 **Psychology of the Lifespan: FO 612**

 **Hybrid course-On ground meetings on**

 **alternate Saturdays, 5PM-850PM (3 Credit Hours)**

 **Spring 2018**

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| **Course Introduction** |

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| **Instructor:** | **Gregory Canillas, PhD** |
| **Office and Hours:** | **Mondays 1PM-3PM & Fridays 1PM-3PM** |
| **Phone:** | **323.493.5390** |
| **E-mail:** | **gcanillas@thechicagoschool.edu** |
| **Course Website:** | **CANVAS** |

**Official Course Description**

This course examines the developmental processes across the lifespan from infancy through advanced age, focusing on the perceptual, cognitive and social-emotional factors. Through the examination of theoretical frameworks and empirical research, students become familiar with the developmental psychology literature. The exploration of individual and cultural differences also receives considerable emphasis as these variations create the diversity in humankind across the lifespan. In addition, the course explores the applicability of developmental psychology literature to individuals within the forensic setting. (3 credits)

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| **Institutional Learning Outcomes, Program Learning Outcomes, and Course Learning Outcomes**  |

**Professional Practice:** Graduates will be able to conduct assessments, develop appropriate interventions, and implement interventions in their specialty area of professional psychology. Examples include evaluation, intervention, consultation, teaching, and supervision. (ILO)

* **Assessment:** Students will be able to demonstrate fundamental knowledge of psychometric theory, assessment techniques, and forensic literature to evaluate various dimensions of human experience, outcomes of interventions, and psycholegal issues. (PLO)

1. Students will examine and describe the developmental processes at various stages in the total lifespan. (CLO)

2. Students will analyze the perceptual factors at various stages in the lifespan. (CLO)

3. Students will analyze the cognitive factors at various stages in the lifespan. (CLO)

**Scholarship:** Graduates will be able to integrate scientific research and theory, as broadly defined, to enhance their professional and scholarly endeavors. (ILO)

* **Research:** Students will be able to demonstrate an understanding of the research methods in the social and behavioral sciences, the benefits and limitations of research, and the scientific and professional literature relevant to the field of forensic psychology. (PLO)

Students will apply the research literature on the psychology of the lifespan to forensic psychology. (CLO)

* **Diversity:** Students will be able to recognize and respect individual and group differences as well as practice with cultural competence. (PLO)

1. Students will evaluate the effects of individual and cultural differences on the lifespan. (CLO)

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| **Required and Optional Texts and Electronic Reserves** |

**Required Texts**

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| **Title (APA Format)** | **ISBN** | **Publisher’s Price** |
| 1. Santrock, J. W. (2015). *A Topical Approach to* *Life-Span Development* (8th ed.). New York: McGraw Hill
 | 978-0077861995 | Retail: 171.60 |

**Optional but Recommended Text**

Wilmshurst, L.A. (2018). Child and Adolescent Psychopathology: A Casebook, 4th Edition. Los Angeles,

 CA: Sage Publications.

**Optional but Recommended Readings**

**Link to e-Reserve: http://csopp.docutek.com/eres/default.aspx**

**Password: LA-PF612**

Abelman, R. (2007). Fighting the war on indecency: Mediating TV, internet, and videogame usage among

achieving and underachieving gifted Children. *Roeper Review*, 29(2), 100-112.

Angus, J. & Reeve, P. (2006). Ageism: A threat to "aging well" in the 21st century. *Journal of Applied Gerontology, 25(2),* 137-152.

Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, 54, 317-326.

 Arnett, J. J. (2006). Emerging adulthood: Understanding the new way of coming of age. In J. J. Arnett

& J. L. Tanner Eds.) *Emerging Adults in America: Coming of Age in the 21st Century*.

Washington, D.C.: American Psychological Association.

Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to be less American.

*American Psychologist,* 63, 602-614.

Beaty, L. A., & Alexeyev, E. B. (2008). The problem of school bullies: What the research tells us.

*Adolescence*, 43(169), 1-11.

Bergman, S.J. (1995). Male development and the transformation of shame. In R. Levant & W. Pollock

(Eds.), *A New Psychology of Men*. New York: Basic Books.

Brooks, G. R. & Gilbert, L. A. (1995). Understanding the dark side of masculinity: An interactive

systems model. In R. Levant & W. Pollock (Eds.), *A New Psychology of Men*. New York: Basic

Books.

Chatters, L. M. (2005). Race and ethnicity in religion and health. In K. W. Schaie, N. Krause, & A. Booth (Eds.), *Religious influences on health and well-being in the elderly.* New York: Springer.

Cohler, B. J. & Hammack, P. L. (2007). The psychological world of the gay teenager: Social change,

narrative and “normality.” *Journal of Youth Adolescence,* 36, 47-59.

Compas, B.E., & Reeslund, K.L. (2009). Processes of risk and resilience during adolescence. In R.M. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (3rd Ed.)*. Hoboken, NJ: John Wiley & Sons, Inc.

Denner, J. & Guzman, B. L. (2006). Introduction: Latina girls transforming cultures, contexts, and

selves. In J. Denner & B. Guzman (Eds.), *Latina Girls: Voices of Adolescent Strength in the U.S.* New York: New York University Press.

Dunn, J. C., Dunn, J. G. H., & Bayduza, A. (n.d.). Perceived athletic competence, sociometric status, and

 loneliness in elementary school children. *Journal of Sport Behavior,* 30(3), 249-269.

Eisler, R. M. (1995). The relationship between masculine gender roles and men’s health risk: The

validation of a construct. In R. Levant & W. Pollock (Eds.), *A New Psychology of Men.* New York: Basic Books.

Erikson, E. (1959). *The healthy personality: Identity and the life cycle*. New York: Norton.

Farrington, D.P. (2009). Conduct disorders, aggression, and delinquency. In R.M. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (3rd Ed.)*. Hoboken, NJ: John Wiley & Sons, Inc.

Gallegos-Castillo, A. (2006). La casa: Negotiating family cultural practices, constructing identities. In J.

Denner & B. Guzman (Eds.) , *Latina Girls: Voices of Adolescent Strength in the U. S.* New York: New York University Press.

Gillespie, B., Frederick, D., Harari, L., & Grov, C. (2015). Homophily, close friendship, and life Satisfaction among gay, lesbian, heterosexual, and bisexual men and women. *PLOS One, 10(6),* 1-16.

Gilligan, C. (1993). *In a different voice: Psychological theory and women’s development*. Cambridge,

MA: Harvard University Press.

Gorman, E. M. & Nelson, K. (2004). From a far place: Social and cultural considerations about HIV

among midlife and older gay men. In G. Herdt & B. de Vries (Eds). *Gay and Lesbian Aging*. New

York: Springer Publishing Company.

Greenberg, J., Shimel, J., & Mertens, A. (2004) Ageism: Denying the face of the future. In T. D. Nelson

(Ed.) *Ageism: Stereotyping and prejudice against older persons*. Cambridge, MA: MIT Press.

Hall-Lande, J., Eisenberg, M., Christenson, S., & Neumark-Sztainer, D. (2007). Social isolation,

 psychological health, and protective factors in adolescence. *Adolescence*, 42(166), 265-286.

Harwood, R. L.; Miller, J. G.; Irizarry, N. L. (1995). *Culture and attachment: Perceptions of the child*

*in context*. New York: The Guilford Press.

Herman, J. L. (1997). *Trauma and recovery*. New York: Basic Books.

Jackson, P. B. (2005). Health inequalities among minority populations. In S. H. Zarit & L.I Pearlin (Eds),

*Health inequalities across the life course*. Washington, D.C: Gerontological Society of America.

Jimenez, D. E., Bartels, S. J., Cardenas, V., Dhaliwal, S. S., & Alegria, M. (2012). Cultural beliefs and mental health treatment preferences of ethnically diverse older adult consumers in primary care. *The American Journal of Geriatric Psychiatry*, *20(6*), 533–542.

Jonson, H. (2012). We will be different! Ageism and the temporal construction of old age. *The Gerontologist,* 198-204.

Karen, R. (1994, 1998.) *Becoming attached: First relationships and how they shape our capacity to*

 *love*. New York: Oxford University Press.

Katz, S. & Calasanti, T. (2014). Critical perspectives on successful aging: Does it "appeal more than itillluminates"? *The Gerontologist*, 26-33.

