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Document Details

Submission ID**trn:oid:::1:2961511183****Submission Date****Jul 7, 2024, 2:08 PM CDT****Download Date****Jul 7, 2024, 2:08 PM CDT****File Name****userfile****File Size****20.8 KB****4 Pages****625 Words****3,817 Characters**

How much of this submission has been generated by AI?

33%

of qualifying text in this submission has been determined to be generated by AI.

Caution: Percentage may not indicate academic misconduct. Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

Frequently Asked Questions

What does the percentage mean?

The percentage shown in the AI writing detection indicator and in the AI writing report is the amount of qualifying text within the submission that Turnitin's AI writing detection model determines was generated by AI.

Our testing has found that there is a higher incidence of false positives when the percentage is less than 20. In order to reduce the likelihood of misinterpretation, the AI indicator will display an asterisk for percentages less than 20 to call attention to the fact that the score is less reliable.

However, the final decision on whether any misconduct has occurred rests with the reviewer/instructor. They should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in greater detail according to their school's policies.



How does Turnitin's indicator address false positives?

Our model only processes qualifying text in the form of long-form writing. Long-form writing means individual sentences contained in paragraphs that make up a longer piece of written work, such as an essay, a dissertation, or an article, etc. Qualifying text that has been determined to be AI-generated will be highlighted blue on the submission text.

Non-qualifying text, such as bullet points, annotated bibliographies, etc., will not be processed and can create disparity between the submission highlights and the percentage shown.

What does 'qualifying text' mean?

Sometimes false positives (incorrectly flagging human-written text as AI-generated), can include lists without a lot of structural variation, text that literally repeats itself, or text that has been paraphrased without developing new ideas. If our indicator shows a higher amount of AI writing in such text, we advise you to take that into consideration when looking at the percentage indicated.

In a longer document with a mix of authentic writing and AI generated text, it can be difficult to exactly determine where the AI writing begins and original writing ends, but our model should give you a reliable guide to start conversations with the submitting student.

Disclaimer

Our AI writing assessment is designed to help educators identify text that might be prepared by a generative AI tool. Our AI writing assessment may not always be accurate (it may misidentify both human and AI-generated text) so it should not be used as the sole basis for adverse actions against a student. It takes further scrutiny and human judgment in conjunction with an organization's application of its specific academic policies to determine whether any academic misconduct has occurred.

Weekly Reflection

Name

School Affiliation

Course

Instructor

Date Due

Week 10 Reflection

The levels of severity of intellectual disability are not defined by IQ scores but by the individual's adaptive functioning. This explains their difficulty in adjusting to changes in their environment. Notably, patients with Impulsive-control and conduct disorder often exhibit behaviors that are challenging to manage. In the past week, I encountered a challenging situation of a 25-year-old patient who was exhibiting aggressive behaviors, such as scratching and biting workers at her day program. Her guardian reported that she is unsteady while walking, and was diagnosed with CHARGE syndrome. Additionally, the patient complains that she has difficulties in maintaining a good work relationship. I conducted a thorough assessment of the patient to understand her history, triggers, and behavior patterns by gathering information from her guardian and the healthcare team. In this discussion, I will reflect on how I handled the patient and how I will use effective strategies to manage similar challenging situation in the future.

I started the session by building rapport with her through empathy and active listening in a judgmental manner. This created a safe space for her to gain trust and cooperate effectively. Consequently, listening empathically during a patient assessment is vital for improving the patients coping abilities and psychological health (Bazargan-Hejazi et al., 2022). Through the session, I learned that her episode relapse are triggered by an unstable home environment and sexual assaults by her step dad before her mother passed away when she was 15 years old. However, the best treatment for impulsive control disorders is prevention of relapse (Chan et al., 2022). Using the evidence-based behavioral interventions, I educated the patient and her guardian about the disorder and how to prevent episode relapses, encouraging her to reinforce appropriate behaviors. Involving her guardian in decision-making helped significantly improve

her treatment plan and promote self-advocacy (Kishore et al., 2019). In addition, I advised the patient to maintain a healthy diet, get adequate sleep, and avoid use of alcohol and drugs.

In collaboration with the healthcare team, a full medical workup was conducted to evaluate any medical comorbidities and a comprehensive cardiovascular assessment due to her history of CHARGE syndrome, given the likelihood of cardiovascular abnormalities. The interprofessional collaboration played a key role in her recovery journey, as she received a comprehensive and holistic care that helped address her psychological and social needs.

Meanwhile, her prescription of risperidone was reduced to a daily dosage of 0.25 mg BID, due to Parkinson-type symptoms that started after risperidone was prescribed to her. Neuroleptics can cause pseudo-Parkinson symptoms because of dopaminergic-lowering effects (Zhang et al., 2021). The patient was advised to continue attending her weekly supportive therapy with her guardian. Moreover, the guardian was educated about preventing falls until the patient gait was steady. In addition the patient was referred to the CHARGE syndrome foundation to learn more on the disorder. The experience has boosted my confidence in managing disruptive, impulse-control, and conduct disorders, I look forward to sharing these insights with my colleagues.

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