I. Catalogue Description
This practice course focuses on a biopsychosocial understanding of mental wellbeing and mental illness from a social work and social environment perspective. It gives special attention to the social work view in relation to the person-in-environment and other classification systems available to the practitioner. The course emphasizes an appreciation of the critical influence of culture, class, race and ethnicity, religion, and social values of the individual, family, group, and social institutions in the assessment of client strengths and vulnerabilities. The course critically reviews current classification systems and major theories regarding the nature of mental disorders, their diagnoses and etiologies, and the treatment approaches available to help people in their recovery.

II. Course Overview
Psychopathology for Social Work Practice in Mental Health is an elective course for Advanced Generalist Specialization students that focuses on a biopsychosocial understanding of mental wellbeing and mental illness from a social work and social environment perspective. It gives special attention to the social work view in relation to the person-in-environment and other classification systems available to the practitioner. The course emphasizes an appreciation of the critical influence of culture, class, race and ethnicity, religion, and social values of the individual, family, group, and social institutions in the assessment of client strengths and vulnerabilities. The course critically reviews current classification of mental health conditions, their diagnoses and etiologies, and the treatment approaches available to help people in their recovery.
The field of mental health is one that employs a multidimensional team of professionals. Each profession has their own approach to assessing, diagnosing, and treating the subjective distress of their clients. It is imperative for the comprehensive and effective care of all individuals seeking services in the field of mental health that the social work perspective is present and effectively represented. It is the general goal of this course that participants will develop the ability to confidently examine a series of subjectively distressful experiences identified by a client and use this information to establish a working diagnosis using a multidimensional framework that includes: a biopsychosocial assessment, the DSM-5, culturally relevant variables, and contemporary research on the etiology of mental illness.

Each student in this class should have already taken SW 441 and SW 612. In each of these courses you would have been introduced to terminology and concepts that will be useful in this course. Specifically, the practice concepts of assessment, diagnosing, and treating should not be new to you, and hopefully a few specific features for each of these concepts will also be somewhat familiar.

III. Course Competency, Description and Dimensions

Social Work Education is framed by a competency-based approach to curriculum design. At the conclusion of their education, social work students are expected to be competent in 9 core areas. Competency is achieved through mastery of course content as measure through course activities, readings and assignments and behaviors learned in field experiences, and which are derived from social work knowledge, values, skills and cognitive and affective processes. The competencies addressed in this course can be found in Appendix A.

IV. Course Content

September 7th

Week One: Syllabus Review; Community Building; Classification of Disorders and DSM-5

Discussion Questions/Activity:
- Please carefully review the syllabus prior to class and come with questions.
- Given that role plays will be used in several classes, what is needed to cultivate an encouraging environment in which students will feel comfortable taking risks in the clinician and client roles, as well as in giving constructive feedback to one another?
- How did the podcast interview with Micki Washburn and Danielle Parrish inform your understanding of DSM-5?

REQUIRED READINGS AND MEDIA

https://www.youtube.com/watch?v=ea1yHguAWKQ (4:47)


**RECOMMENDED READINGS AND MEDIA:**

**September 14th**
*Week Two: Assessment Methodologies, Documentation and the Clinical Interview*

**Discussion Questions/Activity:**
- What mental health assessments have you encountered in your placements (or work) so far?
- What challenges do social work clinicians encounter in clinical interviewing around engagement and gathering critical information?
- In-class videos followed by discussion:
  - “Mental State Examination: CASC and OSCE Videos Online”
  - “Understanding the MSE-Glen (w/-commentary)”
  - “Understanding the MSE-Barry (w/-commentary)”
- Instructor-led role-play of a clinical interview

**REQUIRED READINGS AND MEDIA:**
- You may choose to skim pages 1-12 since it may be review


Understanding the MSE – Lisa (w/- commentary)
~ https://www.youtube.com/watch?v=83i2MWMqph8

**September 21st**
*Week 3: Depressive Disorders and Suicidality*

**Part 1: Assessment/Interventions for people diagnosed with Major Depressive Disorders**

**Assessment Measures:** Beck Depression Inventory (BDI), Personal Health Questionnaire (PHQ-9)

**Discussion Questions/Activity:**
• What is an example of an important cultural consideration when assessing for and diagnosing Depressive Disorders?
• Is “depressed” a feeling/emotion or a diagnosis?
• Case Role-Play and Case Presentation #1: Differential Diagnosis of Depressive Disorders