Kertzner, R., Meyer, I., & Dolezal, C. (2004). Psychological well-being in midlife and older gay men. In

 G. Herdt & B. de Vries (Eds) *Gay and Lesbian Aging*. New York: Springer Publishing Company.

Lefkowitz, E. S. & Gillen, M. M. (2006). ”Sex is just a normal part of life”: Sexuality in emerging

adulthood. In J. J. Arnett & J. L. Tanner (Eds*.). Emerging Adults in America: Coming of Age in the 21st Century.* Washington, D.C.: American Psychological Association.

Lerner, R.M. & Steinberg, L. (2009). Historical and contemporary perspectives. In R.M. Lerner & L.

Steinberg. *Handbook of adolescent development* (pp. 3-14). Hoboken: John Wiley & Sons.

Lynch, M. & Cicchetti, D. (2002). Links between community violence and family systems: Evidence

from children’s feelings of relatedness and perceptions of parent behavior. *Family Process,* 3, 519-532.

Masten, A. S.; Obradovic, J.; & Burt, K. B. (2006). Resilience in emerging adulthood: Developmental

perspectives on continuity and transformation. In J. J. Arnett & J. L. Tanner (Eds*.) Emerging Adults in America: Coming of Age in the 21st Century.* Washington, D.C.: American Psychological Association.

Mezey, M.; Dubler, N. N.; Mitty, E.; & Brody, A. B. (2002). What impact do setting and transitions have

on the quality of life at the end of life and the quality of the dying process? In K. C. Buckwalter

(Ed.) *End-of-life research: Focus on older populations*. Washington, D.C.: The Gerontological Society of America.

Phinney, J. S. (2006). Ethnic identity exploration in emerging adulthood. In J. J. Arnett & J. L

Tanner (Eds.) *Emerging Adults in America: Coming of Age in the 21st Century*. Washington, D.C.: American Psychological Association.

Rooks, R. & Whitfield, K. E. (2004) Health disparities among older African-Americans: Past, present, and

future. In K. E. Whitfield (Ed.) *Improving the health of minority elders in the new millenium.* Washington, D.C.: The Gerontological Society of America.

Rothbard, J.C. & Shaver, P.R. (1994). Continuity of attachment across the lifespan. In M.B. Sperling & W.

H. Berman (Eds.) *Attachment in adults: Clinical and developmental perspectives*. New York: The Guilford Press.

Salazar, C. F. & Abrams, L. P. (2005). Conceptualizing identity development in members of marginalized

groups. *Journal of professional counseling: Practice, theory and research*, 33, 47-59.

Schore, J.R. & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in

development and treatment. Journal of clinical social work, 36, 9-20.

Selman, L., Speck, P., Barfield, R., Gysels, M., Higginson, I., & Harding, R. (2014). Holistic models for

 end of life care: Establishing the place of culture. *Progress in Palliative Care*, 80-87

Sulmasy, D. P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. In K.

C. Buckwalter (Ed.). *End-of-Life Research: Focus on Older Populations*. Washington, D.C.: The Gerontological Society of America.

Vinovskis, M. A. (2005). Historical changes and the American life course. In K. W. Schaie & G. Elder

 (Eds.). *Historical Influences on Lives & Aging.* New York: Springer.

Van der Kolk, B. (2007). The developmental impact of childhood trauma. In L. J. Kirmayer, R.

Lemelson & M. Barad (Eds.) Understanding trauma: Integrating biological, clinical and cultural perspectives. New York: Cambridge.

Wan, C., & Chiou, W. (2007). The Motivations of adolescents who are addicted to online games: A

cognitive perspective. *Adolescence*, 42(165), 179-197.

Weinstock, J. S. (2004) Lesbian friendships at and beyond midlife: Patterns and possibilities for the 21st

century. In G. Herdt & B. de Vries (Eds.). *Gay and Lesbian Aging.* New York: Springer Publishing Company.

Willams, D. R. (2005). The health of U.S. racial and ethnic populations. In S. H. Zarit & L.I Pearlin (Eds), *Health inequalities across the life course*. Washington, D.C: The Gerontological Society of America.

Yee-Melichar, D. (2004). Aging Asian-Americans and health disparities. In K. E. Whitfield (Ed.). *Improving the health of minority elders in the new millenium.* Washington, D.C.: The Gerontological Society of America

Zubritsky, C., Abbott, K., Hirschman, K., Bowles, K., Foust, J., & Naylor, M. (2012). Health-related quality of life: Expanding a conceptual framework to include older adults who receive long-term services and supports. *The Gerontologist*, 205-210.

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| **Class Schedule, Assignments, and Grading** |

| **Mod-ule****Week** | **Topic** | **Course Learn-ing Out-come** | **Readings and Assignments** | **Assessment Method / Tool** | **Points/****Due Date**  |
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| **1** | **Introduction to Lifespan Development: Overview** | 1-5 | Santrock: Chapter 1Inside the Living Body: <https://www.youtube.com/watch?v=HBIYwiktPsQ>  | **Discussion Question**: Discuss your understanding of what Santrock means by a “topical approach to lifespan development” and whether you agree that the approach enhances the learning experience 250 word minimum. Respond to two students. 125 word minimum. Minimum words apply to all DiscussionsSee Discussion Rubric on Canvas for grading criteria.  | 1010 |
| **2** | **Biological Processes & Health** | 1-3, 5 | Santrock: Ch. 2, 4, 5  | **DQ**: Being sure to take all life stages into account, from your reading discuss which stage(s) present(s) the most physical development and why. Be sure to include health risks and/or changes in your discussion.Respond to two students.  | 1010 |
| **3** | **Physical Development & Biological Aging** | 1-3, 5 | Santrock: Chapter 3 “Dementia & Brain Aging: Physical Exercise as Preventive or Disease-Modifying Treatment” <http://www.youtube.com/watch?v=EMsAGACtg4Q&feature=related> Greenberg, Shimel, & MertensWilliams (in Zarit & Pearlin, pp. 53- 60) | **DQ:** Santrock and Dr. Ahlskog (video) discuss ways of “exercising” to reduce dementia or memory loss in normal aging. Compare and contrast their advice. Respond to two students. **Writing Assignment 1:** After watching the 1 ½ hour video & reading the Santrock chapter, discuss the processes of lifespan development & your understanding of how all 3 are relevant for the study of forensic psychology.750 word min. APA format. | 101050 |
| **4** | **Cognitive Developmental Approaches** | 1-5 | Santrock: Chapter 6 Van der Kolk (2007) (pp. 224-241) “The Impact of Early Adversity on Children’s Development” (3:54 min.) <http://www.youtube.com/watch?v=NG4Sejgtxgc>  | **DQ:** After reading and watching the video, discuss what types of early childhood adversity or developmental crises might result in long term problems for the individual. How might the child be put on the correct developmental track? Respond to two students. | 1010 |
| **5** | **Information Processing**  **&****Schools, Achievement & Work** | 1-5 | Santrock: Ch. 7 & 16   | **DQ:** Santrock discusses the eyewitness testimony of children on p. 215 in relation to the information processing approach. What is the information processing approach and what does it have to do with memory?Respond to two students.**WA 2**: Beginning on page 535, Santrock discusses children with special needs. From your reading and other references, what are your thoughts about “mainstreaming” children with disabilities? Discuss the pros and cons. Be specific about which disabilities you are discussing. 750 word minimum. APA. | 101050 |
| **6** | **Intelligence & Language Development** | 1-3, 5 | Santrock: Ch. 8 & 9Lerner & Steinberg: Ch. 1 & 5-9Arnett (1999) | **DQ**: Is the limit of a person’s intelligence restricted to his/her hereditary legacy or can environmental factors (including medical care) be shaped to enhance intelligence? If so, how? If not, why?Respond to two students. | 1010 |
| **7** | **Midterm** | 1-5 | Research for Presentations | **Midterm Presentations**: Small Groups: on-ground | 250 |
| **8** | **Emotional Development & Attachment****Schools, Achievement & Work** |  | Santrock: Ch. 10 & 16Schore & Schore“Working With Cultural Minority Parents…” (Lisa Aronson Fontes) <http://counselingoutfitters.com/Fontes.htm> Rothbard & ShaverInterview: Tiger Mom Amy Chua <http://www.youtube.com/watch?v=xt_PSZpZxvU>  | **DQ:** Do cultural influences control/affect methods of child discipline and/or emphasis on academic achievement? If yes, explain how; if no, explain why.Respond to 2 students | 1010 |
| **9** | **The Self, Identity, & Personality** | 1-5 | Santrock: Ch. 11 Erikson: (94-100)Gallegos-Castillo (in Denner & Guzman)Arnett (2006); Masten, Obradovic, & Burt; Phinney Video: Adolescent Brain Development.<http://www.youtube.com/watch?v=Hl-R5vtERj8&feature=related>  | **DQ**: The ages 13-17 years are designated as “adolescence.” From your reading, what is your thinking about the use of one term to define that particular five year developmental stage? Respond to two students. **WA 3:** Ethnic identity plays an important developmental role across the lifespan. Its role in early adulthood is said to be particularly important (Phinney, 2006). Do you agree? Why or why not would this be the case? Is this identity more important to ethnic minorities? Why or why not? 750 words. APA | 101050 |
| **10** | **Gender & Sexuality** | 1-5 | Santrock: Chapters 15 & 16Article: Making Good on Good Intentions by Katharine Bartlett, pp. 1941-1953[http://ssrn.com/abstract=1548632](http://ssrn.com/abstract%3D1548632)  | **DQ:** The topic of sexual orientation seems to be relevant throughout the lifespan. Is sexual orientation nature, nurture, a combination? Be specific in your discussion about your own theory of sexual orientation. Draw your discussion from the reading.Respond to two students.  | 1010 |
| **11** | **Moral Development, Values, & Religion** | 1-5 | Santrock: Chapter 13Sulmasy (in Buckwalter, pp. 24-33)CA W & I Code §601, Optional classroom exercise: Values PackSee syllabus attachment if used. | **DQ:** What conditions are attributed to delinquent behavior in juveniles? Do we know how and why it develops? Again, the nature v. nurture controversy has a place in a lifespan discussion.Respond to two students.  | 1010 |
| **12** | **Families, Lifestyles, & Parenting** | 1-5 | Santrock: Chapter 14Yee-Melichar, 13-25Greenberg, Shimel, & Mertens | **DQ:** The US Supreme Court has ruled on the Constitutionality of Prop. 8 in CA (by not really ruling) & declared certain parts of the Defense of Marriage Act (DOMA) unconstitutional (2013). CA immediately resumed allowing same sex marriage. After reading the assigned material, what is your opinion of the Court’s opinion? (Reminder: In 2015, the US Supreme Court further ruled that state statutes barring same sex marriage are unconstitutional.)**Signature Assignment Due**(See p. 10 and following) | 1010**100** |
| **13** | **Peers & the Sociocultural World** | 1-3,5 | Santrock: Chapter 15Salazar & Abrams, 47-59WeinstockDenner & Guzman  | **DQ**: Discuss at what age or stage peers influence behavior and/or attitudes more than family (if you agree that this occurs). Is this consistent throughout cultures? To what developmental process or processes do you attribute your theory? Respond to two students.  | 1010 |
| **14** | **Death, Dying, & Grieving**  | 1-5 | Santrock: Chapter 17<https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15>  <http://coalitionccc.org/tools-resources/end-of-life-option-act/> | **DQ:** After reading the *California End of Life Option Act* (see links), other state laws, and the week’s assignments, discuss your understanding of the psychology/legality of assisted suicide (mercy killing; euthanasia).Do you think it should be a universal right? If so, what criteria would you impose? 500 words.**Final Paper:**  See Expectations & Information **Final Presentation:** 5 min. synopsis of paper. | 2025050Last on ground  |

