = generally, more than one teenager; adolescence = a phase in the lifespan.

12. **to avoid using we, us, they, or you without defining to whom you are speaking or addressing.**
   Examples: we, as members of society, should support children's development. You professors should assign more homework.

13. **to use more precise language than “deal with.”**
    Example: Marisa has to deal with difficult children in her class -> Marisa has to [cope with] [discipline][work with] difficult children in her class.
I am not a grammar violator!

I am a smart, educated person who wishes to convey clear thoughts and ideas in my writing. Therefore, I have written a paper that...

(Please initial each item)

____ 1. contains no fragments or run-on sentences.

____ 2. has a comma placed after each an introductory subordinate clause or phrase.

____ 3. has a comma placed before the conjunction of two independent clauses.

____ 4. does not use a comma when there are two subordinate clauses linked by a conjunction.

____ 5. has a comma placed after a word that is being explained.

____ 6. includes apostrophes to show possession correctly.

____ 7. matches the subject with the correct pronoun.

____ 8. does not capitalize "high school" unless it is in the name.

____ 9. punctuates inside quotation marks, as appropriate.

____ 10. uses semi-colons correctly but sparingly.

____ 11. properly uses its and it's, their, they're, and there, your and you're correctly.

____ 12. uses adolescents and adolescence correctly.

____ 13. avoids using we, us, they, or you without defining to whom I am speaking or addressing.

____ 14. uses more precise language than "deal with."

Write in the box below: I am not a grammar violator!
Abnormal Child Psychology

Table of Contents

Part 1: Understanding Abnormal Child Psychology
- Ch.1 Introduction to Normal and Abnormal Behavior in Children and Adolescents
- Ch.2 Theories and Causes
- Ch.3 Research
- Ch.4 Assessment, Diagnosis, and Treatment

Part 2: Neurodevelopmental Disorders
- Ch.5 Intellectual Disability
- Ch.6 Autism Spectrum Disorder and Childhood-Onset Schizophrenia
- Ch.7 Communication and Learning Disorders
- Ch.8 Attention Deficit/Hyperactivity Disorder

Part 3: Behavioral and Emotional Disorders
- Ch.9 Conduct Problems
- Ch.10 Depressive and Bipolar Disorders
- Ch.11 Anxiety and Obsessive-Compulsive Disorders
- Ch.12 Trauma and Stressor-Related Disorders

Part 4: Problems Related to Physical and Mental Health
- Ch.13 Health-Related and Substance-Use Disorders
- Ch.14 Feeding and Eating Disorders

Casebook in Child Behavior Disorders

Table of Contents

1. Mixed Case One
2. Social Anxiety and Withdrawal
3. Depression
4. Early-Onset Bipolar Disorder
5. Eating Disorder
6. Attention-Deficit/Hyperactivity Disorder
7. Learning Disorder
8. Conduct Disorder and Aggression
9. Substance Use Disorder
10. Family Conflict and Noncompliance
11. Autism and Intellectual Disability
12. Pediatric Condition/Pain
13. Effects from Sexual Maltreatment and Post-traumatic Stress Disorder
14. Mixed Case Two
15. Mixed Case Three

*Note on book:
- chapters reflect DSM-5 categories and talk about classification, assessment, treatment theories, and different interacting factors (biological, psychological, and sociocultural) that are a part of child psychopathology

*Content categories:
- characteristics/identification
- assessment
- intervention
- social/emotional development
- home/family issues

*Note on book:
- The book reflects DSM-5 criteria and highlights in each case study, developmental influences, expression of each disorder, diagnosis, treatment, and environmental influences.

*Content categories:
- characteristics/identification
- assessment
- intervention
- social/emotional development
- home/family issues.
Appendix G

Appendix G details the coding done for the HDEV 355 course syllabi.

Coding for Inclusion of Course Syllabi

This syllabi was included in the syllabi review because it contained at least one keyword, a term under mental health, “behavioral and emotional disorders,” that was included at least once in the course description. The course description specifically states that students will learn about different behavioral and emotional disorders that can occur in children, including depression and eating disorders (see Appendix F). This description indicates that the course will potentially talk about these internalizing, mental health topics further in depth.

Coding for Class Objectives

Further looking at the class objectives, I found that 100% (five out of five) directly related to mental health content. One course objective speaks to having students learn the difference between “normal” development and “abnormal” behavior (characteristics/identification), and another objective is about using different perspectives to understand childhood disorders (philosophy/theory). The third objective talked about identifying treatment approaches that can be used with children and their families (intervention and home/family issues) and the fourth objective speaks to analyzing different case studies with the idea of becoming informed on different causes of disorders and formulating treatment approaches (philosophy/theory and intervention). The final objective focuses on discussing the influence that the environment and culture can have on the assessment and treatment of students with these disorders (home/family issues, intervention, and assessment). Due to all the objectives
directly relating to mental health content (see Appendix F), this is a strong indicator that mental health will be further incorporated in the assignments/activities throughout the course.

**Coding for Class Assignment/Activities**

Reviewing the course activities/assignments, I found that 75% (six out of eight) of assignments/activities are *directly related* to mental health, while five of these six were either *directly* or *possibly related* to internalizing disorders. This means that one of these eight specifically focused on mental health content itself, and the area of focus was assessment and treatment approaches. This assignment takes the form of an exam, in which the description for the exam states that it will focus on the content and lessons for chapters 4, 8, and 9 of the required text (see Appendix F). According to the table of contents of this textbook (see Appendix F), one of these chapters, chapter 4, is specifically about assessment, diagnosis, and treatment, while the other two chapters are on disorders that are not internalizing. Since the description of this exam clearly says that content within all three chapters will be assessed, this assignment is directly related to SEB, albeit partially. Also, due to the language of the chapter title, the content categories covered within this chapter, and the corresponding lecture, are of *assessment* and *intervention*. Additionally, the description of the exam says that it will be made up of multiple choice questions, short answers, and essay(s) (see Appendix F). The multiple choice portion of the exam naturally covers *content knowledge* while the short answers and essay(s) cover *indirect application*. Although it is not explicitly mentioned in the description, due to personal experience with the class, I know that the short answers and essay(s) typically provide theoretical scenarios in which students apply what they have learned to the scenario (ex. based on these described characteristics, what types of strategies would be helpful to this child).
The two other exams in the class are both directly related to internalizing disorders. Based on the description of the exams, the second test focuses on material covered in chapters 11 and 10 which according to the titles of those chapters, focus on anxiety and obsessive compulsive disorders (chapter 11) and depressive and bipolar disorders (chapter 10) (see Appendix F). The content categories covered in both those chapters are *philosophy/theory, characteristics/identification, assessment, intervention, social/emotional development*, and *home/family issues*. All these content categories are covered in the chapters that relate to specific disorders, which is explained in the outline of the textbook (see Appendix F). Since these two chapters focus on specific disorders that are internalizing, the exam is labeled as *directly related* to internalizing disorders. The third exam, according to the exam description, focuses on chapters 6 and 14, of which chapter 14 is the only one that covers an internalizing disorder: feeding and eating disorder (see Appendix F). This chapter also covers the content categories of *philosophy/theory, characteristics/identification, assessment, intervention, social/emotional development*, and *home/family issues* and the exam is *directly related* to internalizing disorders because it covers chapter 14, although it is partially related because it covers content from another unrelated chapter as well. As mentioned with the first exam, these two exams also cover *content knowledge* and *indirect application* through the types of questions and answers.

Another assignment that covers both mental health and internalizing disorders is the case study assignments. According to the description of this assignment and the respective learning outcome that related to this assignment, students are to read different case studies from another required textbook and answer questions related to understanding the cause of the described problems and formulating interventions, based on the information given and what they have
learned from class lectures and discussion (content knowledge and indirect application) (see Appendix F). There are three different case study sets that students pick one reading from each set to focus and answer the questions on. Set 2 of the case studies includes chapters that all focus on internalizing disorders (see Appendix F) meaning that whatever students choose, they will be choosing a case study on a specific internalizing disorder (directly related to SEB). In set 3 of the case studies, only one of the specific cases is an internalizing disorder (see Appendix F), meaning that students may or may not choose this specific case study to focus on (possibly related to SEB). According to the outline of the textbook, each case study includes the content categories of characteristics/identification, assessment, intervention, social/emotional development, and home/family issues (see Appendix F) which will be the content categories students are exposed to, related to each case/disorder, when completing these cases study assignments.

The final assignment is an autobiography review which is directly related to mental health and possibly related to internalizing disorders. According to the description of this assignment, students are to read an autobiography of someone who has been diagnosed with a disorder and then complete an assignment that is not included in the syllabus. Given my experience with course, I know that the assignment is a fill in review-from of the book which asks questions such as lists the behaviors, what is the treatment, did it work, etc. Based on this, this assignment simply covers content knowledge in terms of recognizing characteristics, intervention strategies, and describing the home/family influence, if applicable. Depending on each autobiography, the content categories vary but can typically include characteristics/identification, intervention, and home/family issues. Also, because students get to
decide whichever autobiography that interests them, students may or may not choose to pick one that focuses on an internalizing behavior. For this reason, this assignment is possibly related to internalizing disorders.

In terms of the course schedule, 10 out of the 16 weeks in session covered mental health components generally. This includes weeks 1 and 2, that covered social/emotional development of what is “normal” behavior (week 1) and the philosophy/theories of what cause behavior (week 2). This also includes week 4 that covered assessment and treatment (intervention) approaches. Of the rest of the 7 weeks that cover mental health, these 7 also cover internalizing disorders such as anxiety and mood disorders (weeks 8-11) and eating disorders (weeks 15-assessment week).

As a Whole

This class has 100% (5 out of 5) of mental health content in the objectives; 75% (6 out of 8) of assignments/activities are directly related to mental health content; 37.5% (3 out of 8) of assignments/activities are directly related to content of internalizing disorders; 25% (2 out of 8) of assignments/activities are possibly related to content of internalizing disorders; content categories covered through these 6 activities/assignments are philosophy/theory, characteristics/identification, social/emotional development, assessment, intervention, and home/family issues; of these 6 assignments, 100% (6) covered content knowledge, 83% (5) included indirect applications, and 0% (0) had direct application.
Appendix H

PSY 320: PSYCHOPATHOLOGY
SYLLABUS
Spring 2016

DO NOT LOSE THIS! YOU WILL NEED THIS INFORMATION!

Psychology 320 & 320L: Psychopathology
PSY 320-01 & 320L-01: MON / WED 8:00-9:50 AM; BIT Building, Room 111
PSY 320-02 & 320L-02: MON / WED 10:00-11:50 AM; BIT Building, Room 111
Professor: Danielle Burchett, Ph.D.
Scheduled Office Hours: MON 2:30 PM – 4:30 PM @ Heron Hall, Room 184
By Appointment: Use Appointment Scheduler:
https://www.google.com/calendar/selfsched?stoken=UU4WW0keTJhSE1TfGR
IZmF1bHR8ZTg3YTA4YjY3UwMDE2ODY4Nj4Zm13N2E5ZDE3YzA
“Link also available in my e-mail signature line & iLearn”
E-mail: dburchett@csumb.edu Office Phone: (831) 582-4798

WHAT IS THIS CLASS ABOUT, ANYWAY?