Part 2: Etiology, Assessment and Interventions in Suicidology and Non-Suicidal Self Injury
Assessment Measures: Columbia Suicide Severity Rating Scale (C-SSRS), Collaborative Assessment and Management of Suicidality (CAMS)

Discussion Question/Activity:
• What is the interpersonal Theory of Suicide and how has this differed from your previous understanding of what “makes” someone suicidal?
• How do you engage a client in an open and honest conversation about suicidal ideation?
• According to the Interpersonal Theory of Suicide – what are important areas to assess for when screening for suicide? Why?
• What is the value of Safety Planning – and what is the difference between collaborative safety planning and a “no-suicide contract?”

REQUIRED READINGS AND MEDIA:


OPTIONAL READINGS:


Spoon, M. (2017). *Do we have depression all wrong?* Retrieved from https://centerhealthyminds.org/join-the-movement/do-we-have-depression-all-wrong?utm_source=Center+for+Healthy+Minds&utm_campaign=81e0115ff5-EMAIL_CAMPAIGN_2017_08_07_Prospect+Newsletter&utm_medium=email&utm_term=0_cce2315563-81e0115ff5-8706813

**September 28th**

**Week 4: Bipolar Disorders**

**Assessment Measures:** Mood Disorder Questionnaire (MDQ)

**Discussion Questions/Activity**

- Prior to this reading – what was your understanding of the evolution of the diagnosis of “Manic/Depressive?” to the current diagnosis of Bipolar Affective Disorder?
- According to the readings by Gray and Eid – how does the differentiation of a diagnosis of Bipolar I vs Bipolar II impact treatment adherence?
- Mood Stabilizers
- Activity: Mania vs Hypomania
- Watch and discuss NAMITALKS – Theo
- Brief Intervention Presentation #1

**REQUIRED READINGS:**


**OPTIONAL READINGS:**

October 15th

**Week Five: Anxiety Disorders; Obsessive Compulsive and Related Disorders**

**Assessment Measures:** Yale-Brown Obsessive Compulsive Scale (Y-BOCS); Generalized Anxiety Disorder 7-Item Scale (GAD-7)

**Discussion Questions/Activity:**
- What are some of the clinical challenges in differential diagnosis of anxiety disorders?
- How does our understanding of intersectionality influence how we assess a person presenting with social phobia, for example, or generalized anxiety disorder?
- How might our various social identities as the clinician influence the dynamics in the helping relationship when working with someone with OCD? Consider things like gender, ability, power and privilege.
- Clinical interview videos “Joan” (Length 5:39) and “Marcella” (7:15) followed by discussion
- Case Role-Play and Case Presentation #2: Differential Diagnosis of Anxiety Disorders

**REQUIRED READINGS AND MEDIA:**


**RECOMMENDED READING:**

October 12th

**Week Six: Trauma and Stressor-Related Disorders; Dissociative Disorders**

**Assessment Measures:** PTSD Checklist; Life Events Checklist; Brief Trauma Questionnaire

**Discussion Questions/Activity:**
- In her TED talk, Dr. Burke Harris presents the audience with a question about the pervasiveness and effects of trauma: “When I look at what our nation’s response has been so far, I wonder…why haven’t we taken this more seriously?” How might you answer this question?
- Clinical interview video “Mary”
  - We will watch clips of an initial interview and therapy sessions with Mary, pausing for discussion. We will pay careful attention to how the clinician engages
the client in this difficult conversation. Please note this client’s trauma involves verbal abuse and witnessing physical abuse from her younger sister.