**Credit Hour Requirements (for On Campus 14 Week Courses)**

* **One credit hour** is equivalent to a minimum of 53 minutes of faculty instructional time per week (742 minutes or 12.4 hours in 14 weeks) plus out-of-class student preparation time as defined by degree level.
* **Three credit hours** are equivalent to a minimum of 160 minutes (2.65 hours) of faculty instruction time per week (2226 minutes or 37 hours in 14 weeks) plus out of class student preparation time as defined by degree level.

**Statutory Holidays or Instructor Absences**

Assignments and assessments are designed for students to achieve competencies as described by the learning outcomes.  For class time that is cancelled due to statutory holidays or instructor absences, students will be guided by faculty and course requirements to continue with learning opportunities to contribute to achieving competencies.

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| **Expectations and Information** |

Course Requirements:

1**. Regular attendance, class participation, familiarity with assigned readings and timely submission of assignments**:

Unavoidable absences should be addressed in advance with the instructor if at all possible. As attendance, participation, and class presentations are the foundation upon which performance will be evaluated, each class absence may impact the student’s grade.

**2. Department Wide Late Work Policy:**

No assignments will be accepted late unless negotiated with the instructor at least 24 hours before the assignment is due. The grade for late assignments may be reduced (if accepted for reading). The decision rests with the professor. Due dates for all assignments (except discussions) will be on Sunday evenings at 11:59 PM PT. The time and date stamp in CANVAS will be utilized to ensure grading accuracy.

**3. Discussions:**  **20%**

Discussions are an integral part of this course, and will occur during the weeks listed below. In order to perform well in discussions, please be prepared to login to read and review posts no less than 3x per week. Please review the Discussion Scoring Rubric for grading criteria.

**4. Writing Assignments**  **15%**

Three short papers (750 word minimum) written in APA format will address questions relevant to appropriate module topics. 50 points each. Grading rubric will be provided.

**5. Midterm Presentation/Service Learning Project 25%**

The class will work in partnership with staff from two Los Angeles agencies (Children’s Institute,

 Inc.’s Project Fatherhood and WriteGirl) to develop an in-service training workshop that will

 benefit agency staff and clients. Students will be assigned to one of two groups and will design a

 workshop that focuses on a specific issue (e.g. improving communication between parent and

 child). Students will contact the agency partner and conduct a needs assessment with

 the agency staff within the first month of the class. Students will be responsible for developing

 and delivering the content of the training, with guidance from the course instructor and agency

 program directors. As part of the project, students will also develop an evaluation form, so that

 they may receive feedback about the workshop from the staff participants and agency

 management.

 Students will complete a series of reflective essays that will serve as a self-assessment of the

 student’s experience in collaborating on the service learning project. The journal will be made up

 of a series of four brief reaction papers (one to two pages per prompt). The essays will explore

 the student’s feelings about 1) his/her initial contact with the agency; 2) developing content for the

 in-service presentation; 3) working as a team to deliver the workshop; and 4) the evaluation

 process. The reflective essays will help the students to integrate the service learning

 experience, and gain a greater understanding of the benefits and challenges of implementing a

 service learning project with a community-based agency. The reflective essays will be due at the

 last class meeting.

**6. Final Exam Presentation and Paper**  **30%** (5 + 25)

The last on-ground class will be devoted to individual student presentations. These oral presentations are to be five minute synopses of the minimum 8 to maximum 10 page paper (including a title page and References list) that is due the 14th week. The paper will be submitted in APA format and include the use of at least five scholarly peer reviewed articles for background and foundation. Other acceptable documentation (in addition to the above) may be in the form of text books, cases, and laws (federal, state). Correct citation is expected.

Students, after having discussed the topic with the instructor, will present an interview with an older adult. The interview will be based on one of the theories studied throughout the semester, and rely on a previously created and approved interview format. The resulting paper will relate the biography to all the lifespan stages. All work will be submitted in APA Publication Manual (6th edition) format.

**7. Signature Assignment (100 points)**

A signature assignment is an assignment, task, activity, project, or exam used to collect evidence of student learning for a specific program learning outcome(s). The PLO rubric is used to assess the signature assignment and the cumulative results are used as part of a program’s reporting on student learning in the annual report or self-study. Other coursework can build toward the signature assignment, meaning that the signature assignment integrates cumulative knowledge of what the student learned in a particular course or set of courses for a particular program learning outcome(s). Like other assignments, a signature assignment is graded numerically to be factored into the final course grade.