PSY 320 DESCRIPTION: “This class examines aberrant behaviors, broadly defined. What is deemed aberrant partly depends on the particular perspective taken. Students will develop a broad and critical understanding of abnormal behavior from a number of different perspectives (e.g., biological, social, and cultural). The following disorders will be examined: [social phobia, depression, bipolar disorder, PTSD, OCD] borderline personality disorder, gender identity disorder, substance-related disorders, and schizophrenia.” –CSUMB Course Catalog

PSY 320L DESCRIPTION: “Laboratory course to accompany PSY 320 (Psychopathology). This course will consist of supplemental activities that will enhance understanding of research methods in Clinical Science. Empirical article review and research writing are required.” –CSUMB Course Catalog

MY GOALS: I hope to help you more fully understand the contributing factors, symptoms, and treatments of major mental illnesses. Another important goal is to instill in you empathy, compassion, and understanding of individuals experiencing mental illnesses, and to show you that mental illness is not as different from ‘normal’ as we often assume.

NOTE ON POSSIBLE CHANGES TO SYLLABUS: At times, it is necessary to make changes to the course syllabus (e.g., schedule, assignment details) due to unforeseen circumstances, to enhance learning experiences, or to clarify or correct information. If schedule changes are necessary, students will be notified in class and e-mailed; updated information will also be available on iLearn. It is the student’s responsibility to pay attention to in-class announcements and check iLearn and e-mail regularly for updates.

CSUMB - PSY 320/L – Spring 2016 – Burchett
## MAJOR LEARNING OUTCOMES

<table>
<thead>
<tr>
<th>Psychology MLOs</th>
<th>Application in This Course</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MLO 1: Theory and Content of Psychology</strong></td>
<td>Students will become familiar with major concepts and theoretical perspectives within the area of psychopathology. Outcomes include knowledge of the key concepts, theories, and research findings as they pertain to mental health disorders and treatment, as evaluated in quizzes, exams, and writing assignments.</td>
</tr>
<tr>
<td>Demonstrate familiarity with major concepts, theoretical perspectives, empirical findings and historical trends. Outcomes include describing and applying psychology's concepts, language and theories, explaining its major perspectives and demonstrating understanding of its breadth and depth.</td>
<td></td>
</tr>
<tr>
<td><strong>MLO 2: Research Methods in Psychology</strong></td>
<td>Students will be exposed to current research findings and science-informed practice. Outcomes include increased understanding of research studies as they pertain to mental health treatment. Additionally, students will develop an understanding of the gaps in research, particularly among diverse populations. This will be evaluated in a writing assignment.</td>
</tr>
<tr>
<td>Understand and apply basic research methods, including research design, data analysis and interpretation. Outcomes include differentiating research methods, evaluating aptness of research conclusions, designing and conducting basic studies and generalizing research conclusions appropriately.</td>
<td></td>
</tr>
<tr>
<td><strong>MLO 3: Critical Thinking Skills in Psychology</strong></td>
<td>Students will use critical thinking skills to examine and evaluate research presented in the textbook and scholarly journal articles. Outcomes include increased understanding of how theory and research inform clinical practice and the challenges involved. This will be evaluated in quizzes and exams and emphasized in course discussions.</td>
</tr>
<tr>
<td>Respect and use critical and creative thinking, skeptical inquiry and the scientific approach. Outcomes include using and engaging in critical thinking, using reasoning in arguments and persuasion and approaching problems with sophistication.</td>
<td></td>
</tr>
<tr>
<td><strong>MLO 4: Application of Psychology</strong></td>
<td>Students will identify psychology's major applications in the area of abnormal behavior, articulating how it may be used to enhance assessment and treatment of disorders as well as how research informs our understanding of mental illness. This will be evaluated in quizzes, exams, and writing assignments and emphasized in course discussions.</td>
</tr>
<tr>
<td>By applying psychological training, the interdisciplinarity of the program becomes evident. Students understand and apply psychological principles to personal, social and organizational issues. Outcomes include identifying psychology's major applications, articulating how it can be used toward social understanding and public policy, and recognizing the ethical complexities of applying psychology.</td>
<td></td>
</tr>
<tr>
<td><strong>MLO 5: Values in Psychology</strong></td>
<td>Students will understand the need for ethical behavior, tolerance of ambiguity, evidence-based conclusions, and appreciation for human diversity when learning about and working with individuals diagnosed with mental illnesses. It is also expected that students will develop increased awareness of their own biases about mental illness and treatment, the reality of stigma, and their responsibility to reduce it (emphasized in course discussions).</td>
</tr>
<tr>
<td>This outcome demonstrates the interdisciplinarity of the major, especially through its emphasis on ethics and respect for science. Students weigh evidence, tolerate ambiguity, act ethically and reflect other values underpinning psychology. Outcomes include understanding the need for ethical behavior, tolerance of ambiguity, demonstration of skepticism and intellectual curiosity, attunement to scientific evidence, civic responsibility and respect for human diversity.</td>
<td></td>
</tr>
</tbody>
</table>
CHILDREN’S MENTAL HEALTH: REIMAGINING

- Ch. 3 Neuroscience Approaches to Understanding Psychopathology
- Ch. 4 Research Methods
- Ch. 2 Changing Conceptualizations of Mental Illness

REQUiRED TEXTBOOKS:
   NOTE: One copy is on reserve for 2-hour in-library use. I don’t recommend relying on this as your only access to the book, but it is a good back-up option.
   TEXTBOOK STUDY SITE (open access): edge.sagepub.com/ray

RECOMMENDED (OPTIONAL) READING:
Any student who is considering continuing in the clinical/counseling field (or who just wants a thorough guide for studying the disorders) may want to buy the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) or Desk Reference to the DSM-5. However, while you are a CSUMB student, you can access the DSM-5 electronically at http://voyager.csumb.edu/vweb/holdingsInfo?bibId=333597

ADDITIONAL MATERIALS: Additional readings, quizzes, videos, podcasts, etc. will be posted to iLearn.
While some will be required and clearly denoted as such, many other resources will be recommended for those interested in further exploration.

HOW WILL YOUR COMPETENCIES BE EVALUATED?

SEMESTER-LONG PROJECT (450 points total; more details to come) INCLUDES:
- Literature Review Paper (100 points total): Students will write a brief literature review on an assigned topic, in APA style. Note: Draft 1 = 20 points; Final Draft = 80 points.
- Literature Review Peer Feedback (50 points): Students will serve as peer reviewers to provide feedback to their classmates about their short papers. Must attend class to participate.
- Group Presentation (200 points): Students will work in small groups to prepare brief presentations that review and expand upon psychopathology topics.
- Presentation Reviews (100 points): Students will serve as peer reviewers to provide feedback to their peers about their group presentations. Must attend classes to participate.

ONLINE LESSONS & QUIZZES (15 points): To ensure students have prerequisite knowledge without devoting significant class time to review, there will be a total of 3 online quizzes covering content from Chapters 2, 3, & 4. Each quiz will be worth a total of 5 points, and is designed to be easy for students who have reviewed the online presentation or chapter. Students who have completed related coursework may prefer to accept their pre-quiz grades instead.

POP QUIZZES/IN-CLASS ACTIVITIES (35 points): To help motivate students to complete assigned readings before class, there will be several unannounced quizzes and content-related activities during the semester. Each will cover material from the chapter that was expected to be read by that date. These quizzes and activities are designed to be easy for students who have reviewed the chapter. Must attend class to participate.

IN-CLASS GROUP EXAMS (300 points): Three non-cumulative exams will each include 40 multiple-choice questions (80 points) and approximately 5 short-answer items (20 points), for a total of 100 points per exam. Exams will cover material from lectures and the textbook. Students are allowed to take these in groups of 4 (Exam 1), 3 (Exam 2), and 2 (Exam 3) students, with groups being assigned by the instructor at the beginning of the exam. Students may complete the exams individually if preferred.

CSUMB - PSY 320/L – Spring 2016 – Burchett is focused on an internalizing disorder (see course schedule)
IN-CLASS FINAL EXAM (200 points): A cumulative final will include 50 multiple-choice questions (4 points each) for a total of 200 points. This exam, taken individually, will cover material from throughout the course.

MAKE-UP EXAMS: If a student misses an exam, they may take a make-up exam at the end of the semester. If an exam is missed and no make-up is taken, a zero will be given for that exam. See me in person if you miss an exam or anticipate missing an exam. Make-up exams will likely be 100% essay format, taken individually, during a special test session which will probably be on Saturday, 5/21 at 8:00 a.m. It is the student’s responsibility to make these arrangements.

GRADING: Below is a pie chart of the value of each graded task and the scale used to calculate final grades.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ch. 3 Online Quiz, 5</td>
<td>100</td>
</tr>
<tr>
<td>Ch. 4 Online Quiz, 5</td>
<td>100</td>
</tr>
<tr>
<td>Pop Quizzes/Activities, 35</td>
<td></td>
</tr>
<tr>
<td>Exam One, 100</td>
<td></td>
</tr>
<tr>
<td>Exam Two, 100</td>
<td></td>
</tr>
<tr>
<td>Exam Three, 100</td>
<td></td>
</tr>
<tr>
<td>Literature Review Final Draft, 80</td>
<td></td>
</tr>
<tr>
<td>Literature Review Draft 1, 20</td>
<td></td>
</tr>
<tr>
<td>Final, 200</td>
<td></td>
</tr>
<tr>
<td>Presentation Feedback, 100</td>
<td></td>
</tr>
<tr>
<td>Group Presentation, 200</td>
<td></td>
</tr>
<tr>
<td>Lit Review Feedback, 50</td>
<td></td>
</tr>
</tbody>
</table>

FINAL GRADE CALCULATION:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>900-1000</td>
<td>A-</td>
</tr>
<tr>
<td>B+</td>
<td>870-899</td>
<td>B</td>
</tr>
<tr>
<td>B</td>
<td>830-869</td>
<td>B-</td>
</tr>
<tr>
<td>C+</td>
<td>770-779</td>
<td>C</td>
</tr>
<tr>
<td>C</td>
<td>730-769</td>
<td>C-</td>
</tr>
<tr>
<td>D+</td>
<td>670-699</td>
<td>D</td>
</tr>
<tr>
<td>D</td>
<td>630-669</td>
<td>D-</td>
</tr>
<tr>
<td>F</td>
<td>599 or Fewer</td>
<td>F</td>
</tr>
</tbody>
</table>

I reserve the right to give extra credit points for different reasons throughout the semester. Often, these will require attendance in class. Sometimes, I may give extra credit assignment options. Please do not rely on these points for securing your grade.
WHY DID I DESIGN THE CLASS THIS WAY?