- Case Role-Play and Case Presentation #3: Differential Diagnosis of Trauma and Stressor-Related Disorders

REQUIRED READINGS:


OPTIONAL READINGS AND MEDIA:

Menninger Clinic, (2014, Feb 12). *Jon G. Allen, PhD on Trauma in Attachment Relationships*. Retrieved from https://www.youtube.com/watch?v=N7gMUMx2tQQ&list=PLBe-qM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ&index=10 (18:09)


**October 19th**

*Week Seven: Substance Use Disorders*

**Assessment Measures:** Addiction Severity Index – 5th Edition

**Discussion Questions/Activity:**
- In the PsychScene Hub video, we see a psychiatrist assessing a client’s alcohol use. What are your reactions to his engagement style and approach to assessing the use? Do you find his approach effective? Why or why not?
- What are your cognitive and affective experiences when it comes to assessing someone’s use of substances? How comfortable are you with this process? What concerns emerge?
Case Role-Play and Case Presentation #4: Differential Diagnosis of Substance Use Disorders

REQUIRED READINGS:


PsychScene Hub, (2010, Jun 2). *Psychiatric Interview Skills – CASC and OSCE Videos Online*. Retrieved from https://www.youtube.com/watch?v=fxyl91LcvLa0&index=1&list=PL2IOWq74HibnWOLKoLzYU0Y6ERd266Oj (8:45)

OPTIONAL READINGS:

October 26th

*Week 8 Personality Disorders, Clusters A and C*

**Assessment Measures:** PAI-BOR, MMPI

**Discussion Questions/Activity:**
- After reviewing the readings for this week – what are some of the potential considerations for misdiagnosis of personality disorders in these clusters – particularly cluster A?
- How might a person’s racial identity and socioeconomic status effect this diagnostic picture?
- In Class Activity on Differential Diagnosis of Cluster A and Thought Disorders
- In Class Activity on Differential Diagnosis of Cluster C and Anxiety Disorders
- Brief Intervention Presentation #2
REQUIRED READINGS:


**November 2nd**

**Week 9: Personality Disorders, Cluster B**

Assessment Measures: MMPI

Discussion Questions/Activity

- What were your previous experiences and beliefs about working with persons with Borderline Personality Disorder? How might these beliefs impacted your engagement with and assessment of these clients?
- What were your previous experiences or beliefs about working with someone with Antisocial Personality Disorder? How might these beliefs impacted your engagement with and assessment of these clients?
- What are your experiences – and what did you notice in the readings on the comorbidity of persons with a Cluster B diagnosis and substance use?
- In Class Activity on Differential Diagnosis of BPD and BPAD
- Brief Intervention Presentation #3

REQUIRED READINGS:


OPTIONAL READINGS AND MEDIA:


**November 9th**

*Week Ten: Psychotic and NeuroCognitive Disorders*

**Measure:** St. Louis University Mental Status Exam (SLUMS); World Health Organization Disability Assessment (WHODAS 2.0; Clinician-Rated Dimensions of Psychosis Symptom Severity

**Handout:** Decision Tree for Psychosis

**Discussion Questions/Activity:**
- What are some of the challenges and important considerations in engaging and assessing individuals whose competence might be compromised?
- Clinical interview videos “Mike” (7:35) and “Eddie” (8:19) followed by discussion
- In Class Activity on Differential Diagnosis of Dementia
- Brief Intervention Presentation #4

**REQUIRED READINGS AND MEDIA:**


OPTIONAL READINGS:


**November 16th**

**Week Eleven: Autism Spectrum Disorder; Attention Deficit/Hyperactivity Disorder**

**Discussion Questions/Activity:**
- In the video *Autism for African American Families*, we hear interviewees talk about the process of realizing their children had Autism Spectrum Disorder. What are some factors contributing to the disparities of care and diagnosis for African American children with ASD? How does the intersection of race, gender, SES, geography and other factors contribute to this?
- Clinical interview videos: Interview with Dr. Littrell (6:17) and Client Session Part 1 (8:35) followed by discussion
- What do you notice about Dr. Littrell’s engagement and interviewing style that contrasts with the other clinical interviewing we have observed?
- Brief Intervention Presentation #5 (if necessary)
REQUIRED READINGS AND MEDIA:


OPTIONAL READINGS AND MEDIA:


November 30th
Week 13: Disruptive, Impulse-Control and Conduct Disorders
Biopsychosocial Assignment Due by 11:59pm!
Assessment Measures: Barratt Impulsivity Scale
Discussion Questions/Activity:
- What is your understanding of the Biopsychosocial definition of Impulsivity?
- When thinking about psychopharmacological and behavioral interventions for this diagnostic picture – what do you think might be more helpful for patients or clients that
you may have worked with who have had disruptive, impulse control or conduct disorders?