For the signature assignment for this course, students will apply Erik Erikson’s 8 stages of psychosocial development to the attached case study. Throughout the case study, students should gather information related to examples of struggles between the opposing tendencies within each developmental stage the adult experienced. In order to gather information that is of importance to each stage, students will need to be familiar with Erikson’s sequence of stages, conflicts that may occur within each stage, and healthy or maladaptive outcomes at each stage:

Basic trust versus mistrust (Birth-1 year)

 Autonomy versus shame and doubt (1-3 years)

 Initiative versus guilt (3-6 years)

 Industry versus inferiority (6-11 years)

 Identity versus role confusion (Adolescence)

 Intimacy versus isolation (Early adulthood)

 Generativity versus stagnation (Middle adulthood)

 Integrity versus despair (Late adulthood)

Students will write a 7-10 page paper including title page and references in APA style format addressing each stage in Erikson’s theory as it applies to the case study. Students will define each stage and will discuss how the individual resolves or does not resolve the issue(s) that form and contribute to the struggles within each stage. Students may integrate additional theorists and theories within their papers, however Erikson’s stages of psychosocial development should be the primary reference in the paper. The grading rubric follows the case study.

**CONFIDENTIAL PSYCHOLOGICAL REPORT**

**Name:** TK

**Age:** 73

**Race:** Caucasian

**Dates of Evaluation:** July 19, 20XX; July 20, 20XX; and July 27, 20XX

**Date of Report:** July 30, 20XX

**Examiner:** Dr. X

**REASON FOR REFERRAL:**

According to security staff, TK has been displaying impairments in his memory since his arrival to the institution last week. He has difficulty walking around the institution, has become lost several times, and requires an officer escort for appointments outside of his housing unit. He was referred to assess his cognitive and memory abilities and for treatment recommendations, given that he will release to the community later this year.

**BACKGROUND INFORMATION:**

The following information was obtained through a clinical interview with TK and through a Psychological Services Unit File Review. As TK was admitted to Smith Memorial Hospital for chest pains on 7/29/11, a full comprehensive assessment was not completed.

**Family History**

TK was born and reared in Milwaukee, Wisconsin. He stated that he has spent his entire life in the Milwaukee area except during the winter months growing up, when his family spent the season in their vacation home in Florida. He reported that he is 100 percent Greek and spoke the Greek language until he reached kindergarten, when he began to learn and speak English. He stated that once he learned English he slowly began losing how to speak the Greek language.

TK stated that his parents were born in Greece. He said his mother moved to the United States when she was 20-years-old and settled in Milwaukee. He stated he was unsure when his father came to the United States but thought his father arrived before his mother. TK said he was unsure if his parents were married prior to or after their immigration. He stated that his father owned and operated a family restaurant and tavern that served American food. He stated that his mother did not work, as he stated that among Greeks “your husband will take care of you.” When asked about his relationship with his parents, he stated that it was “good.” TK reported that he could not remember anything about his early experience with his parents, but that he did recall that his oldest brother and sister had told him that he had been an insatiable, greedy baby who seemed to spend more time at his mother’s breast than away from it and whose mere hint of a whimper of discomfort or neediness brought his mother to him. In this connection, he also recalled that his sister, who called him the “little prince,” complained that he had been a tyrannical toddler who did what he wanted, eschewed toilet training in favor of his mother’s ministrations with diaper changes and related hygiene, and seemed to bask in the doting care of his mother who protected him from any rivalry behaviors of his older siblings. He recalled his parents “hollering” at each other but stated these incidents never escalated beyond arguments. He stated that his father never hit him but his mother did. When asked to elaborate, he stated, “You’re asking me to me to go back years” and he stated that he could not remember any details. He did remember, however, that his sister had once told him that his memory was faulty and that it was not his mother who hit him but his father. She told him that the parents argued about him, with his father paying more attention to him as TK moved beyond being a toddler and the father increasingly objecting to the mother’s “spoiling” of him. Although he could not recall what year his father passed away, TK said that his father died at the age of 75. He stated his mother died in 1994 but he was unsure of her age at the time of her death. He said that prior to his mother’s death he took care of her, including washing her, bathing her, and clothing her.

TK stated that he is the youngest of four children. He said he has two older brothers, George and James, who are six and five years older than him, respectively. He stated his sister, Helen, died in 1983 of Lou Gehrig’s Disease. However, according to records, he reported his sister died in the summer of 2009. When asked about his relationship with his siblings growing up, he stated that he was always picked on and told things were always his fault. He said that his oldest brother was jealous of his high grade point average and whipped him with a cartridge belt because of it, indicating “He tried to whip intelligence out of my mind.” TK stated, “The oldest Greek boy governed everybody” but that he “wasn’t that sharp.” He said that his other brother was nicer but did not elaborate on this. TK stated that prior to his mother’s death, his brothers did not help to take care of her, and they referred to him as his mother’s “pet.”

TK stated that he was married twice. He said he married his first wife at the age of 20 and that the marriage lasted about 10 years, which he noted was his longest relationship. He stated that he cheated on his wife, commenting, “Why make one happy when I can make many happy?” He stated that there were several years between his marriages and that his second marriage lasted “not long at all.” Records indicate his second marriage lasted three years. He said that he was 10 years older than his second wife and because of this his mother-in-law did not approve of him. TK reported that prior to their marriage, his second wife lived with her mother and a priest and that she performed oral sex on the priest. He stated because of this his second wife was “turned off” by sex, resulting in the marriage failing. TK stated that he has been in several relationships since that time but has not been in a serious relationship. He said that he is currently dating his cousin’s daughter whom is 50-years-old but is “very young looking and petite…like a teenager…like 15 or 16.”

TK did not report having children during the clinical interview but according to records, he has four adult children with whom he has contact with. His oldest two children, ages 49 and 48, are from his first marriage. He has two 30-year-old children from two women that were born during his second marriage.

**Social History**

TK stated that he had many friends growing up but could not remember who they were. He said that he and his friends would “hang out.” When asked about current friendships, he stated he has friends but that none visit him. He stated that in high school and college that he was an athlete and claimed the Amateur Athletic Union (AAU) college state title for his weight division for three years. He stated, “I was the best there was.”

TK stated that he first engaged in sexual intercourse at the age of 15 with a female partner estimated to be 25-years-old. He reported that he had “many” partners and that he “can’t put a number on it.” He stated that a number of his sexual partners were the result of one-night stands.

**Educational History**

TK stated that as a child he was a good student and skipped the sixth grade. He said that at the age of 13 he was placed in military school because “my mother and father were busy and wanted others to care of us.” He reported feeling homesick during this time. He returned home within the year and was placed in the seventh grade of a local school that he could not remember. He stated that he graduated from Riverside High School in 1956. When asked about his high school years, he stated, “I did alright. I wasn’t a brainiac or a moron.” TK stated that he attended the University of Wisconsin – Madison for one semester but did not like it. When asked why, he said that he travelled home to Milwaukee twice per week to visit his girlfriend at the time. TK said that he transferred to the University of Wisconsin – Milwaukee and graduated in 1961 with a degree in political science.

**Occupational History**

TK stated that he worked in the restaurant and tavern business his entire life and learned the business by watching his father growing up. He stated that he operated a restaurant and tavern with his brothers for several years but indicated, “My brothers aren’t good for business.” He said he felt his brothers treated him like a slave and that the three engaged in many arguments during this time. At the age of 21 or 22, TK said he sold cars to get out of the business. About one year later, he stated he opened his first restaurant and tavern independently. He stated he ran a good business because “I’m a people person. I had the best cocktail hour in the city, the state, and the Midwest.” He said that over the years he owned and operated several restaurants and taverns, with each establishment being “bigger and better” than the next.

**Substance Use History**

TK stated that he did consume alcohol while in the community. When asked what he drank and how much, he responded, “My brothers drank a hell of a lot more. They drank as if the country would dry up tomorrow.” He did not indicate how much or what he drank. According to records, TK first consumed alcohol at the age of 21. At his peak, he drank to the point of intoxication once per week for a period of four to five years. He indicated that it took about five to six drinks for him to become intoxicated. He denied a history of blackouts. He stated that he quit drinking alcohol “a long time ago.” He stated that at the age of 50 he began smoking cocaine for a six-month period. At his peak, he reported using three-and-one-half grams per day intermittently. His last use was estimated to be more than eight years ago. He did not report the circumstances preceding his cocaine use but indicated, “I smoked pot to come off the high of cocaine so I could sleep.” When asked about other substance use, he acknowledged a history of experimenting with hash about 20 years ago. He reported no perceived need for treatment.