LEARNING & MEMORY: There are different levels of learning. I don’t want you to just memorize for exams and then forget it. The content of this course is too important: it will affect your personal and professional lives too much. You need to grasp this information for years to come. Thus, we want to focus a lot of attention on higher-level learning strategies.

- Synthesis, Teaching, & Working with Others (Papers & Presentations)
- Recollection & Recall (Exams & Quizzes)
- Active Learning (Discussion, Studying, Note-Taking, & Review)
- Passive Learning (Lectures & Reading)

MOTIVATION: I want all students to stay motivated to put in the effort in this class. I know there are lots of things demanding your attention. So, I designed class so that there will be rewards to keeping your studies on-track, including in-class quizzes and participation-based assignments. Your work will receive detailed feedback from me. Further, the class will involve peer feedback to help the writer/presenter and reviewer get used to the process of technical writing and professional peer review.

GROUP COHESION & SUPERORDINATE GOALS: Research indicates that we all do better if we work as a team toward an overarching goal. As a team, we encourage each other and play toward everyone’s strengths. In this class, we will use a “jigsaw” approach, where everyone is the captain of a specific part, but then we all work together to teach others by combining the pieces. We avoid the pitfall, “social loafing,” if the final grades are based, in part, on each individual’s contribution. Thus, our final projects will be based on combining work from several individual “experts.”

LECTURES AND TEXT ARE BOTH IMPORTANT: Lectures cannot possibly cover everything contained in a textbook. Therefore, some of the material in the text will not be dealt with in class. This does not mean that this material is unimportant or not fair game for exams – only that there is not enough time to cover it in class. Also, there will be things covered in lecture that are not in the text. **In other words, you should pay attention to BOTH the text material and the lecture material in your studying.**

ADDITIONAL POLICIES

CLASS SESSIONS: After the first two weeks, attendance will not be taken. Students who miss two or more courses during the first two weeks may be administratively dropped from the course. If you do not come or are late to class, you are still responsible for all material and announcements. Because the unpredicted happens (i.e., sick days), I reserve the right to make changes to the syllabus schedule. Any changes will be announced, sent by e-mail, and posted on iLearn.

CELL PHONE & DISTRACTIONS POLICY: I assume that no cell phone will ring during class and nobody will be texting. If you have a cell phone, please turn it to silent or off. I will try to remember to do the same.
with mine. I also assume that nobody will be distracted by internet/social media usage during class. Please be respectful of your fellow students and me, and refrain from distractions during class.

EXAM PROCEDURES: Do not arrive at an exam late; once anyone has finished the exam and left, no one else may start the exam. Electronic devices should not be on or used during the exams. **My noticing such devices will be cause for your expulsion from the exam with a score of zero.** Turn them off completely or leave them home. Students may not retain copies of exam questions. Sharing items/answers with any other current or future PSY 320 students is considered cheating.

PERSONAL GROWTH & COUNSELING CENTER: It is common for some students to relate to some of the emotional symptoms and difficulties covered in this course. If you have concerns for yourself or someone you care about, you may seek help on campus at the Personal Growth and Counseling Center. For more information, check out their website: [http://pgcc.csumb.edu/](http://pgcc.csumb.edu/) or call (831) 582-3969. Ethically, I cannot serve in a therapist role for any of my students.

POLICY ON PERSONAL WRITING AND DISCLOSURES OF SEXUALIZED VIOLENCE. In this class, the topic of sexualized violence may emerge in readings, films, and class discussions. Making personal connections with the topics studied can be meaningful and important, but please be aware of the following policy regarding confidentiality and disclosures of incidents of sexualized violence. Consider all of your writing for this class as public. You are encouraged to write on a topic that matters to you, and while this can elicit writing that is deeply personal, you must always be prepared to share your work with others. In the event that you choose to write or speak about having survived sexualized violence, including rape, sexual assault, dating violence, domestic violence, or stalking and specify that this violence occurred while you were a CSUMB student, federal and state education laws require that I notify the Title IX Coordinator. The Title IX Coordinator will contact you to let you know about accommodations and support services at CSUMB and possibilities for holding accountable the person who harmed you. If you do not want the Title IX Coordinator notified, instead of disclosing this information to your instructor, you can speak confidentially with the following people on campus and in the community. They can connect you with support services and discuss options for holding the perpetrator accountable:

- **CSUMB Personal Growth and Counseling Center** (831) 582-3969  (M-F, 8am-5pm)
- **Monterey County Rape Crisis Center** (831) 375-HELP (4357)  (24 Hours)
- **YWCA** — Counseling, Restraining Orders, Emergency Housing, etc. (831) 372-6200 (24 Hours) or (831) 757-1001

If it is determined that a perpetrator poses an imminent threat to the broader campus community or if person(s) under 18 years of age are involved, all parties are required to notify the police. If you want to learn more about options on your own, you can visit CSUMB’s Title IX website: [http://deanofstudents.csumb.edu/title-ix](http://deanofstudents.csumb.edu/title-ix)

ACCOMMODATION: Students with disabilities who require accommodations such as time extensions or alternate media/format must present verification from Student Disability Resources as soon as possible. Please schedule an appointment to discuss specifics with me. If you think a disability may impact your performance in this class, meet with SDR professional staff in the Health and Counseling Centers Building (#80) or call (831) 582-3672 and see me by appointment.
SERVICE MEMBERS: Veterans and active-duty/reserve military personnel with special circumstances (e.g., upcoming deployments, drill requirements, disabilities) are welcome and encouraged to communicate these, in advance if possible, to the instructor.

ACADEMIC INTEGRITY: Academic integrity is of central importance to an education at CSUMB. The core of this integrity resides in the scholastic honesty of the CSUMB community, and therefore, is the responsibility of all students and faculty to uphold and maintain. Forms of academic dishonesty include: cheating, fabrication, plagiarism, and collusion in any of these activities. We value informal resolution of academic integrity allegations; however, students discovered to have engaged in academic dishonesty will be sanctioned. For more information regarding the Academic Integrity Policy please go to: https://csumb.edu/policy

CENTER FOR STUDENT SUCCESS: CSUMB works to make sure that all students are succeeding in their courses. To ensure that this takes place, if you are falling behind or are missing too many class sessions, I strongly encourage you to schedule an appointment with the Center for Student Success to create an Academic Success Plan and get back on track. The CSS offers services such as one-on-one support, peer mentoring, and study skills workshops. CSS is located in the Library, 3rd Floor, Suite 3180; (831) 582-3165.

COOPERATIVE LEARNING CENTER (CLC): The Cooperative Learning Center (formerly Academic Skills Achievement Program - ASAP), a campus-wide tutoring program, is free and open to all students and offers peer tutoring services and workshops. It seeks to provide high-quality learning assistance in computer technology, math, science, writing, languages, and study strategies aimed at enhancing learning needs at all ability levels. CLC works with students to expand their knowledge and abilities by empowering them to become independent learners. CLC tutors, staff, and faculty work together to design and offer effective, collaborative, and active learning experiences. They provide tutors with the opportunity to develop teaching, leadership, and communication skills. CLC is located in the Library, 2nd floor; (831) 582-4104.

TECHNOLOGY SUPPORT RESOURCES: In keeping with the CSUMB vision statement, which says: “The University will invest in preparation for the future through integrated and experimental use of technologies,” this course will require the application of technology to solve problems and create material relevant to our discipline. It is the responsibility of each student to fully understand the required technology and how to use it to complete assignments for this course. There are a variety of campus resources provided to help students enhance their technology skills and you are encouraged to take advantage of these opportunities as needed. For more information on technology support, visit mytech.csumb.edu, Contact ASAP Tutoring (Library 2nd floor, 831-582-4104, asap@csumb.edu), & register for Atomic Learning via iLearn.

NIGHT WALK: Call (831) 655-0268 to obtain a walking escort on main campus, 24 hours a day.

ASSESSMENT RESEARCH: Across CSUMB, student work is collected and examined to anonymously examine the impact of teaching practices. You have the right to opt out of this process. If you wish to opt out, please e-mail me at dburchett@csumb.edu. This has no impact on your grade or my opinion of you; please do what makes you comfortable.
# PSY320 Course Schedule