- In Class Activity on Differential Diagnosis of Impulse Control Disorder and Personality Disorder – Cluster B

REQUIRED READINGS:


**December 7**

*Week Thirteen: Conditions Related to the Body: Somatic Disorders; Eating Disorders*

**Assessment Measures:** Eating Questionnaire

**Discussion Questions/Activity:**
- Clinical interview videos: Interview with Gloria (5:34) and Interview with Karen (12:00) followed by discussion
- Somatoform Disorders can take many forms. How might this complicate assessment and diagnosis? What other conditions might we need to consider in differential diagnosis?
- Brief Intervention Presentation #7

REQUIRED READINGS:


OPTIONAL READINGS:


December 14th

**Week Fourteen: Wrap-Up; Course Feedback; Evaluations**

Discussion Questions/Activity:
- Brief Intervention Presentation #8
- After taking this course, which mental health conditions do you feel most comfortable assessing? With which conditions are you less comfortable?
- Reflecting on the activities and assignments in this course, which did you find to be the most helpful? Least helpful?
- Reflecting on the assigned readings and media, what feedback do you have?
- What was your experience with the classroom climate we created? Are there things I or your classmates could have done differently?
- What are your ideas for how we might improve our inclusion of elements of diversity and intersectionality in the course content, classroom discussions and activities and/or assignments?

V. Texts and Reading Materials for the Course

**Required Text**

**Optional Texts and Readings**

(Note: UW students have access to the on-line version of the DSM 5, which is accessible through the following link: [http://psychiatryonline.org.ezproxy.library.wisc.edu/](http://psychiatryonline.org.ezproxy.library.wisc.edu/))

Additional Readings, both required and optional, will be made available on the Canvas site.

VI. Evaluation: Assignments, Grading and Methods

**Grading Scale & Standards:**
Students’ final grade will be based on the following:

<table>
<thead>
<tr>
<th>Points</th>
<th>Grade</th>
<th>What the point totals &amp; subsequent grade generally indicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-100</td>
<td>A</td>
<td>Outstanding, excellent work in all areas</td>
</tr>
<tr>
<td>88-93</td>
<td>AB</td>
<td>Outstanding, excellent work in many areas</td>
</tr>
<tr>
<td>82-87</td>
<td>B</td>
<td>Meets expectations in all areas</td>
</tr>
<tr>
<td>76-81</td>
<td>BC</td>
<td>Meets expectations in most areas; below in others</td>
</tr>
<tr>
<td>70-75</td>
<td>C</td>
<td>Below expectations in most areas; not acceptable graduate work</td>
</tr>
<tr>
<td>64-69</td>
<td>D</td>
<td>Below expectations in all areas</td>
</tr>
<tr>
<td>&lt;64</td>
<td>F</td>
<td>Course failure</td>
</tr>
</tbody>
</table>
Assignments:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points/Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Participation</td>
<td>10 points</td>
</tr>
<tr>
<td>Brief Intervention Presentation and Handout</td>
<td>20 points</td>
</tr>
<tr>
<td>Discussion Posts</td>
<td>20 points</td>
</tr>
<tr>
<td>Case Role-plays and Presentations</td>
<td>15 points</td>
</tr>
<tr>
<td>Biopsychosocial Report with Intervention Recommendation</td>
<td>35 points</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100 points</strong></td>
</tr>
</tbody>
</table>

In order to achieve the competencies, timely completion of assignments is expected. Students needing assistance with written assignments are expected to use available resources (e.g., the Writing Lab, 6171 Helen C. White Hall).

**Participation** is **REQUIRED**. Effective participation consists of having completed readings and other assignments, the ability to integrate social work concepts with field and other experiences, AND the ability to fully engage in problem solving and other exercises (presenting social work issues or other perspectives for discussion as well as responding to other students who present issues). It also includes arriving to class on time. You are required to be an alert, attentive and active participant in this class. This includes attentive non-verbal behavior and offering comments relevant to course dialogue. Participation can be challenging for some students. Please see instructor EARLY in the semester if you need any assistance in this or any other areas, as students will be expected to actively participate in each class.