**Legal History**

TK has no known juvenile criminal history. His adult criminal history began in 1973 when he convicted of lewd and lascivious behavior and sentenced to two years of probation. This offense involved him engaging in sexual intercourse with a prostitute while in a parked automobile. While in Florida in 1984, he was placed on one year of probation for shoplifting. In 1987, he was placed on one year of probation for contributing to the delinquency of a minor. In 1989, he was convicted of two counts of delivery of a controlled substance (cocaine) and was sentenced to 15 months of adult incarceration. In 1990, he was convicted of retail theft and was placed on probation for two years.

On November 25, 1992, TK approached a 16-year-old non-relative female at a Milwaukee County transit bus stop. According to the victim’s statement, TK stated, “I’m looking for a nice Polish girl to marry and settle down with…You know Polish girls have sex better…I want to sleep with you.” The victim stated that TK then showed her, using his hands, “how long his you know what was” and then asked her if “her you know what smelled good.” He began taking pictures of her with a camera and then grabbed her inappropriately. She informed him to leave her alone and she walked away. He followed her down the street and grabbed and pinched her inappropriately. She walked into a McDonald’s restaurant in an attempt to get away from him. He followed her into the restaurant, pulled out money, and asked her if she wanted something to eat or drink. The victim walked out of the restaurant, he followed her outside, and he touched her inappropriately with his hand, stating, “Does your you know what stink? I don’t think so. It really smells nice to me.” An unknown citizen walked up and told TK to leave the victim alone. TK has maintained his innocence, stating the victim “had emotional problems” and was coached into making the accusations. TK was convicted of two counts of second degree sexual assault, one count of fourth degree sexual assault, and one count of false imprisonment. For the first count of second degree sexual assault, he was sentenced to 96 months of adult incarceration. For the false imprisonment conviction, he was sentenced to 24 consecutive months of adult incarceration. The second count of second degree sexual assault resulted in a 90-month consecutive adult stayed incarceration term and he was placed on 48 months of consecutive probation in lieu of his prison term. He was sentenced to nine months concurrent for the fourth degree sexual assault conviction.

In 2002, while TK was on parole, he was revoked for engaging in the same behavior to four adult women. He returned to the community in January 2003 and was revoked again in May 2004 for violations of his parole which included having unsupervised contact with minors, possession of sexually explicit material, lying to his agent, being involved in an unapproved intimate relationship, and touching his girlfriend without her consent. He returned to parole supervision in September 2004 and discharged from parole in July 2005, at that time beginning his consecutive probation term of 48 months. In the final months of 2010, TK was revoked for having unapproved contact with minors, violating a no-contact order, and failing to provide true and correct information to his agent.

**Medical History**

TK stated that he had his appendix removed at the age of 13. He reported that at the age of 29 he was involved in an automobile accident. He stated that while driving on a slippery road and a bridge constructed of steel he lost control of his vehicle. He said that he was in the hospital for two months with a skull fracture. He stated that a blood clot developed in the left side of his head and that surgery occurred to drain the blood clot. He reported that following the surgery he experienced double vision for some time but since then has reported no complications related to his head injury. TK reported that he was diagnosed with non-insulin dependent diabetes 10 years ago. He stated that he is managing his diabetes effectively and stated, “I can eat anything I want…like candy.”

**Mental Health History**

TK reported that his sister was diagnosed with Schizophrenia. When asked to elaborate, he said that his cousin had sex with her when she was 15. He stated, “Because we were Greek, the family didn’t want a scandal.” TK said that his sister was in and out of hospitals and underwent “shock treatments.” When asked about the efficacy of the treatments, he stated, “She would come out all stupid.” He reported no other family mental health history.

TK stated that in his 20s he was admitted to a psychiatric hospital in Milwaukee. When asked about the placement he stated, “I would go to the lavatory and strain all the time. I had a polyp removed.” He stated that despite this he still had difficulty straining and that medical staff indicated the cause was due to emotional problems. TK stated, however, that he did not have any emotional problems.

TK attended sex offender treatment at Jones Enterprises from December 2010 to May 2011. He was terminated for being argumentative, disruptive, falling asleep in group, making sexual comments in group, and failing to come out of denial for his sexual offense. He returned to Jones Enterprises for sex offender treatment from February 2003 to March 2003 at which time he was terminated for failing to make any progress and failing to come out of denial about his offense. As a result, he was given an alternative to revocation, allowing him five more sessions of sex offender treatment at Jones Enterprises to come out of denial. He was also required to complete a polygraph examination. He failed to complete the polygraph examination and was terminated from sex offender treatment in May 2003. He has yet to complete sex offender treatment.

TK indicated that he saw a psychiatrist in the community “but it was a waste of time.” He has been treated by psychiatry within the Department of Corrections for anxiety and insomnia. While incarcerated at the Milwaukee Secure Detention Facility (MSDF) between May 2007 and January 2008, TK reported to psychiatric staff that he had been experiencing problems with anxiety since 1969. He informed staff that his problems with anxiety were most often related to his incarcerations and worries about the future. He also reported experiencing insomnia. While at MSDF, he was prescribed several psychotropic medications including Remeron, Trazodone, Hydroxyzine, and Imipramine. He was diagnosed by psychiatry with Anxiety Disorder Not Otherwise Specified, Bipolar Disorder Not Otherwise Specified, and Polysubstance Dependence in Remission. While at Oshkosh Correctional Facility between April 2008 and October 2008, TK was prescribed Buspirone but it was discontinued as his compliance was sporadic. From October 2008 until April 2011, he was prescribed Amitriptyline. He was diagnosed primarily with Generalized Anxiety Disorder and Antisocial Traits.

There is no familial history of dementia noted in TK’ records. However, TK reported taking care of his mother whose memory became progressively worse prior to her death. During his most recent period of adult incarceration, TK’ records indicate that impairments in his memory have been a concern by clinical and security staff. In July 2007, he was evaluated for competency to stand trial due to questions regarding his memory and was found to be competent. In September 2007, results from a Mini Mental Status Examination (MMSE) indicated problems with recall. In January 2008, he was evaluated again with the MMSE and demonstrated improvement in recall but reported that he thought his memory was worsening. In February 2008, he was administered the Shipley Institute of Living Scale and his estimated level of intellectual functioning was found to be in the average range. In May 2008, TK was noted as forgetful of days and times. In September 2008, he appeared to be confused with the time of the day and attempted to go to the Health Services Unit for an appointment at 12AM. However, he was noted as having no problems with daily functioning during daytime hours. In October 2008, TK had difficulty recalling times to take his medication. In February and April 2010, he submitted request slips to staff with the incorrect date written, with each request slip dated one month off. In March 2010, security staff indicated that TK presented occasionally as disoriented to time of day on his housing unit.

In March 2010, TK was administered the Montreal Cognitive Assessment (MOCA), a brief screening for cognitive impairment. Results of testing indicated mild cognitive impairment, but it was noted that TK’ attention was not sustained while directions were given, he was quite talkative throughout the testing, and he rushed through the drawings. He was noted as doing well in recalling events from his life in detail, as well as naming political figures and names of officers working on his housing unit.

In November 2010, TK walked to the breakfast line twice during the night shift looking for breakfast when no one was in the dayroom, appearing confused. He was noted by security staff as having difficulty keeping on a schedule without being prompted or having information written down in front of him, which resulted in him receiving numerous conduct reports. He was administered the Wechsler Memory Scale – Third Edition (WMS-III), the Brief Test of Attention (BTA), the North American Reading Test (NART), the Rey-Osterrieth Complex Figure Test – Taylor Version (REY), and the Mini Mental Status Examination (MMSE). Results indicated average intellectual ability and that his overall memory functioning had not deteriorated since he was administered the MMSE in 2007. He was noted as having adequate visual recognition and planning ability to organize and copy what he saw. He displayed intact attentional abilities that could possibly wane when the amount of information or stimuli increased. He exhibited adequate working memory. However, TK displayed deficits in immediate recall, delayed recall, and discrimination of presented information from that which was not presented.