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Read BEFORE Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mon. 1/25</td>
<td>Syllabus, Study Strategies, Pre-Quizzes, &amp; Introductions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wed. 1/27</td>
<td>Overview of Psychopathology; Review Pre-Quizzes &amp; Discuss Reviews/Online</td>
<td>Syllabus (Ch. 1) &amp; Ch. 2: Historical: 8 pgs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Quizzes for Chs. 2-4 Content</td>
<td>Ch. 3: Neuro: 17 pgs.</td>
</tr>
<tr>
<td></td>
<td>Mon. 2/1</td>
<td>Assessment &amp; Classification</td>
<td>Ch. 5: Research: 22 pgs.</td>
</tr>
<tr>
<td>2</td>
<td>Wed. 2/3</td>
<td>In-Class Work Day #1: Intro to Literature Review: Expectations, Locating</td>
<td>Online Reviews &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sources, Avoiding Plagiarism</td>
<td>Quizzes 2: Historical:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3: Neuro:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4: Research:</td>
</tr>
<tr>
<td></td>
<td>Mon. 2/8</td>
<td>Disorders of Childhood</td>
<td>Ch. 6: 41 pgs.</td>
</tr>
<tr>
<td></td>
<td>Wed. 2/10</td>
<td>Mood Disorders</td>
<td>Ch. 8: 38 pgs.</td>
</tr>
<tr>
<td></td>
<td>Mon. 2/15</td>
<td>Mood Disorders, Continued (QPR Training)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wed. 2/17</td>
<td>Mood Disorders, Continued</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon. 2/22</td>
<td>3 ONLINE QUIZZES CH. 2-4 DUE BY 11:59 PM! [15 Pts.]</td>
<td>Study Chs. (1, 5, 6 &amp; 8)</td>
</tr>
<tr>
<td></td>
<td>Wed. 2/24</td>
<td>Literature Review Check-In &amp; Exam 1 Review Day</td>
<td>Study Chs. (1, 5, 6 &amp; 8)</td>
</tr>
<tr>
<td></td>
<td>Mon. 2/29</td>
<td>EXAM ONE (Chs. 2-4, 5, 6, &amp; 8; Groups of 4) [100 Pts.]</td>
<td>Ch. 9: 31 pgs.</td>
</tr>
<tr>
<td></td>
<td>Wed. 3/2</td>
<td>Stress, Trauma, &amp; Psychopathology</td>
<td>Ch. 10: 34 pgs.</td>
</tr>
<tr>
<td></td>
<td>Mon. 3/7</td>
<td>LITERATURE REVIEW OUTLINE (Extra Credit) DUE [±5 Pts.]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wed. 3/9</td>
<td>Anxiety Disorders &amp; Obsessive-Compulsive Disorder</td>
<td>Ch. 7: 35 pgs.</td>
</tr>
<tr>
<td></td>
<td>Mon. 3/14</td>
<td>Schizophrenia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wed. 3/16</td>
<td>Schizophrenia, Continued</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon. 3/21</td>
<td>NO CLASS: SPRING BREAK</td>
<td>Study Chs. 7, 9, 10, &amp; 12</td>
</tr>
<tr>
<td></td>
<td>Wed. 3/23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Mon. 3/28</td>
<td>Literature Review Check-In &amp; Exam 2 Review Day</td>
<td>Study Chs. 7, 9, 10, &amp; 12</td>
</tr>
<tr>
<td></td>
<td>Wed. 3/30</td>
<td>EXAM TWO (Chs. 5, 6, 7, &amp; 12; Groups of 3) [100 Pts.]</td>
<td>Study Chs. (7, 9, 10, &amp; 12)</td>
</tr>
<tr>
<td></td>
<td>Mon. 4/4</td>
<td>Personality Disorders</td>
<td>Ch. 15: 38 pgs.</td>
</tr>
<tr>
<td></td>
<td>Wed. 4/6</td>
<td>In-Class Work Day #3: Intro to Presentations: Expectations &amp; Group Work Day</td>
<td>LITERATURE REVIEW DRAFT 3 DUE [E-mail one Word document by 11:59 PM] [80 Pts.]</td>
</tr>
<tr>
<td></td>
<td>Mon. 4/11</td>
<td>Sexual Disorders &amp; Gender Dysphoria</td>
<td>Ch. 13: 36 pgs.</td>
</tr>
<tr>
<td></td>
<td>Wed. 4/13</td>
<td>Neurocognitive Disorders</td>
<td>Ch. 16: 28 pgs.</td>
</tr>
<tr>
<td></td>
<td>Mon. 4/18</td>
<td>Substance-Related &amp; Addictive Disorders</td>
<td>Ch. 14: 53 pgs.</td>
</tr>
<tr>
<td></td>
<td>Wed. 4/20</td>
<td>Substance-Related &amp; Addictive Disorders, Continued</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon. 4/25</td>
<td>Presentation Check-In &amp; Exam 3 Review Day</td>
<td>Study Chs. 13, 14, 15, &amp; 16</td>
</tr>
<tr>
<td></td>
<td>Wed. 4/27</td>
<td>EXAM THREE (Chs. 13-16; Groups of 2) [100 Pts.]</td>
<td>Study Chs. 13, 14, 15, &amp; 16</td>
</tr>
<tr>
<td>15</td>
<td>Mon. 5/2</td>
<td>In-Class Work Day #4: Group Presentation Practice Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wed. 5/4</td>
<td>NO CLASS: REHEARSE PRESENTATION AND STUDY FOR THE FINAL</td>
<td>Study Chs. 6-10, 12-16</td>
</tr>
<tr>
<td></td>
<td>Mon. 5/9</td>
<td>REVIEW PRESENTATIONS [200 Pts.] &amp; PEER FEEDBACK [100 Pts.]</td>
<td>Study Chs. 6-10, 12-16</td>
</tr>
<tr>
<td>16</td>
<td>Wed. 5/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon. 5/16</td>
<td>FINAL EXAM (Cumulative: Chs. 6-10, 12-16) [200 Pts.]</td>
<td>Study Chs. 6-10, 12-16</td>
</tr>
<tr>
<td></td>
<td>Wed. 5/18</td>
<td>NO CLASS: Done!</td>
<td></td>
</tr>
</tbody>
</table>

*Additional 35 Points Earned Through In-Class Quizzes & Activities (In-Class Participation Required; No Make-Ups Allowed)

The California Faculty Association is in the midst of a difficult contract dispute with management. It is possible that the faculty union will call a strike or other work stoppage this term. I will inform the class as soon as possible of any disruption to our class meeting schedule.

- ch 8 Mood Disorders
- ch 9 Stress and Trauma
- ch 10 Anxiety Disorders
- ch 12 Feeding and Eating Disorders
- ch 15 Personality Disorder

- 13 of these weeks (out of 16) directly relate to internalizing disorders
- 7 out of these 13, 4 of the weeks are just exposure due to exams. The other 9 out of 15 is exposure due to lectures or presentations

CSUMB - PSY 320/L - Spring 2016 - Burchett
PSY320 PSYCHOPATHOLOGY - SPRING 2016 INFO SHEET

NAME: ________________________________

PREFERRED PRONOUNS (optional): □ He/Him/His □ She/Her □ Others: _______________________

SECTION: □ ONE (MW 8:00AM-9:50AM) □ TWO (MW 10:00-11:50AM)

PHONE NUMBER (optional): ________________________________

E-MAIL ADDRESS: ________________________________

MAJOR: ________________________________

CLASS (e.g., JR., SR., International): ________________________________

CAREER GOALS: ________________________________

SCHOOL-RELATED WORRIES:

MOST IMPORTANT TRAIT(S) IN A PROFESSOR:

ACCESS TO TECHNOLOGY (CIRCLE ALL THAT APPLY):

I can bring to class: □ LAPTOP □ TABLET (iPad, etc.) □ SMART PHONE □ OTHER:

I can use out of class: □ HOME COMPUTER w/INTERNET □ SMART PHONE/TABLET w/INTERNET □ COMPUTER LAB ONLY □ OTHER:

STRENGTHS/WEAKNESSES IN GROUP PROJECTS:

STRENGTHS/WEAKNESSES IN WRITING:

ANYTHING ELSE YOU THINK USEFUL FOR ME TO KNOW:

DOODLES:

CSUMB - PSY 320/L – Spring 2016 – Burchett
Abnormal Psychology

Table of contents

* syllabus edition (edition 1/2014)

Ch. 1: An overview of psychopathology
Ch. 2: Changing Conceptualizations of Mental Illness
Ch. 3: Neuroscience Approaches to Understanding Psychopathology

Ch. 4: Research Methods

Ch. 5: Classification and Assessment

Ch. 6: Disorders of Childhood

Ch. 7: Schizophrenia
Ch. 8: Mood Disorders

Ch. 9: Stress and Trauma
Ch. 10: Anxiety Disorders

Ch. 11: Dissociative Disorders and somatic symptom Disorders

Ch. 12: Feeding and Eating Disorders
Ch. 13: Sexuality Disorders and Gender Dysphoria
Ch. 14: Substance-related Disorders
Ch. 15: Personality Disorder

Ch. 16: Neurocognitive Dementia
Ch. 17: Law and Mental Health
Abnormal Psychology

Table of Contents

Chapter 1
- An Overview of Psychopathology and Changing Conceptualizations of Mental Illness
  - Understanding Psychopathology: Definitions and Key Considerations
  - The Three Major Themes of This Book
  - The Relation of Evolution and Culture to Psychopathology
  - Historical Considerations in Understanding Psychopathology
  - Discovering the Function of the Brain in Behavior and Psychopathology
  - Care for Those with Mental Disorders
  - Biological Approaches to Treating Mental Illness
  - Psychological Treatment Perspectives in the Twentieth Century

Chapter 2
- Neuroscience Approaches to Understanding Psychopathology
  - The Growing Importance of Neuroscience, Genetics, and Evolutionary Perspective
  - Brain Anatomy, Neurons, and Neurotransmitters
  - How do we observe the brain at work?
  - Neuroethics
  - Networks of the Brain
  - Genetics and Psychopathology
  - Evolution and Psychopathology

Chapter 3
- Research Methods
  - What is Science?
  - Nonexperimental Methods of Psychological Research
  - The Experimental Method: Making It Happen
  - Designing an Experimental Study
  - Other Types of Experimental Designs and Research Considerations
  - Ethics and the Scientific Experiment

Chapter 4
- Assessment and Classification of Psychological Disorders
  - Initial Assessment and the Mental Status Exam
  - Structured Interviews and Assessment Considerations
  - Models of Assessment
  - Diagnostic Considerations in Psychopathology
  - Classification Systems for Mental Disorders

Chapter 5
- Disorders of Childhood
  - Important Aspects of Normal Child Development
  - Attachment Disorders, Conduct Disorders, and Oppositional Defiant Disorder
  - Autism Spectrum Disorder
  - Attention Deficit Hyperactivity Disorder and Learning Disorders
  - Intellectual Developmental Disorders

Chapter 6
- Mood Disorders and Suicide
  - Introducing Mood Disorders
  - Major Depressive Disorder
  - Bipolar Disorder
  - Suicide

Chapter 7
- Stress, Trauma, and Psychopathology
  - Psychological Stress and Psychopathology
  - The Physiological Mechanisms Related to Stress and Trauma
  - The Study of Stress
  - Trauma- and Stressor-Related Disorders in DSM-5

Chapter 8
- Anxiety Disorders and Obsessive Compulsive Disorders
  - Overview of Anxiety Disorders
  - Major Types of Anxiety Disorders
  - Obsessive-Compulsive Disorder
CHILDREN'S MENTAL HEALTH: REIMAGINING

Chapter 9: Dissociative Disorders and Somatic Symptom Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders

Chapter 10: Eating Disorders
- Overview: Feeding Disorders, Obesity, and Eating Disorders
- Feeding Disorders
- The Problem of Obesity
- The Major Eating Disorders

Chapter 11:
- Sexuality Disorders and Gender Dysphoria
- Sexuality in Context
- Sexual Desire, Arousal, and Response
- Sexual Dysfunction Disorders
- Paraphilic Disorders
- Gender Dysphoria

Chapter 12:
- Substance-Related and Addictive Disorders
- Drug Use in the United States
- Substance Abuse, Dependence, and Addiction
- Alcohol
- Marijuana, Hallucinogens, and Opioids
- Stimulants: Cocaine, Amphetamines, Caffeine, and Nicotine
- Gambling
- Treatment of Substance-Related Disorders

Chapter 13:
- Schizophrenia
- Schizophrenia Basics: Prevalence, Course, and Symptoms
- Historical and Evolutionary Perspectives on Schizophrenia
- Factors in the Development of Schizophrenia
- Causes and Effects: Neuroscience Findings about Schizophrenia

Chapter 14:
- Personality Disorders
- Personality Disorders and Personality
- Odd, Eccentric Personality Disorders
- Prominent Emotional Personality Disorders
- Anxious Fearful Personality Disorders
- Treatment of Personality Disorders

Chapter 15:
- Neurocognitive Disorders
- Normal Cognitive Changes Related to Aging
- Delirium
- Mild and Major Neurocognitive Disorders
- Prevention, Treatment, and Support

Chapter 16:
- The Law and Mental Health
- The American Legal System and the Insanity Defense
- Competency to Stand Trial
- Ethical and Legal Issues in Treatment
- Sexual Predator Laws
- Neuroscience and Evolutionary Perspectives on the Legal Aspects of Psychopathy
Appendix I

Appendix I details the coding done for the PSY 320 course syllabi.