- **Participation Rubric**
  - Attended all classes: 4 points
  - Participation in large group discussion: 2 points
  - Participation in small group discussion: 2 points
  - During role plays, participated as client, interviewer, and observer (see below): 2 points
  - Total: 10 points

**Assignments**

#1: Brief Intervention Presentation with 1-2 Page Handout
Due: TBD by sign-up
Value: 20 points

Working in pairs, students will bring one technique or intervention that can be used when working with a consumer who is experiencing distressing mental health symptoms and/or working to manage symptoms of the diagnosis.
The students will: (1) explain the technique selected, (2) what type of client may benefit from this and when might it be used, **making sure to consider how this intervention might work with diverse populations**, (3) rational for introducing the intervention to the consumer, including discussing or demonstrating how you would engage the consumer in trying this intervention, and (4) brief demonstration of the technique or portion of the technique via a role-play. **Recommended Length: 5-8 mins (Maximum Length 10 minutes)**

Some examples of interventions would be specific techniques related to mindfulness, relaxation techniques, coping skills, visualization, and/or grounding. This is an opportunity for students to share knowledge and resources with peers while taking the steps to analyze, interpret and employ specific techniques or interventions into practice.

A sign-up sheet will be provided in class to schedule dates for pairs to present the intervention/technique. You must provide a handout summarizing the four main points above to provide to your peers. You are encouraged to include information on where they can find out more about the technique if interested in using it in their clinical practice, such as a website or YouTube video in your handout.

Students will be graded based on the following criteria:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Effectively explain intervention in a way that is engaging and clear</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Clear discussion of clients most likely to benefit, and who might not</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Rationale provided when introducing it to the consumer</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Demonstration of the technique</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Professional presentation demonstrating thoughtfulness and preparation</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Quality and usefulness of the handout provided</td>
<td>4</td>
</tr>
<tr>
<td>20</td>
<td>Total</td>
<td>20</td>
</tr>
</tbody>
</table>

**#2 Discussion Posts**

**Due:** Must complete 4 discussion posts throughout the semester between

1. Weeks 2-4  
2. Weeks 5-7  
3. Weeks 8-10  

**Value:** 5 points each (20 points total)
Using the “Discussions” page in Canvas, students will have the opportunity to share their cognitive and affective reactions about course material, concepts and current events relevant to the topic PRIOR TO the class in which the material will be covered.

Just as we consider the history and background of our clients, we must also be curious about our perceptions and feelings toward certain aspects of mental illness. You might choose to reflect and explore your personal responses to a diagnosis or group of disorders that you find (or might find) “challenging” to work with. You might choose to share about personal or professional experiences that are informing your reactions. You might find you are struggling to understand a particular diagnosis, symptom, and/or intervention and might choose to start a discussion post with a critical question followed by discussion. You might find yourself connecting what we are learning in the course with a current event, something happening on the national level related to policy or practice, or perhaps a media portrayal of something related to mental illness.

Please use these discussion posts to continue your engagement with the course content, concepts discussed in class and your classmates! Discussion postings pertaining to issues related to marginalized populations, intersectionality, cultural considerations and the social work perspective are strongly encouraged. The instructor may refer to students’ postings in class to facilitate further discussion and integration of ideas.

Grading will be based on evidence of thoughtful consideration of your cognitive and affective processes and personal/professional experience, as well as attention to grammar, spelling, organization, clarity and jargon-free writing. Keep in mind the point value for a posting - a post of 2-3 sentences will not be sufficient. A discussion must be posted between weeks 2-4, weeks 5-7, weeks 8-10 and weeks 11-13. A discussion post submitted late will receive half the points.

- Grading Rubric

<table>
<thead>
<tr>
<th></th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, academic writing in APA format; correct citations</td>
<td>4</td>
</tr>
<tr>
<td>Overall organization and paragraph structure</td>
<td>4</td>
</tr>
<tr>
<td>Grammar and sentence structure</td>
<td>4</td>
</tr>
<tr>
<td>Thoughtful reflection that demonstrates critical thinking, a cohesive discussion and an integration of any readings, class discussion or personal/professional experience</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
</tr>
</tbody>
</table>