In January 2011, TK described episodes of confusion to psychiatry, including being convinced that his mother was waiting for him outside. He requested security to allow his mother to meet with him. It was felt by some staff members that he was experiencing symptoms of a mild delirium. Psychiatry indicated the possibility of hyperglycemia and/or anticholinergic medication causing episodes of confusion, dry mouth, and blurry vision, and his Amitriptyline dosage was decreased. In addition, psychiatry indicated his episodes of delirium were likely related to a urinary tract infection, which was treated. His cognitive functioning appeared intact and he did not display any symptoms of depression. However, he displayed poor motivation to maintain his hygiene. His hair was often uncombed and greasy, explaining that he used coco butter for grooming cream. He was often unshaven and had food stains on his pants and shirt. In April 2011, Amitriptyline was formally discontinued and he was placed back on Trazodone.

**MENTAL STATUS:**

TK was seen over the course of several days and arrived to each appointment about 10 minutes late. His hair was disheveled and he appeared unshaven. He wore his pants well above his waist. He reported his mood as “okay” and his affect was congruent with his reported mood. He smiled and laughed appropriately. He was cooperative throughout the assessment process. However, at times throughout the clinical interview, TK had difficulty remaining on task when asked questions, particularly about his occupation history, and would need to be redirected. His volume and articulation of speech were normal. However, he did display a concrete and slow thought process. At times when asked questions, he took several seconds before responding. His thought content focused primarily on his occupational history and his aspiration of reopening a tavern upon his release to the community. He reported no perceptual disturbances. Although he did not appear to have significant impairments in long-term recall, he did appear to have difficulties with his short-term memory. However, he reported having a good memory. He did not appear to have insight into his difficulties, based on his occupational goals and his short-term memory impairments. He denied any intentions of harming himself or others.

**BEHAVIORAL OBSERVATIONS:**

At the onset of the clinical interview, TK stated, “My life is an open book.” However, at times when asked to describe details regarding relationships growing up, he stated, “You’re asking me to go back far” or “I can’t remember.” He would occasionally speak in tangents or in excessive irrelevant detail, particularly when discussing his occupational history. TK had difficulty remaining on task to the questions asked of him and would tell jokes of an ethnic manner directed at the examiner, based on the spelling of the examiner’s last name, which is Polish. Based on the examiner’s ethnic heritage, TK stated, “I’ll talk slow so you can understand.” At the conclusion of the clinical interview, TK requested a break for a drink of water. TK was escorted by the examiner to the waiting area and TK walked past the water fountain. The examiner called TK’ name and pointed toward the water fountain, and TK turned around and walked back to the water fountain. While being escorted back to the examiner’s office after the break, TK could not remember the way and initially walked past the examiner’s open office door. When he sat back down, he asked, “Why am I here again?”

While at Smith Memorial Hospital on 7/29/11, TK continuously yelled for a nurse and pressed his nurse call button for concerns that were not medical emergencies. This behavior continued despite numerous direct orders from security officers and nursing staff. While at the hospital on 7/31/11, he was found on the floor and informed staff that he had fallen. However, video of his room showed that he intentionally went to the floor. While on the floor, he yelled loudly for a nurse to “wipe his back side.” Throughout the remainder of his hospitalization, he continued to yell and was disruptive to staff and other patients.

**Personality Functioning**

As TK was admitted to Smith Memorial Hospital for chest pains on 7/29/11, a full comprehensive assessment was not completed.

Cognitively, TK appears to have deficits in abstract thinking abilities. When presented with ambiguous stimuli, he becomes overwhelmed and negativistic. Throughout most of his recall of life events, he focused on concrete details and he had difficulty with putting events into a contextual framework.

TK had a limited ability to recognize how he feels and difficulty describing his feelings to others, which leads him to avoid emotional situations altogether. For example, when asked questions related to feelings during the clinical interview, he would tell jokes rather than discuss how he feels. He provided limited emotional detail when describing relationships with family and past romantic partners, and his own feelings related to his past and current emotional states. His responses on the sentence completions indicate concrete, simplistic thinking with little emotional investment. He does not appear to grasp the psychological processes that connect events, feelings, and actions of those around him.

**DIAGNOSTIC IMPRESSIONS:**

TK’s level of general cognitive functioning was low. He displayed significant difficulties recalling orally presented information, it appears that TK may be experiencing memory impairments and disturbances in executive functioning related to Possible Alzheimer’s Disease, however his memory deficits could also be related to the traumatic brain injury from the automobile accident, skull fracture, and subsequent blood clot and surgery that occurred at the age of 29, or organic damage due to his longstanding dependence on alcohol.

Although TK did not complete any self-report measures, he does have a lengthy history of sexual misconduct and legal troubles, which appears to be an enduring pattern for many years prior to the onset of his memory impairments. His acting out behavior does not appear to meet the full criteria for Antisocial Personality Disorder, however, as there does not appear to be evidence of Conduct Disorder before the age of 15. Based on his perceptions regarding his high school athletic abilities, his tavern business history, and his view of himself with regards to sexuality and women, he does appear to have features of Narcissistic Personality Disorder, as noted by his grandiose sense of self-importance, his lack of empathy, and his preoccupation with unlimited success.

**RECOMMENDATIONS:**

As TK was admitted to Smith Memorial Hospital for chest pains on 7/29/11, a full psychological assessment was not completed. Further psychological testing is recommended for a full comprehensive conceptualization of TK’s functioning. Based on observations and mental status examination, neurological testing is recommended to better determine what factors specifically have contributed to TK’s memory impairments and what interventions should be put into place to best support functional improvement and basic living needs. Given his impairments in memory and daily living skills, TK will need to be monitored in a highly structured living environment, within the remainder of his incarceration and upon his release to the community. Given his history of sexual acting out behavior, it is recommended that he be placed in a structured facility with minimal female contact.

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| Assessment:Psychosocial Stages (30 points) | Assessment: Psychosocial Stages(\_\_\_\_ of 30 points) | Student does not adequately gather information within the case study for all 8 stages of Erickson’s psychosocial development theory. More than 3 crucial details are missing. The amount of points taken off are dependent on the amount of missing parts as described above (0-23.5) | Student gathers information within the case study for all 8 stages of Erikson’s psychosocial development theory, but information gathered is missing details necessary for review of case. (24-26.5) | Student thoroughly gathers information within the case study for all 8 stages of Erikson’s psychosocial development theory. Exemplary work. (27-30) |
| Research:Psychosocial Stages (50 points) | Research: Psychosocial Stages(\_\_\_\_ of 50 points) | Stages of Erickson’s psychosocial development theory are missing. Psychosocial crises and/or resolutions are not discussed thoroughly and 4+ crucial elements are missing. Information is unclear throughout. References are not cited. The amount of points taken off are dependent on the amount of missing parts as described above (0-39.5)  | All 8 stages of Erickson’s psychosocial development theory are discussed, however, not thoroughly and/or missing 1-3 crucial elements. Psychosocial crises and/or resolutions are not thorough or may be unclear/vague. Cites references from peer reviewed journals or books, but Erikson is not the primary source. (40-44.5)  | All 8 stages of Erikson’s psychosocial development theory are discussed. The psychosocial crisis within each stage is defined and described. Successful and unsuccessful resolutions within each stage are described and explored. Important relationships and psychosocial strengths acquired within each stage are discussed. Cites references from peer reviewed journals or books, with Erikson being the primary source. (45-50)  |
| Diversity Variables (10 points) |  Diversity Variables (\_\_\_\_ of 10 points total) | No diversity variables are discussed, the variables discussed are irrelevant or not relevant to the case.(0-7.5) | Only one diversity variable is discussed or peripheral diversity variables are mentioned without deeper examination.(8-8.5) | At least two relevant diversity variables related to the topic are discussed thoroughly. (9-10) |
| Grammar/Organization(10 points) | Grammar/Organization(\_\_\_\_ of 10 points) | Lack of structure detracts from the points of the paper. Text and references are not in APA style. Paragraphs, topic sentences, and transitions are disjointed. Paper contains numerous grammatical, punctuation, and spelling errors. Overall, errors interfere greatly with the readability of the paper. (0-7.5) | Structure of the paper is somewhat hard to follow. APA style with several errors in text and/or references. Paragraphs, topic sentences, and transitions need improvement. Paper contains some grammatical, punctuation, and spelling errors. Overall, errors interfere somewhat with the readability of the paper. (8-8.5) | Structure of the paper is clear. APA style with minimal errors in text and/or references. Paragraphs, topic sentences, and transitions are logical and flow well. Minimal grammatical, punctuation, and spelling errors. Overall, errors do not interfere with the readability of the paper. (9-10) |

The Program Learning Outcome (PLO) Rubric will be utilized to assess the student’s level of performance for the PLOs associated with this course: Assessment, Research, and Diversity. In addition to receiving a numerical grade for this assignment, students will also receive a rating along a scale of 1 (Novice Level Performance) to 4 (Graduate Level Performance) for each PLO.