**Coding for Inclusion of Course Syllabi**

This syllabi was included in the syllabi review because it contained at least one keyword, specifically mental health terms, in the course description which are: abnormal behavior, social phobia, depression, bipolar disorder and OCD. The course description specifically states that students will examine and gain a critical understanding of different disorders, from different perspectives (see Appendix H). The lab description states that it will provide students with supplemental activities to better understand concepts from the class (see Appendix H). Both of these descriptions indicate that the course will potentially cover mental health content at some depth throughout the semester.

**Coding for Class Objectives**

Further looking at the class objectives, I found that 100% (five out of five) were directly related to mental health content because of the inclusion of mental health terms and/or of content categories. Objective one speaks to students becoming familiar with concepts and theoretical perspectives relating to psychopathology (content category: *philosophy/theory*; term: psychopathology) (see Appendix H). The second objective is about understanding the research relating to mental health treatment (content category: *intervention*) (see Appendix H). The third objective talks about how theory and research inform clinical practice (content category: *philosophy/theory*) (see Appendix H). The fourth objective speaks to being able to identify major psychology applications and being able to use this information in regards to assessment and treatment of disorders (content categories: *characteristics/identification, assessment, and*
intervention) (see Appendix H). The final objective is about increasing awareness of biases of mental illness and treatment (content category: philosophy/theory) (see Appendix H). All of these objectives better indicate that this course will cover mental health content, due to all the objectives including one or more of the coded for content categories.

Coding for Class Assignment/Activities

Reviewing the course activities/assignments, I found that there was 88.8% (8 out of 9) of assignments/activities that are directly related to mental health content. Of these eight activities/assignments, six assignments relate to internalizing behaviors, three of which directly relate to internalizing behaviors and three of which are possibly related. Of the two assignments that are simply related to mental health in general, both of these take the form of quizzes. There are three of these quizzes, two of which cover specific mental health content, relating to the content categories, from the required textbook. The quiz that covers content from chapter 2 of the required textbook is directly related to mental health because, according to the table of contents, this chapter covers conceptualizations of mental illness (see Appendix H). Based on the language of this chapter title, the corresponding content category is philosophy/theory. The quiz that covers content from chapter 3 of the required textbook is also directly related to mental health because, according to the table of contents, this chapter covers neuroscience approaches to understanding psychopathology (see Appendix H). Based on the language of this chapter title, the corresponding content category for this quiz is philosophy/theory. Additionally, based on the language of the exam descriptions, such as “covering content”, these exams simply cover content knowledge (see Appendix H).
Moving on to the assignments/activities that are *directly related* to both mental health content and internalizing disorders, the three of these assignments are exams. There are three exams in this class, excluding the final exam, of which all three cover, to some extent, internalizing disorders, based on the titles of their corresponding chapters. The first exam covers content that is entirely about mental health and/or internalizing disorders, is from chapters 1, 5, 6, and 8 of the required textbook. The titles of these chapters include: chapter 1- an overview of psychopathology (content category: *philosophy/theory*), chapter 5- classification and assessment (content category: *characteristics/identification* and *assessment*), chapter 6- disorders of childhood (content category: *characteristics/identification* and *social/emotional development*), and chapter 8- mood disorders (content category: *characteristics/identification* and *social/emotional development*) (see Appendix H). The second exam covers content that is partially *directly related* to internalizing disorders, because one of the chapter is not *directly related*. These *directly related* chapters include 9, 10, and 12 of the required textbook. The titles of these chapters include: chapter 9- stress and trauma (content category: *characteristics/identification* and *social/emotional development*), chapter 10-anxiety disorders (content category: *characteristics/identification* and *social/emotional development*), chapter 12-feeding and eating disorders (content category: *characteristics/identification* and *social/emotional development*) (see Appendix H). The third exam covers content partially covers content that is *directly related* to internalizing disorders, because only one chapter is *directly related*. The *directly related* chapter is chapter 15, with the title being personality disorder (content category: *characteristics/identification* and *social/emotional development*) (see Appendix H). The chosen content categories for all the *directly related* chapters are based on the
titles and based on the content outline of each chapter that is included in the newest edition (edition 2, 2017) of the textbook. The table of contents of the textbook edition provided in the syllabus does not have a chapter outline, and therefore the outline of chapters in the newest edition (edition 2, 2017) was used to inform the content provided in the older edition (edition 1, 2014) (see Appendix H). Additionally, according to the description of these exams, they assess students on content covered through lectures and textbook readings, meaning that students are simply being assessed on content knowledge (see Appendix H).

Assignments that are directly related to mental health but possibly related to internalizing disorders include the final exam, pop quizzes/activities, and a semester-long project. The final exam is possibly related because the description says that it will cover content from throughout the entire semester (see Appendix H), and since the semester includes content that is about internalizing disorders, there is a possibility that the final exam will cover this content as well. Also, based on the language of the description, such as “cover material”, the students are simply being assessed on content knowledge. The pop quizzes/activities are possibly related because their description says that they will, at random, cover content covered in the chapters (see Appendix H). Since some of the content covered in the chapters directly relate to internalizing disorders, these pop quizzes/activities are possibly related to internalizing disorders, should the pop quizzes cover this specific material. Also, based on the language of the description, such as “designed to be easy” and “reviewed the chapter” signify that the students will be assessed on content knowledge (see Appendix H).

The semester-long project has multiple components, but is ultimately coded as one whole assignment because each component is an extension of the main point of the project. The project
itself, according to the project description, is about students writing a literature review on a topic, relating to a psychopathology topic, they will work in teams to peer review, and complete a presentation that reviews and expands on the assigned topic (see Appendix H). Based on the language of this description, such as “literature review”, this assignment is designed to expand students’ content knowledge of psychopathology topics (see Appendix H). The content categories that can possibly be covered through the literature review are limitless, depending on the interest of each student. Also, because this assignment has students be assigned a topic, it is possibly related to internalizing behaviors because they can possibly not be assigned a topic that focuses on internalizing behaviors.

In terms of the course schedule, 13 out of the 16 weeks in session covered material that directly relates to internalizing disorders. Out of these 13 weeks, 4 of the weeks are exposure due to exams (weeks 1, 5, 10, and finals week). The other 9 out of 13 weeks are exposure from lectures, presentation, and expected reading material. This includes week 2, that covered assessment and classification, weeks 3 and 4 which cover childhood disorders and mood disorders, week 6 that covers stress, trauma, and anxiety, week 8 that covers eating disorders, and week 11 that covers personality disorders.

As a Whole

This class has 100% (5 out of 5) of mental health content in the objectives; 88.8% (8 out of 9) of assignments/activities are directly related to mental health content; of these activities/assignments, 37.5% (3 out of 8) assignments/activities are directly related to internalizing disorders, while 37.5% (3 out of 8) were possibly related to internalizing disorders; of these 8 activities/assignments, included content categories were philosophy/theory,
characteristics/identification, and social/emotional development; and of these 3 activities/assignments, 100% (8) covered content knowledge, 0% (0) included indirect applications, and 0% (0) had direct application.
Clinical Psychology (PSY 321/L)
Fall 2017; 4 units

Location: Student Services, Section 01 (H104), Section 02 (H103)
Time (class & lab): Tues & Thurs, Section 01 (10:00pm – 12:50pm) Section 02 (12:00-1:50pm)
Modality: traditional, face-to-face with class material and assignments on iLearn
(http://ilearn.csumb.edu/)
Syllabus Updated: 08.23.2018
Professor:
- Jennifer L. Lovell, Ph.D.
- E-mail: jlovell@csumb.edu
- Office: Heiron Hall, #142
- Office phone: (831) 582-4349 [best way to contact me is via email]
- Office Hours: Tuesday 4-5pm & by appointment

Course Assistants:

<table>
<thead>
<tr>
<th>Section 01 (10:00-12:00)</th>
<th>Section 02 (12:00-2:00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor Chille: <a href="mailto:tchille@csumb.edu">tchille@csumb.edu</a></td>
<td>Nicki Clark: <a href="mailto:niclark@csumb.edu">niclark@csumb.edu</a></td>
</tr>
<tr>
<td>Natalia Castro: <a href="mailto:nacastro@csumb.edu">nacastro@csumb.edu</a></td>
<td>America Montejano: <a href="mailto:amontejano@csumb.edu">amontejano@csumb.edu</a></td>
</tr>
</tbody>
</table>

I. Welcome

Welcome to Clinical Psychology! In this class you will learn about clinical work with diverse children, adolescents, and adults. You will NOT be able to provide therapy by the end of the semester, but you may be inspired to seek further training in clinical psychology. You will leave this class with a basic understanding of clinical research, assessment, diagnosis, and treatment strategies for psychological disorder.

Clinical psychologists are scientists who use research to inform practice (e.g., evidence-based therapy techniques) and use practice to inform research (e.g., research questions and hypotheses). Scientific inquiry is an important part of clinical psychology, and answering complex questions often requires collaboration with multidisciplinary health professionals. The ultimate goal is to apply our knowledge of mental health to alleviate suffering and allow people to reach their full potential.

I expect you to actively participate in class and in the learning process. I will encourage you to critically examine the social and cultural context of mental health disorders and their treatment. This will include topics such as stigma, ableism, and oppression. We will also discuss resilience, strengths-based approaches to treatment, and professional ethics. Multicultural competency and conceptualization will be interwoven throughout the course. Classes will consist of lecture, demonstration/videos, role-plays, case examples, and difficult dialogues. Two weeks at the end of the semester will be dedicated to student presentations.
II. Course Description

Provides an in-depth exploration of the field of Clinical Psychology, including assessment, diagnosis, and treatment of psychological disorders. This advanced course will review the theoretical frameworks that have shaped the field and have traditionally been used in psychotherapy, in addition to focusing on Evidence Based Therapies. Professional issues, multiculturalism and culturally competent therapies will be explored. [(Prereq: PSY 100 and STAT 100 and PSY 200 and PSY 200L) and (Coreq: PSY 321L)]

III. Major Learning Outcomes

A. CSUMB Psychology Major Learning Outcomes (MLOs). The Psychology MLOs are addressed through the course specific learning outcomes (see the following section). Detailed information about each MLO can be found at https://csumb.edu/catalog/psychology-ha. Briefly, the Psychology MLOs are as follows:

1. Theory and Content of Psychology
2. Research Methods in Psychology
3. Critical Thinking Skills in Psychology
4. Application of Psychology
5. Values in Psychology

3 out of 5 MLOs directly related to mental health

B. Specific Learning Outcomes (SLOs)

Upon successful completion of the course, you will be able to:

1. Differentiate basic assessment and treatment strategies for psychological disorders (MLO #1, #3, #4)
   a. Identify examples of objective, projective, and self-report measures used to assess and diagnose clients.
   b. Classify and compare methods of psychological intervention including psychodynamic, humanistic, cognitive-behavioral, and multicultural.

2. Critically examine research on psychological treatments (MLO #2, #3)
   a. Distinguish between efficacy and effectiveness research.
   b. Critique methodological strengths and weaknesses.
   c. Practice APA style.