# 3: Case Role Plays and Case Presentations

Due: TBD by your small group

Value: 15 points
Students will be placed into groups of four to conduct role-plays of clients with a mental health concern, followed by a case presentation and consultation. Two group members will engage in a clinical interview role play while the other two members will observe the clinical interview and provide feedback at the end. For the two members doing the role-play that week, one member will be the “client” while the other is the interviewer. The “client” will utilize the case examples from the text to inspire the client they will portray in the role-play. Both the client and the interviewer must prepare for their roles prior to class, but should prepare separately. If you are the client, do not tell the interviewer which diagnosis you are portraying. The client and interviewer will engage in a clinical interview for approximately 20 minutes in which the interviewer attempts to determine the appropriate diagnosis. At the end of the role-play, the interviewer will have five to seven minutes to present the case to the “team” (the other two members of the group not involved in the role play). The interviewer and the team will then engage in a brief case consultation facilitated by the interviewer. After the consultation, the group will briefly discuss the whole experience and provide feedback to one another.

The observers will complete the feedback form and provide this to the instructor following the role-play. Observers MUST take time to provide descriptive comments in the “General Comments” section, or will lose participation points. The instructor will consider these comments and direct observation when determining a grade.

Each class member will have the opportunity to be the interviewer once, the client once and the observer twice.

**Case Role-Play and Presentation Feedback Form**

**Interviewer:**

**My Name:**

<table>
<thead>
<tr>
<th>Skill Demonstration</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer asks questions to assist in determining specific diagnostic criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer engages the client in a conversational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>discussion when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer asks relevant follow-up questions for further clarification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer demonstrates warmth, empathy and understanding through verbal and non-verbal communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer presents the case with attention to detail and covers all relevant and critical findings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer provides reasonable rationale for differential diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer provides logical recommendations, treatment targets and interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Comments:**

#3: Biopsychosocial Report with Intervention Recommendation
Due: November 30th, Week 12
Value: 35 points
For this assignment, you are being asked to write a biopsychosocial assessment that includes recommendations for interventions to address identified concerns for a client you are seeing in the course of your field placement, obtained access to through your work setting or volunteer position, or based on an in-class role play.

STEP ONE: Identify an appropriate assessment target (person you will interview/assess) to complete this task. You can start doing that now, as this can take time and arranging schedules can be a challenge. Try very hard to access an actual subject to interview, sharing that you are a student and that this interview is conducted as part of a final assignment. Assure them that NO IDENTIFYING INFORMATION will be included in the report (then make sure you don’t include any identifying information in the report (i.e., name, specific name of agency where information was gathered, etc.) If you absolutely cannot get access to a subject, please let me know ASAP. You will then be asked to get any volunteer to role play for you and I will send you a vignette for them to read and use as a guide for the role play (they should feel free to improvise). Any role-played assignment must be recorded and shared with me through Google Drive. The interview will be reviewed for thoroughness but not graded.

STEP TWO: Can be done simultaneously with step one: identify your assessment model. We have extensively discussed two approaches to the biopsychosocial assessment: the Multidimensional-Functional-Systemic (MFS) Assessment and the Person-in-Environment Assessment. Both of these models provide a framework for accessing a comprehensive base of client information, categorizing that information in a structural way to allow for an organized conceptualization of the case (i.e., identifying needs and strengths), and allowing for an accurate formulation of an intervention strategy (i.e., recommendations to address needs): and provide a framework to empower client (i.e., enhance the use of their strengths and resources), relieve subjective distress and symptoms (i.e., treatment targets), and enhance their level of functioning (treatment goals, objectives, and outcomes).

STEP THREE: (Create a Clinical Interview Outline) Construct an assessment outline that consists of a list of topic headings that are relevant for your model (i.e., covers the areas of focus related to multiple aspects of the human experience) and relevant for the population from which your identified subject has been selected/referred). For example: all of the assignments will include a subheading that addresses a Presenting Issue (real or contrived) and a Case Description (i.e., concise but informative introduction of the subject being assessed). However, the age of the subject, the context of the service provided, and/or the nature of the referral may impact the topic headings and focus of the assessment. For some “Military History” may be a significant topic area, others may have no reference to the military. The person’s racial and/or ethnic identity, ability, gender identity, sexual orientation and other intersecting identities may be particularly salient for the client and should be thoroughly discussed. Family History or Family Functioning may be a topic area in each report, but will be presented and conceptualized quite differently if the subject is a minor child, minor adolescent, young adult, middle aged adult, or elderly person. Mental Health History, both of the subject and their primary family members, will be important
to consider, but will have a broad range of focus and relevance. What this suggests is that your assessment framework (and subsequent report) will have consistent focus areas across members of the class, and perhaps individualized components.