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| **Program Learning Outcomes (PLO)** | **Performance Level 1****(Novice)** | **Performance Level 2****(Internship)** | **Performance Level 3****(Entry-level)** | **Performance Level 4****(Graduate)** |
| **Assessment:** Students will be able to demonstrate fundamental knowledge of psychometric theory, assessment techniques, and forensic literature to evaluate various dimensions of human experience, outcomes of interventions, and psycholegal issues. | Student is inconsistent and needs supervisor/instructor intervention when applying theoretical knowledge and assessment when evaluating clients/consumers. Student does not adequately gather, organize, and/or communicate information regarding diagnostic impressions, clinical opinions, and treatment recommendations. Student needs significant education on the assessment measures. Student requires tutoring (more than 3+ prompts) on assessment techniques as it pertains to the client, including diversity variables. Student demonstrates difficulty understanding ethical codes relevant to the assessment process.  | Student applies theoretical knowledge and assessment when evaluating clients/consumers, however needs more than minimal (2 prompts) direction from the supervisor/instructor. Student does gather and organize information from few sources, and/or provides vague reasoning regarding diagnostic impressions, clinical opinions, and treatment recommendations. Student needs a moderate amount of education (2 prompts) on the assessment measures and/or ethical codes relevant to the case. Student may require some tutoring by instructor and/or supervisor on the assessment technique as it pertains to the client, including diversity variables. | Student applies theoretical knowledge and assessment when evaluating clients/consumers with minimal supervision. Student gathers and organizes information from some sources to provide adequate support of diagnostic impressions, clinical opinions, and treatment recommendations. Student evaluates assessment technique as it pertains to the population to be assessed, including diversity variables. Student demonstrates understanding and routinely applies ethical codes/professional standards to evaluations, with. occasional supervisor assistance. Student is responsive to any additional ethical dilemmas in the assessment process. | Student is conscientious and independently applies theoretical knowledge and assessment when evaluating clients/consumers. Student gathers and organizes information from multiple sources and provides strong support for diagnostic impressions clinical opinions, and treatment recommendations. Student evaluates assessment technique as it pertains to the population to be assessed, including diversity variables. Student demonstrates understanding and routinely applies ethical codes/professional standards to evaluations. Student is responsive to and anticipates additional ethical dilemmas and is proactive regarding conduct of the assessment process. |

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| **Program Learning Outcomes (PLO)** | **Performance Level 1****(Novice)** | **Performance Level 2****(Internship)** | **Performance Level 3****(Entry-level)** | **Performance Level 4****(Graduate)** |
| **Research:** Students will be able to demonstrate an understanding of the research methods in the social and behavioral sciences, the benefits and limitations of research, and the scientific and professional literature relevant to the field of forensic psychology. | Student did not produce scholarship consistent with degree being sought. If scholarship was produced, the research methods chosen and/or literature review was not rigorous and only vaguely addressed the research question. The literature was minimally relevant to the topic in forensic psychology. Student shows little to no understanding of the links between research, evaluation, and practice.  | Student needed moderate guidance choosing appropriate research methods and/or left out critical limitations of the research and/or professional literature in scholarship assignment. Student required moderate guidance (3-4 times) from instructor/supervisor on finding appropriate relevant literature. Student shows a vague understanding of the links between research, evaluation, and practice.  | Student demonstrated understanding of the research methods, identified limitations of the research, and included peer-reviewed references in the professional literature relevant to the field of forensic psychology. Student required minimal guidance (1-2 times) from instructor/supervisor on finding appropriate relevant literature. Student understands the links between research, evaluation, and practice.  | Student independently demonstrated understanding of benefits and limitations of the research methods and literature reviewed. Student included recent, extensive literature review from multiple journals, books, and other resources beyond the curriculum. Student is highly conscientious, recognizes and appreciates the links between research, evaluation, and practice.  |
| **Diversity:** Students will be able to recognize and respect individual and group differences as well as practice with cultural competence. | Student has significant difficulty working with individuals from other cultures. Student behaves in a culturally insensitive manner most times (e.g., misattributes cultural nonverbal communication as an individual difference, or is insensitive when using language. Student is not insightful or is resistant to evaluate the student’s or other’s value system, biases, worldviews, and stereotypes independently in comparison to other worldviews (e.g., student disregards other worldviews and conducts practice through his/her perspective only), and/or does not integrate appropriate ethical standards.   | Student behaves mostly in a culturally sensitive manner but may make an error in judgment occasionally (e.g., misattributes cultural nonverbal communication as an individual or group difference, uses unintended profanities or gestures). Student is able to evaluate one’s own value system, biases, worldviews, and stereotypes in comparison to other worldviews, however shows some resistance to accept that others have different values, tries to convince others to have his/her perspective, and/or does not integrate appropriate ethical standards.  | Student demonstrates respect for individual and group differences (e.g., maintains professional boundaries, adapts behaviorally in cultures, seeks clarification if there may be a misunderstanding, integrates knowledge on diversity into interactions with others from different backgrounds). Student is able to evaluate one’s own value system, biases, worldviews, and stereotypes independently in comparison to other worldviews and integrate appropriate ethical standards (e.g., student is insightful about his/her worldview that affects behaviors and stereotyping). | Student has a solid base of knowledge on diversity variables. Student demonstrates respect for individual and group differences (e.g., maintains professional boundaries, adapts behaviorally to different cultures, seeks clarification if there may be a misunderstanding, integrates knowledge on diversity into interactions with others from different backgrounds). Student is able to evaluate one’s own value system, biases, worldviews, and stereotypes independently in comparison to other worldviews and integrate appropriate ethical standards (e.g., student is insightful about his/her worldview that affects behaviors and stereotyping). |

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| **Program Policies**  |

**Written Assignments**

* APA Style: All assignments are written in APA style using *the Publication Manual of the American Psychological Association, 6th edition.*
* Title and Reference Pages are required, as are inline citations.
* Papers will be graded using the Written Assignment Guidelines posted in the course.

**Rework**

* Instructors may allow a student to resubmit an assignment if they believe that it would advance the student’s learning and skill mastery. Instructors are directed to use this option with discretion.

**Late Assignments:**

* Late assignments may be accepted only with prior permission.
	+ Prior permission means that you make the request more than 24 hours before the assignment is due and that you justify the late submission to the instructor.
	+ Permission to turn in an assignment late is given at the instructor’s discretion.

**Feedback**

* Please review your graded work and comments. Incorporate feedback into your next assignment.
* Discussion forum feedback [if used in this course] is provided within 48 hours of the end of the discussion (usually midnight Central Time of Sunday of the Week).
* Written assignment feedback is provided within 72 hours of the due date for the assignment (usually midnight Central Time of Sunday of the Week).

**Class Presence, Participation, and Follow-Up**

* Active participation is crucial to the learning process.
* Unless you are notified that there is a school -wide systems problem, you are responsible to post on time, all the time. Plan to have back-up systems-computers at work, library, or commercial access point.

**Team Participation and Grading**

For team projects, usually each team member will receive the same grade for the project, but team members may be assigned different grades if it is determined that one or more members is/are not fully participating.

* To receive credit for team assignments, students are to participate actively with the team and contribute to the project.
* Students are graded on the process of team interaction/cooperation as much as the final product that the team produces.
* As to process, students will want to review the Student Handbook on expected code of behavior, so that a safe and positive environment is maintained. If conflict occurs, please it directly with the individual involved and avoid beyond the scenes conversations that usually only escalate conflict.
* Although there are no set requirements for number of postings and/or days for participation in the team, students will want to be considerate and check-in often, keeping fellow team members advised as to one's whereabouts, progress to date on each assignment, upcoming schedule conflicts, if any, etc. In addition, the team as a whole is responsible for all team assignments. Waiting an inordinate amount of time for contributions from a non-responsive team member, or putting forth that the final project was not completed due to "someone else's" mistake, lack of effort, miscommunication, is not acceptable.
* Team projects are to be treated like workplace projects: deadlines are to be met, and team members are to find a way to meet that deadline. In the workplace, one's paycheck depends upon that effort; in the classroom, one's grade is dependent upon same. Students are encouraged to dialogue in an asynchronous environment. If all team members agree that synchronous dialogue would be beneficial, they may opt to conduct such a meeting through GotoMeeting (provided by the school) telephone conference calls or instant messenger.
* If at any time it is perceived that any offline meetings are deliberately exclusionary, isolating a student who cannot participate, students will be required to conduct all team activities within the confines of the asynchronous team environment.