3. Conceptualize clinical psychology within the sociocultural environment (MLO #3, #4, #5)
   a. Identify examples of mental health stigma in society.
   b. Critically reflect on the intersection of ableism with other forms of social oppression and how these may impact: a) access to treatment, b) attitudes toward treatment, c) models of treatment, and d) effectiveness of treatment.
   c. Create a project to improve community wellness and/or address a specific mental health problem.
4. Develop professional relationships. (MLO #1, #4, #5)
   a. List ethical and professional concerns related to clinical work with diverse clients.
   b. Identify the types of collaboration that might be useful across different clinical settings (e.g., specialty care, integrated health care, school, forensic, etc.).
   c. Interact with other students and the professor in a way that demonstrates empathy, respect, and self-reflection.
   d. Develop collaboration and teamwork skills while working on a group project.
   e. Demonstrate public speaking and teaching skills.

IV. Course Texts & Materials

- Part 1
  - Ch. 1-6: Introducing Clinical Psychology

- Part II
  - Ch. 7-10: Assessment

- Part III
  - Ch. 11-16: Psychotherapy

- Part IV
  - Ch. 17-19: Special Topics

  - I chose this book because it integrates multicultural issues throughout each chapter. The publisher also provides student resources for studying (e.g., self-quizzes, flashcards, etc.).

- Required Readings: Articles published in psychology journals or textbooks. The PDF version or link will be posted in the “readings” section on iLearn.

- Online Course Materials: The syllabus, assignment instructions/rubrics, lecture outlines, and readings will be posted with the iLearn system: http://ilearn.csumb.edu/. Students are responsible for checking online resources and downloading course materials.

- Email Communication: I expect you to check your e-mail account on a daily basis. I will frequently send updates via email and/or iLearn. These are official course notices; it is your responsibility to check your e-mail to receive these messages.

V. Course Readings & Schedule

Syllabus is Subject to Change: The following is the general structure and content of the course. The exact content and schedule of the syllabus is subject to change. We may spend more time on some topics as needed, and conversely, may move quickly through other topics.

Attendance taken in class daily

Quizzes & Research Critiques are due by 1:00am the morning of class (completed on iLearn).

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/24</td>
<td>Introduction</td>
<td>[Optional: Pomerantz, Ch. 1]</td>
<td></td>
</tr>
<tr>
<td>8/29</td>
<td>Historical Overview</td>
<td>Pomerantz, Ch. 2: Evolution of Clinical Psychology</td>
<td>Quiz 1</td>
</tr>
<tr>
<td></td>
<td>Ableism</td>
<td>Castañeda et al. (2013) Ableism Intro</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohen-Rottenburg (2014) Ableist Language</td>
<td></td>
</tr>
<tr>
<td>8/31</td>
<td>Mental Health First Aid - Intro</td>
<td>Eisenberg et al. (2013) College student mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introductions to Group Projects</td>
<td>Khoury et al., (2013) MBSR</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Subject</td>
<td>Reading/Activity</td>
<td>Notes</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>9/5</td>
<td>Research Methods in Clinical Psych</td>
<td>Pomerantz, Ch. 6</td>
<td>Quiz 2</td>
</tr>
<tr>
<td></td>
<td>Critiquing Research</td>
<td></td>
<td>+Submit preference for group topic</td>
</tr>
<tr>
<td></td>
<td>APA Style Intro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/7</td>
<td>Multicultural Competence</td>
<td>Pomerantz, Ch. 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Bring articles from 8/31 to class today for an activity for Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Critiques</td>
<td>Conducting Research in Clinical Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Group Work Time (last 1/2hr)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/12</td>
<td>Ethical Issues in Clinical Practice and Research</td>
<td>Pomerantz, Ch. 5</td>
<td>Quiz 3</td>
</tr>
<tr>
<td></td>
<td>Group Work Time (last 1/2hr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/14</td>
<td>Current Controversies</td>
<td>Pomerantz, Ch. 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence-Based Practice</td>
<td>DeAngelis (2015) App a day keeps doctor away (online gradPsych article)</td>
<td>Course Feedback (iLearn)</td>
</tr>
<tr>
<td></td>
<td>Group Work Time (last 1/2hr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19</td>
<td>Exam Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Work Time (2nd hr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/21</td>
<td>Group Work Time</td>
<td>[Dr. L out of town, course assistants will facilitate group work time &amp; answer Q's]</td>
<td>Group Project Deadline #1</td>
</tr>
<tr>
<td>9/26</td>
<td><strong>Exam 1</strong></td>
<td></td>
<td>Exam</td>
</tr>
<tr>
<td></td>
<td>Group Work Time (2nd hr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/28</td>
<td>Review Exam (30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Work Time (2nd 1.5hr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/3</td>
<td>Assessment &amp; Diagnosis</td>
<td>Pomerantz, Ch. 7</td>
<td>Group Project Deadline #2</td>
</tr>
<tr>
<td></td>
<td>The Clinical Interview</td>
<td>Diagnostic Criteria <em>Assigned by group</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*content area of Intervention</td>
<td></td>
</tr>
<tr>
<td>10/5</td>
<td>Intellectual &amp; Personality Assessment</td>
<td>Pomerantz, Ch. 9 (only pages 209-218)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Therapeutic Assessment</td>
<td>Pomerantz, Ch. 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*content area of intervention</td>
<td></td>
</tr>
<tr>
<td>10/10</td>
<td>Treatment Planning</td>
<td>Pomerantz, Ch. 11</td>
<td>Quiz 4</td>
</tr>
<tr>
<td></td>
<td>Overview of Psych Interventions</td>
<td>General issues in Psychotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Work Time (last 30 min)</td>
<td>*content area of intervention</td>
<td></td>
</tr>
<tr>
<td>10/12</td>
<td>Individual/Group/Family Therapy</td>
<td>Pomerantz, Ch. 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child &amp; Adolescent Therapy</td>
<td>Pomerantz, Ch. 17 (only read pp. 425-433)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*content area of Intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Possible Guest Speaker</td>
<td>*content area of Characteristics/ Identification</td>
<td></td>
</tr>
<tr>
<td>10/17</td>
<td>Psychodynamic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*content area of Intervention</td>
<td></td>
</tr>
<tr>
<td>10/19</td>
<td>Psychodynamic</td>
<td>Shelder (2010) Efficacy of psychodynamic psychotherapy *content area of intervention</td>
<td>Research Critique 1</td>
</tr>
<tr>
<td></td>
<td>Group Work Time (2nd hour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/24</td>
<td>Humanistic</td>
<td>Pomerantz, Ch. 13</td>
<td>Research Critique 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*content area of Intervention</td>
<td></td>
</tr>
<tr>
<td>10/26</td>
<td>Humanistic</td>
<td>Monti et al. (2007) MI for young adult problem drinking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td>10/31</td>
<td><strong>Exam 2</strong>&lt;br&gt;Group Work Time (2&lt;sup&gt;nd&lt;/sup&gt; hr)</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>11/2</td>
<td>Review Exam&lt;br&gt;&lt;br&gt;Oral Presentation Workshop</td>
<td>Group Project Deadline #3</td>
<td></td>
</tr>
<tr>
<td>11/7</td>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>Trull &amp; Prinstein (2013) CBT&lt;br&gt;- content area of intervention&lt;br&gt;- course feedback (iLearn)</td>
<td></td>
</tr>
<tr>
<td>11/9</td>
<td>CBT</td>
<td>Beard et al., (2016) CBT &amp; depression tx&lt;br&gt;- content area of intervention&lt;br&gt;- research critique 3</td>
<td></td>
</tr>
<tr>
<td>11/14</td>
<td>Health Psychology Integrated Care</td>
<td>Pomerantz, Ch. 18&lt;br&gt;- content area of social/emotional development&lt;br&gt;- group project deadline #4</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>Forensic Psychology (Dr. Burchett)</td>
<td>Pomerantz, Ch. 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Fall Break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/28</td>
<td>Presentation Day 1&lt;br&gt;3 groups</td>
<td>Peer Evals due 12/1 by 11:59pm</td>
<td></td>
</tr>
<tr>
<td>11/30</td>
<td>Presentation Day 2&lt;br&gt;3 groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/7</td>
<td>*Possible Guest Speaker&lt;br&gt;Next Steps for Grad School&lt;br&gt;Course Wrap Up</td>
<td>Complete Course Feedback Sent via CSUMB - Thank You!</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Finals Week</strong>&lt;br&gt;Take-Home Final Exam and Reflection Due Tuesday by 11:59pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**V. Methods of Evaluation for Grading**

I will utilize process-based discussion, scholarly readings, quizzes, research critiques, exams, and a project (targeting mental health issues on campus) to facilitate learning. Some assignments will be completed ALONE ⬤ & some within GROUPS ⬤

**Summary of Assignments**

Detailed instructions for assignments will be provided in rubrics, in class, and on iLearn.
Assignments:

Quiz (4): 10 points each. Quizzes will be on iLearn and must be submitted by 1:00am on the day of class. Each quiz will be based on the readings/content for that day (i.e., the upcoming topic). You will need to read the material ahead of time because you only have 15 minutes to take the quiz. You may use your book/readings/notes to answer the quiz questions, but you may NOT talk to peers. Questions will be a mix of multiple-choice, true-false, and short answer questions. Quizzes will help you self-assess your understanding of content and prepare for the Exams.

Research Critique (3): 15 points each. Research critiques will be on iLearn and must be submitted by 1:00am on the day of class. Critiques are intended to help you learn to read critically and improve your understanding of academic journal articles in clinical psychology. You are allowed to consult with peers while working on your answers (do NOT TAKE the answers from someone else). Each critique will consist of multiple-choice and short answer questions; critiques will not be timed, and you can return to work on them up until the deadline. You will need to apply information from Ch. 6 and from PSY200 to identify strengths and limitations of the research. You can choose to complete independently or in groups.

Exams (2): 50 points each. Exam 1 and 2 will be based on course content from the previous four-five weeks. We will have exam review days to review content from the section, highlight key terminology, and discuss main points. Exams will include multiple-choice questions.

Exams will be completed in class. No notes, books, or resources may be used during exam 1 and 2.

Final Exam (1): 50 points. This take-home exam will be completed on iLearn. The questions will require you to apply and integrate information from throughout the semester. You will be allowed to use your notes/readings, but you are NOT allowed to talk to other students about the exam. This exam will consist of multiple-choice, matching, short answer, and an essay.

Mental Health Group Project and Presentation (1): Total of 120 points.

- Action project that aims to decrease mental health stigma, improve wellbeing, and/or address a specific mental health problem on campus.

This semester we are collaborating with the PGCC on the projects! Each class has a certain project they will be working on together (with 6 separate parts).

Teams of 4-5 students.

Within the project, literature review and plan, each group must properly reference research supporting the importance of their topic. Students will gain practice using APA style.

- Each group will manage their team contract, literature review and plan, and project presentation within a shared Google Folder (shared by professor with the team via Google Drive).