STEP FOUR: *(Create a neutral script associated with your outline)* Although we never want to conduct an assessment (clinical) interview from a predesigned script, it is often a good idea to have a few scripted questions to be used for gathering information under the various topic areas. Therefore having a few culturally-neutral, nonthreatening questions in your tool belt to use as you start through the clinical interview is helpful. Also, once the process starts, it is more important to be listening than to thinking about what you are going to say/ask next. Having somewhat of a structure in place can help with this. If you are fortunate enough to get some preliminary information (i.e., written referral, prior records, criminal complaint, police report, etc.) you can often construct a few more specific and relevant questions, specific to the case, prior to the start of the clinical interview. In addition, if you have some indication of the possible presenting issue (i.e., knowledge that individual has history of Major Depressive Disorder or Schizophrenia), brushing up on your awareness of criteria, etc. by reviewing the DSM prior to the interview and jotting down a few notes in preparation for the assessment interview is also a good idea. You may get to a point in your career where you work so often with a population that this is no longer necessary, but there is no shame in consulting the DSM or other material to prepare. One other consideration is the subject’s likely level of functioning, type of functioning, and communication style/ability (i.e., is the subject a child, an adolescent, is there a developmental disability, likely a high degree of resistance, a personality disorder, etc.) and the implications this will have on your interview. It seems like a lot to deal with, and much of this is more in your mind as a frame of reference then words written into a report.

STEP FIVE: *(the interview)* Meet with the subject of your interview. This session should take between 50-90 minutes, depending on their level of cooperation. You can print copy of your outline, with questions, leaving a lot of space for note taking; and use this as your note sheet. Otherwise you can make yourself real familiar with the outline and conduct the interview as a free flowing discussion. The key is to get good, comprehensive information. If you ask a good, open-ended question about life at home you may get a 10 minute answer that provides information for other areas, without even having to ask questions in those domains. The key is to balance between facilitating a natural conversation-like discussion, with a directed, agenda-outline driven interview. **Be sure to consider how you will incorporate an exploration of the culture and other salient identities into the interview. You are encouraged to review the Cultural Formulation Interview in DSM-5 (APA, 2013) for ideas.** Pitfalls to avoid: being so caught up in your own head that you miss what the subject is saying; being so focused on getting information that the interview turns into an “interrogation”; being too unfocused that after 60 minutes of talking you don’t know much more about this person than you did when you started; and allowing preconceived ideas or early impressions influence your assessment so that you inadvertently find what you are looking for, rather than compiling what is actually there. Be sure to take a moment to review your notes with the client to be sure your information is complete and accurate. You don’t have to re-read everything, but this is the time to go back to points that weren’t clear, but you let the discussion flow because it didn’t seem right to interrupt. It is also a
chance to ask about domains that naturally got skipped over because the flow of the interview took you away from the domain before you had a chance to address it (i.e., subject started to discuss their current employment situation and you didn’t get to discuss what their experiences were like in school).

STEP SIX: (conceptualization, report draft) Social workers often play key roles in the assessment process. Role one: they tend to gather the most comprehensive picture (intrapersonal, interpersonal, and environmental). Role two: they use their knowledge and experience to parse out the less relevant information, from the relevant information, from the critical information. It is the relevant and critical information that gets put into the report (final assignment). The critical information is not only in the body of the report, but is usually the focus of the reports summary and recommendation section.

STEP SEVEN: (final product) Once the information has been reviewed and sifted, a final conceptualization is written into a report, organized using the outline that you’ve crafted (and maybe modified a bit). The conclusion is a summary and formulation that includes:

1. At least one target area for intervention (should be the most critical target or foundational target, identified by client’s expressed urgency or your clinical impression, or both)
2. A goal related to this target area (i.e., what improvement would look like)
3. An objective (specific objective or task that will build toward the improvement)
4. Planned intervention to achieve objective

This assignment will be graded on the 1) detail in the assessment, including providing a diagnosis and supporting the diagnosis with evidence, 2) a thoughtful biopsychosocial sensitive to intrapersonal, interpersonal, and environmental considerations, including culture and intersectionality, 3) a quality formulation that includes relevant and critical information, and 4) logic used in the formulation in identifying more than one target, goal, objective and planned intervention.