**Turnitin** is a tool used to help identify plagiarism, for both students and faculty; however, it is up to the faculty, department, and institution to confirm whether a student’s work has been plagiarized or not.

Assignments submitted through Canvas will automatically be assessed for plagiarism using Turnitin. Turnitin reports include a similarity index indicating the percentage of submitted work that is identical to other sources found – the higher the percentage, the greater the incidence of identical material. Students are strongly encouraged to submit their work well ahead of the assignment due date so that they can review the Turnitin report and make any changes before submitting their final version. Students may revise their assignments prior to the due date without penalty. After the due date, the course instructor will review the Turnitin reports for each student.

If the similarity index is 25% or higher, the student’s name and assignment information will be forwarded to the department manager for tracking purposes. The course instructor will inform the student of the tracking, and communicate any other required actions for the student, such as resubmitting a revised assignment. However, the instructor has discretion at this level and may also give a 0 for the assignment with no opportunity to make up the points.

If the similarity index is 50% or higher, the student will be referred automatically to the Departmental Advisory Committee (DAC) for further investigation and support. The student’s name and assignment information will also be forwarded to the department manager for tracking purposes, and the student will receive a 0 for the assignment with no opportunity to make up the points.

**Grade Point Classification**

(<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1705#Grade_Point_Classification>)

All academic work in courses, seminars, independent studies, and practicum/internship is evaluated by the instructor and is noted on the student’s transcript. Instructors award one of the following grades:

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| --- | --- | --- |
| Grade | Points | Description |
| A | 4.00 | Superior |
| A- | 3.67 | Excellent |
| B+ | 3.33 | Very Satisfactory |
| B | 3.00 | Satisfactory |
| B- | 2.67 | Marginally Satisfactory |
| C | 2.00 | Below Expectations |
| F | 0.00 | Unacceptable |
| P | 0.00 | Pass (not calculated into GPA) |
| NP | 0.00 | No Pass (not calculated into GPA) |
| CR | 0.00 | Credit |
| NC | 0.00 | No Credit |
| IP | 0.00 | In Progress (temporary grade) |
| W\* | 0.00 | Withdrawal (up to 67% of course completed) |
| AU | 0.00 | Audit |
| I | 0.00 | Incomplete |

\* The W grade may be assigned by administrative staff in accordance with the drop/withdrawal schedule.

**Statement on Final Grades**

Some courses may use online course management software, such as Canvas, as a key component in the course experience. Such software may record grades for individual assignments for both the instructor and the student, as well as tabulate a cumulative grade based on the grading criteria for the course. However, the only official source for final grades is the Student ePortal.

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| **Institutional Policies from the Student Handbook** |

The Chicago School of Professional Psychology Policies are found in the TCSPP Catalog (Institutional, Academic, Student Rights and Responsibilities, and Financial Aid and Student Account Policy sections): <http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1706>

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| **POLICY** | **LINK** |
| **Accommodation for Students with Disabilities** | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1706#Accommodation_for_Students_with_Disabilities>) |
| **Concerns about Academic Performance and Professional Comportment** | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1707#Concerns_about_Academic_Performance_and_Professional_Comportment_>)  |
| **Incomplete Grade Policy** | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1705#Incomplete_Grade_Policy>) |
| **Professional Comportment** | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1707#Professional_Comportment>) |
| **Religious Accommodations**  | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1706#Religious_Observance>) |
| **Statement of Academic Integrity**  | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1707#Statement_of_Academic_Integrity>) |
| **Use of Computing Resources**  | (<http://catalog.thechicagoschool.edu/content.php?catoid=37&navoid=1707#Use_of_Computing_Resources>) |

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| **Recommended Best Practices** |

**Military Accommodation**

While a policy is being drafted, TCSPP will treat the need for such absences to be on a par with the institutional plan we have in place for religious accommodations.

Students are expected to notify their professor(s) in writing during the first two weeks of a semester (or as far in advance as possible) of the dates when they will need to be away and with such notification in place will work with their professor to agree on out of class assignments that can be undertaken to make up for the missing class time. For online students, notification is required by the end of the first week of the 7-week term. Timely notification according to the parameters set forth in this policy will allow time for reasonable alternative arrangements convenient to both students and faculty to be made.

All such absences will be treated as excused absences.

**Electronic Communication Etiquette**

Learning and working online means that communication often lacks the benefit of visual support of body language and tone of voice. This can easily lead to misunderstandings or unintentional offense. Reviewing what is written in an email or posted in a discussion forum will serve to better support successful online participation.

Students are advised to observe the below guidelines when participating in an online course or communicating with others. Professional behavior is an institutional learning goal, and all are expected to behave as professionals in all aspects of communication.

* Be respectful, professional, and careful about what is said and how it is said.
* Be aware of the image being projecting online. Use clear writing and good form.
* As others cannot read nonverbal cues such as facial expressions or easily interpret the tone of written communication, words and manners of expression must clearly indicate the intended meaning. This is particularly important when using humor (e.g. sarcasm may not be apparent in words alone).
* Respect the time of others. Keep communication short and to the point. Also, be sure to stay on topic.
* With disagreeing with others, be polite and gracious.
* On message boards or in discussion forums, use the subject line appropriately, employing meaningful and succinct labels so that receivers may immediately grasp the topic being advanced.
* When someone else errs and/or does not follow proper protocol, consider whether it is necessary to provide correction. If correction is in order, be polite and, if discretion is advised, address the issue privately rather than in a public way.
* Avoid using ALL CAPS, especially when you are disagreeing! This is perceived as shouting and is considered rude.
* Comply with copyright laws.
* Be mindful of compatibility concerns. Be sure that files uploaded to online platforms can be viewed by others.
* Be aware of issues that might arise due to cultural and languages differences.
* Do not to violate the privacy of others. Do not send commercial advertisements or SPAM to other students, instructors, or staff.

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| **Student Academic Supports and Resources** |

**NATIONAL CENTER FOR ACADEMIC & DISSERTATION EXCELLENCE (NCADE)**

1. **Dissertation and Applied Research Project (ARP) Support**
* Dissertation Support – Contact: ncade@thechicagoschool.edu

*(Writing, APA, Methodology, Editorial help with IRB, Copyediting, etc.)*

* Applied Research Project Support– Contact: Your ARP Instructor

*(Writing, APA, etc.)*

1. **Academic Success Programs**- Contact: kmitova@thechicagoschool.edu
* Onboarding and Orientation
* Writing Assessment and Academic Writing Seminar
* One-on-one writing consultations (on-the-ground and online)
* Time management and learning style consultations
* Presentations on APA writing style and formatting

**LIBRARY RESOURCES**

Access to The Chicago School Library and additional resources is found at:

* <http://chi.librarypass.org/>
* <http://la.librarypass.org/>
* <http://dc.librarypass.org/>

Here patrons can access articles via the Search our Databases portal or search for books, test kits, and videos via the Search our Catalog portal.

 **BOOKSTORE**

Access to the bookstore is found at: <http://thechicagoschool.textbookx.com>.

**IT SUPPORT**

Students may contact HelpDesk at: 800-747-8367.

**CANVAS SUPPORT**

If you need help accessing your course and materials in the Canvas system, the following resources may be of assistance:

1. Search the Canvas Guides which have a plethora of detailed videos, step-by-step instructions, and links: <http://guides.instructure.com/>
2. Access the community user boards and discussions.
3. Ask HelpDesk:
	1. Submit a ticket with your question or issue by filling out the form provided in the course.
	2. Contact the Help Desk by phone: 800-747-8367.
	3. Have a live IM chat with a HelpDesk representative.

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