See details in Project Overview and Rubric Handouts.

This project directly relates to mental health and can possibly relate to an internalizing disorder and/or a SEB topic, depending on the choice of the students. This project also includes content knowledge and direct application.
**Attendance, Professional Behavior, and Dependability:** 45 points. Attendance is required due to the importance of group work in this class; 2 points will be deducted for each day missed (only 1 point will be deducted if you communicated ahead of time; be sure to “cc” all team members, course assistant, and professor on the email). Attendance is defined by presence for >70% of the class (1hr, 25 min). Attendance is taken because teamwork requires dependability and accountability. Additionally, we will co-create class rules for communication and engagement during our first few classes of the semester. Your behavior is expected to be consistent with the signed contract. This contract will be a “living document” – meaning that it can be modified and updated as needed.

**Extra Credit Opportunities** (up to 20 points): Stuff happens. Personal lives get in the way of studying, a loved one needs our support, or an injury happens. You have to make choices and prioritize. To help you prepare for the unexpected, I have identified a few opportunities for extra credit. Completing these can help to boost your grade in the course.

- **Mental Health First Aid Training** (16 pts.)
  - Training through the Personal Growth and Counseling Center
  - “Gain skills to address stigma, respond to crisis situations and encourage early intervention. Attend one of these 8-hour trainings for a 3 year certification and free training manual.” Must be completed during this semester to get credit.
    - Sept 29; Oct 20; Nov 3; Dec 1 (8am-5pm)
    - Register online – see links on iLearn or [https://csumb.edu/pgcc/training](https://csumb.edu/pgcc/training)

- **QPR Training** (4 pts.)
  - Training through the Personal Growth and Counseling Center
  - Training in Question-Persuade-Refer (QPR) – suicide prevention training. Must be completed during this semester to get credit.
    - Oct 3; Nov 2; Dec 7 (12:30-2:00pm)
    - Register online – see links on iLearn or [https://csumb.edu/pgcc/training](https://csumb.edu/pgcc/training)

- **Participate in Psychology Research** (1 Sona credit = 2pts.)
  - You will be invited to sign up through the Psychology Department Sona System (csumb.sona-systems.com) to earn “Sona” credits.
  - You assign credits to PSY321, and I will receive the total of your credits at the end of the semester, and I will multiply by two.
  - Complete early – this allows faculty and capstone students to gather data. Some studies are online and others are in person.

- **Attending approved Mental Health Events on Campus** - (1pt per 30 min)
  - You need to sign in with whoever is running the event so you get credit. Let them know what class you are in and who I am (so they can send me your info). These will be announced throughout the semester as opportunities come up (usually via email or iLearn).

- **APA Style Extra Credit Quizzes** (2 quizzes, 5 points possible for each)
  - Following the first two research critiques, you will have a limited-time opportunity to complete a 5-point extra credit quiz. The quiz must be completed within a week after the research critique is due.
  - These quizzes are based on APA style citations from the assigned article for the research critique. No time limit. You can collaborate with peers.
Point Breakdown. Point values and percentages for each grade will be followed. Each course assignment is linked to student learning outcomes.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Specific Learning Outcomes (SLO)</th>
<th>Points Possible</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz (4 @ 10pts each)</td>
<td>#1</td>
<td>40</td>
<td>10%</td>
</tr>
<tr>
<td>Research Critique (3 @ 15pts each)</td>
<td>#2</td>
<td>45</td>
<td>11.25%</td>
</tr>
<tr>
<td>Exam 1</td>
<td>#1, #2, #3</td>
<td>50</td>
<td>12.5%</td>
</tr>
<tr>
<td>Exam 2</td>
<td>#1, #3</td>
<td>50</td>
<td>12.5%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>#1, #2, #3, #4</td>
<td>50</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>Mental Health Group Project &amp; Presentation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet Group Project Deadlines (4 @ 10pts each)</td>
<td>#4</td>
<td>40</td>
<td>10%</td>
</tr>
<tr>
<td>Literature Review &amp; Plan</td>
<td>#2, #3</td>
<td>30</td>
<td>7.5%</td>
</tr>
<tr>
<td>Class Project &amp; Presentation</td>
<td>#4</td>
<td>50</td>
<td>12.5%</td>
</tr>
<tr>
<td>Peer Feedback (deduction of points, as needed)</td>
<td>#4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Attendance &amp; Professional Behavior:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation, Respectful Communication, and Class Contract</td>
<td>#4</td>
<td>45</td>
<td>11.25%</td>
</tr>
<tr>
<td><strong>Extra Credit Opportunities (up to 20 points)</strong></td>
<td>#3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSUMB Grading, Grade Appeals &amp; Honors, Withdrawal Policy:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://csumb.edu/catalog/grading-policy-grade-appeals-honors#grade-mode
You can see your grades at any time by going to ‘Grades’ within your iLearn account.

Grade Points: The following grade points are associated with each letter grade:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
<th>Grade Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (94-100%)</td>
<td>376-400</td>
<td>4.0</td>
</tr>
<tr>
<td>A- (90-93%)</td>
<td>360-375</td>
<td>3.7</td>
</tr>
<tr>
<td>B+ (87-89%)</td>
<td>348-359</td>
<td>3.3</td>
</tr>
<tr>
<td>B (84-86%)</td>
<td>336-347</td>
<td>3.0</td>
</tr>
<tr>
<td>B- (80-83%)</td>
<td>320-335</td>
<td>2.7</td>
</tr>
<tr>
<td>C+ (77-79%)</td>
<td>308-319</td>
<td>2.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
<th>Grade Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>C (74-76%)</td>
<td>296-307</td>
<td>2.0</td>
</tr>
<tr>
<td>C- (70-73%)</td>
<td>280-295</td>
<td>1.7</td>
</tr>
<tr>
<td>D+ (67-69%)</td>
<td>268-279</td>
<td>1.3</td>
</tr>
<tr>
<td>D (64-66%)</td>
<td>256-267</td>
<td>1.0</td>
</tr>
<tr>
<td>D- (60-63%)</td>
<td>240-255</td>
<td>0.7</td>
</tr>
<tr>
<td>F (0-59%)</td>
<td>&lt;240</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Attendance and Missed/Late Assignments
Each student is responsible for all academic content missed during absences. When an absence is necessary, students need to contact a classmate to see what was missed.

- **Attendance**: Attendance is required; 2pts will be deducted for each missed day (1pt if communicated ahead of time [before the start of class] with group members, course assistant, & professor). Attendance is defined by presence for >70% of the class (1hr, 25 min). Students are responsible for missed material.

- **Late Assignments**: Students are expected to turn everything in when it is due, according to the syllabus. All deadlines are final and firm unless you make **prior arrangements** with the professor and/or have a valid excuse (medical, family, etc.). Although the professor understands the stresses of school, “just forgetting” is not a valid excuse. If you have things going on in your life that might prevent you from turning something in on
time DO NOT wait until the day something is due or later to tell the professor about it. Be responsible, communicate with professor, and turn in assignments on time.

V. Policies and Procedures

Academic Honesty: Academic honesty is essential in a learning community. In order to evaluate student work, faculty must be able to trust that the work is original with a student and not the work of someone else. Every assignment that you submit should consist of your own original ideas and be in your own words. If you have questions about plagiarism, please speak with the professor. If plagiarism is suspected on any of your assignments, you will be approached by the professor. Plagiarism, cheating, or other dishonest actions will not be tolerated, and the penalties for such actions are at the discretion of the professor, which may include failing the assignment, failing the course, and/or dismissal from the university. All acts of cheating, including plagiarism, are reported to the Judicial Affairs & Community Standards, no matter how small the offense you believe it to be. A complete explanation of the policy and procedures surrounding academic honesty are outlined on the university website at https://csumb.edu/policy/academic-integrity-policy

Assessment Research: Across CSUMB, student work is collected and examined to anonymously examine the impact of teaching practices. You have the right to opt out of this process. If you wish to opt out, please e-mail the professor. This has no impact on your grade or my opinion of you; please do what makes you comfortable.

Policy on Personal Writing and Disclosures of Sexualized Violence: In this class, the topic of sexualized violence may emerge in readings, films, and class discussions. Making personal connections with the topics studied can be meaningful and important, but please be aware of the following policy regarding confidentiality and disclosures of incidents of sexualized violence. Consider all of your writing for this class as public. You are encouraged to write on a topic that matters to you, and while this can elicit writing that is deeply personal, you must always be prepared to share your work with others. In the event that you choose to write or speak about having survived sexualized violence, including rape, sexual assault, dating violence, domestic violence, or stalking and specify that this violence occurred while you were a CSUMB student, federal and state education laws require that I notify the Title IX Coordinator. The Title IX Coordinator will contact you to let you know about accommodations and support services at CSUMB and possibilities for holding accountable the person who harmed you. If you do not want the Title IX Coordinator notified, instead of disclosing this information to your professor, you can speak confidentially with the following people on campus and in the community. They can connect you with support services and discuss options for holding the perpetrator accountable:

- Confidential Campus Advocate: (831)402-9477, CampusAdvocate@csumb.edu
- Personal Growth and Counseling Center: (831) 582-3969 (M-F, 8am-5pm)
- Monterey County Rape Crisis Center 24 hr. Crisis Line: (831) 375-HELP (4357)
- YWCA Counseling, Restraining Orders, Emergency Housing, etc.
  - (831) 372-6200 (24 Hours) or (831) 757-1001

If it is determined that a perpetrator poses an imminent threat to the broader campus community or if person(s) under 18 years of age are involved, all parties are required to notify the police. If
you want to learn more about options on your own, you can visit CSUMB’s Title IX website: http://deanofstudents.csumb.edu/title-ix

VI. Student Resources

**Assistive Resources/Accommodations:** Any student having a documented disability or special learning need and wanting to request accommodations, should contact the office of Student Disability Resources at (831) 582-3672, or send an email to student_disability_resources@csumb.edu

The student’s disability must impact their ability to participate in the educational environment and be documented by an appropriate professional prior to accommodations being approved. If you have a documented need for accommodations with exams or assignments, please inform the professor as soon as possible. I’m happy to accommodate students in accordance with their needs.

**Service Members:** Veterans and active-duty/reserve military personnel with special circumstances (e.g., upcoming deployments, drill requirements, disabilities) are welcome and encouraged to communicate these, in advance if possible, to the professor.

**Center for Student Success:** CSUMB works to make sure that all students are succeeding in their courses. To ensure that this takes place, if you are falling behind or are missing too many class sessions, I strongly encourage you to schedule an appointment with the Center for Student Success (CSS) to create an Academic Success Plan and get back on track. The CSS offers services such as one-on-one support, peer mentoring, and study skills workshops. CSS is located in the Library, 3rd Floor, Suite 3180; (831) 582-3165.

**Cooperative Learning Center:** The Cooperative Learning Center (formerly Academic Skills Achievement Program - ASAP), a campus-wide tutoring program, is free and open to all students and offers peer tutoring services and workshops. It seeks to provide high-quality learning assistance in computer technology, math, science, writing, languages, and study strategies aimed at enhancing learning needs at all ability levels. CLC works with students to expand their knowledge and abilities by empowering them to become independent learners. CLC tutors, staff, and faculty work together to design and offer effective, collaborative, and active learning experiences. They provide tutors with the opportunity to develop teaching, leadership, and communication skills. CLC is located in the Library, 2nd floor; (831) 582-4104.

**Technology Support Resources:** In keeping with the CSUMB vision statement, which says: “The University will invest in preparation for the future through integrated and experimental use of technologies,” this course will require the application of technology to solve problems and create material relevant to our discipline. It is the responsibility of each student to fully understand the required technology and how to use it to complete assignments for this course. There are a variety of campus resources provided to help students enhance their technology skills and you are encouraged to take advantage of these opportunities as needed. For more information on technology support, visit mytech.csumb.edu. Contact the Cooperative Learning Center (Library 2nd floor, 831-582-4104), & register for Atomic Learning via iLearn.

**Night Walk:** Call (831) 655-0268 to obtain a walking escort on main campus, 24 hours a day.
VII. References


Clinical Psychology

Table of Contents

Part I: Introducing Clinical Psychology
  Chapter 1. Clinical Psychology: Definition and Training
  Chapter 2. Evolution of Clinical Psychology
  Chapter 3. Current Controversies in Clinical Psychology
  Chapter 4. Cultural Issues in Clinical Psychology
  Chapter 5. Ethical Issues in Clinical Psychology
  Chapter 6. Conducting Research in Clinical Psychology

Part II: Assessment
  Chapter 7. Diagnosis and classification issues: DSM-5 and more
  Chapter 8. The Clinical Interview
  Chapter 9. Intellectual and Neuropsychological Assessment
  Chapter 10. Personality Assessment and Behavioral Assessment

Part III: Psychotherapy
  Chapter 11. General Issues in Psychotherapy
  Chapter 12. Psychodynamic Psychotherapy
  Chapter 13. Humanistic Psychotherapy
  Chapter 14. Behavioral Psychotherapy
  Chapter 15. Cognitive Psychotherapy
  Chapter 16. Group and Family Therapy

Part IV: Special Topics
  Chapter 17. Clinical Child and Adolescent Psychology
  Chapter 18. Health Psychology
  Chapter 19. Forensic Psychology

Categories:
- home/family issues
- philosophy/theory
- social/emotional development
- characteristics/identification
Appendix K

Appendix K details the coding done for the PSY 321 course syllabi.

Coding for Inclusion of Course Syllabi

This syllabi was included in the syllabi review because it contained at least one keyword, specifically a mental health term (psychological disorders), and various content categories (assessment, diagnosis, treatment) in the course description. The course description specifically states that students will review theoretical frameworks that have shaped psychotherapy and focus on Evidence Based Therapies (see Appendix J). This course description gives an indication that the course will go in some depth on this mental health related content.

Coding for Class Objectives

Further looking at the class objectives, I found that 55.5% (5 out of 9) directly related to mental health content, based on the content categories mentioned. Three out of five major learning outcomes (MLOs) are directly related to mental health because they address theory and content (philosophy/theory), applications (philosophy/theory and characteristics/identification), and values (philosophy/theory) in psychology (see Appendix J). Two of the specific learning outcomes (SLOs) are directly related to mental health because they specify assessment and treatment approaches (assessment and intervention) and psychology within the sociocultural environment (intervention and home/family issue) (see Appendix J). These different learning outcomes better indicate the possibility that mental health content will be covered in this course.

Coding for Class Assignment/Activities

Reviewing the course activities/assignments, I found that 54.5% (6 out of 11) of assignments/activities are directly related to mental health content, while 5 of these 6 are
specifically and *directly related* to mental health content only and 1 of these 6 are *directly related* to mental health content but *possibly related* to internalizing disorders. The five assignments/activities that are only *directly related* to mental health content all take the form of quizzes, exams, and the final.

The first assignment/activity coded is the quizzes, of which two *directly relate* to mental health content. According to the description of the quizzes, each quiz will be based on the reading of that day and whose purpose is to assess students’ understanding of the content learned (see Appendix J). The language of this description, such as “understand the content”, signify that students are simply being assessed on their gained content knowledge. Additionally, as the description states, the content covered will be of the readings expected of that day, of which both the readings for quiz three and quiz four *directly relate* to mental health content. This is based off the course schedule, which puts chapter five of the required text as the reading for quiz three and chapter eleven of the required text as the reading for quiz four (see Appendix J). Based on the titles of these chapters, from the required text’s table of contents, chapter five is about ethical issues in clinical psychology (*philosophy/theory*) and chapter eleven is about general issues in psychotherapy (*intervention*) (see Appendix J). Further based on these titles, the content categories of *philosophy/theory* and *intervention* can be labeled and suggested that these content categories will be covered and assessed in the quizzes. Also, because these content categories *directly relate* to mental health, this is the reasoning for why these two quizzes are labeled as *directly related*.

The second assignment/activity coded for is the exams, of which there are two and are said, according to the course schedule, to be relating to the content covered from the previous
four to five weeks (see Appendix J). According to the course schedule, the four to five weeks before exam one covers content including that of chapters four and five of the required text (see Appendix J). These specific chapters relate to cultural issues in clinical psychology (*home/family issues*) and ethical issues in clinical psychology (*philosophy/theory*) respectively (see Appendix J). According to the course schedule, the four to five weeks before exam two covers content including that of chapters 7, 9, 10, 11, 16, 17, 12, and 13 (see Appendix J). The content categories within these chapters, based on the chapter titles, include: chapter 7- diagnosis and classification (*assessment*), chapter 9- intellectual and neuropsychological assessment (*assessment*), chapter 10- personality assessment and behavioral assessment (*assessment*), chapter 11- general issues in psychotherapy (*intervention*), chapter 16- group and family therapy (*intervention*), chapter 17- clinical child and adolescent psychology (*characteristics/identification*), chapter 12- psychodynamic therapy (*intervention*), and chapter 13- humanistic psychotherapy (*intervention*) (see Appendix J). Essentially these content categories cover *characteristics/identification, assessment, and intervention*, all of which can be considered to be the content being assessed during exam two. Additionally, according to the exams description, these exams will be multiple choice and cover content from the sections and include key terminology, meaning that students will simply be assessed on their gained *content knowledge* of the previous four to five weeks (see Appendix J).

The final *directly related* mental health content assignment is the final exam. The description of this assignment says that it will have students apply and integrate information from throughout the semester, consisting of multiple choice, matching, short answer, and an essay (see Appendix J). The multiple choice and matching sections of the final exam will
naturally assess for *content knowledge*, while the short answer(s) and essay(s) will most likely cover *indirect applications*, given the language of the description. Since the descriptions states students will be asked to “apply and integrate”, which signifies that some of the content within the exam (short answer, essay) will include some form of *indirect application*, possibly of integrating content knowledge to a theoretical scenario (see Appendix J). Also, the content categories covered in the final will be the content categories covered throughout the semester, which means that the *philosophy/theory, characteristics/identification, assessment, and intervention* content categories, which are content categories covered for the course exams, will also be covered for the final collectively. However, in addition to these, one more *intervention* content category will be covered, in the form of cognitive behavior therapy, which is covered in week 12, according to the course schedule (see Appendix J).

The only assignment/activity that is *directly related* to mental health and *possibly related* to internalizing disorders or SEB content, is the mental health group project and presentation assignment. This assignment has students create an action project that addresses a specific mental health problem, which can take the form of decreasing mental health stigma, improving well-being, etc. (see Appendix J). This project also has students work in teams to research the literature surrounding their topic, find research that supports the importance of their topic, and create a plan that addresses/stops the issue they focus on (see Appendix J). Due to the assignment being an action project where students create an action plan in relation to the topic they focus on, this assignment is labeled as having *direct application*. The hands-on approach that students will engage in to integrate the *content knowledge* they gained from throughout the course in order to apply them to the action project they are creating, proposing, and possibly
implementing is a great example of direct application through a course assignment. However, this course is possibly related to internalizing disorders or SEB content because students may or may not decide to focus and do their projects on these topics. The content categories covered in this assignment also depend on the direction the students decide to take their project in, although any number of content categories, if not all, are possible to integrate.

In terms of the course schedule, 12 out of the 15 weeks in session covered material that directly relates to mental health content. Out of these 12 weeks, 4 of the weeks are exposure due to exams, exams prep, and presentations (weeks 5, 6, 11, and 14). The other 8 out of 13 weeks are exposure from lectures, presentation, and expected reading material. This includes week 3 and 4 which cover philosophy/theory and home/family issues, week 7 which covers different forms of assessment, and weeks 8-10, 12, and 13 which cover different forms of therapies, or interventions (see Appendix J).

As a Whole

This class has 55.5% (5 out of 9) of mental health content in the objectives; 54.5% (6 out of 11) of assignments/activities are directly related to mental health content; 16.6% (1 out of 6) of assignments/activities are directly related to mental health but possibly related to internalizing disorders and/or SEB content; of these 6 activities/assignments, content categories that are covered include philosophy/theory, characteristics/identification, assessment, and intervention; and of these 6 activities/assignments, 100% (6) covered content knowledge, 0% (0) included indirect applications, and 16.6% (1) had direct application.
Appendix L

Through the analysis of the three course syllabi HDEV 355, PSY 320, and PSY 321, the findings regarding content category representation within directly related SEB or mental health assignments/activities are put together and represented in Table 1. Of the assignments/activities proposed from the three courses, all three had representation of philosophy/theory, all three had representation of characteristics/identification, two (HDEV 355 and PSY 320) had representation of social/emotional development, two (HDEV 355 and PSY 321) had representation of assessment, two (HDEV 355 and PSY 321) had representation of intervention, and two (HDEV 355 and PSY 321) had representation of home/family issues.

Table 1

Content Category Representation of directly related Assignments/activities

<table>
<thead>
<tr>
<th>Class</th>
<th>Philosophy/theory</th>
<th>Characteristics/identification</th>
<th>social/emotional development</th>
<th>assessment</th>
<th>intervention</th>
<th>home/family issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDEV 355</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>PSY 320</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>PSY 321</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
</tr>
</tbody>
</table>
Appendix M

Through the analysis of the three course syllabi HDEV 355, PSY 320, and PSY 321, the findings regarding type of content representation within directly related SEB or mental health assignments/activities are put together and represented in Table 2. It was found that the type of SEB/mental health content being represented in the assignment/activities of each course was through content knowledge for all three courses and through indirect application for one of the courses (HDEV 355). None of the courses had experiential, or direct application.

Table 2
Type of Content of directly related Assignments/activities

<table>
<thead>
<tr>
<th>Class</th>
<th>Content Knowledge</th>
<th>Indirect applications</th>
<th>Direct applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDEV 355</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>PSY 320</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>PSY 321</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>