Note: In a more elaborate formulation, referred to as a “treatment plan” you would be sure to list not only the targets, goals, and objectives, but would also include timelines (how long it should take for improvement to be noticed) and measurable outcomes (what the accomplished objective would look like). This level of formulation is not necessary for this assignment, which will be graded on the comprehensiveness of the information, the concise and organized way in which it is presented in a report, and the clinical logic used in the summarized clinical impression and the recommendation(s) for an initial recovery plan.

STEP EIGHT: Upload the final report document to the Canvas 11:59pm by the due date.

This document should be between 6-8 pages, single spaced, 12-point font. No citations or references are required. A sample template for the document is provided below for reference, however your assessment does not need to adhere to this format.

1. Introduction to the client
a. Name, age, race/ethnicity, gender identity
b. Client’s stated goal

2. Brief description of the presenting problem (1-2 sentences)

3. Signs and symptoms resulting in impairment (DSM based)
   a. Social, occupational, affective, cognitive, physical difficulties
      i. Ex: “Social impairment as evidenced by….”

4. History of presenting problem
   a. Events, precipitating factors or incidents leading to need for services
   b. Frequency/duration/severity/cycling of symptoms
   c. Was there a clear time when symptoms worsened?
   d. Family mental health history

5. BioPsychoSocial Considerations
   a. Current family and significant relationships
   b. Childhood/Adolescent History
   c. Social Relationships
   d. Cultural/Ethnic Considerations
   e. Spiritual/Religious Considerations
   f. Legal Considerations
   g. Education
   h. Employment/Vocational
   i. Military
   j. Leisure/Recreational
   k. Physical Health

6. Chemical Use History

7. Counseling/Prior Treatment History

8. Mental Status Exam (needs to be in clinical language)
   a. Appearance
   b. Behavior
   c. Speech
   d. Affect/Mood
   e. Thought Content
   f. Thought Process
   g. Judgment/Insight

9. Provisional Diagnosis:
   a. Due to limited information, the diagnosis must be provisional. List the diagnosis or diagnoses you consider to be the most appropriate.

10. Summary and Formulation
    a. Summarize clinically relevant findings. Be sure to restate relevant signs and symptoms. Be sure to include all external/environmental and internal factors (i.e. endogenous: biological, hereditary, temperamental, sociocultural) that are relevant in the onset/cause and maintenance of the client’s problems.
    b. Provide a rationale for your provisional diagnosis(es) and specifiers. Convey how the diagnosis is a match for this individual. If you are weighing two or more different diagnoses, explain why or how you arrived at these. Discuss why one
diagnosis might be a better match than the other. Note any rule/out diagnoses you think are pertinent and why.

c. Note any strengths, resources, and expressions of resilience that may promote recovery.

d. If relevant, discuss how culture and values affect the assessment of the client’s needs/problems.

e. Discuss targets for intervention, goals objectives and intervention plans.

VII. Course Policies

Classroom Climate:
Classroom climate, or the way a classroom space feels to everyone in the room based on communication, norms, values and processes, impacts participation, motivation and learning. Meeting course objectives requires that the instructor and students actively work to create a learning environment that is respectful and safe so that ideas can be examined honestly, diverse viewpoints shared, and in-class activities approached with maximum curiosity and enthusiasm. In order to learn, we must be open to the views of people different from ourselves. Diversity in beliefs, ideas and lived experiences are highly valued here. Each student has knowledge and experience that will enhance the learning of their colleagues and each voice is important. In this time we share together over the semester, please honor the uniqueness of your fellow classmates, and appreciate the opportunity we have to learn from each other. Because the class will represent diverse individual beliefs, backgrounds, and experiences, every member of this class must show respect for every other member of this class. We will share the challenges of upholding our community guidelines and responding to moments when we fail to abide by them. Students will be held accountable for what they are expressing verbally and nonverbally. Students are expected to keep confidential all issues of a personal or professional nature discussed in class.

I am firmly committed to diversity and equality in all areas of campus life and building an inclusive classroom space where everyone feels safe and welcome. I recognize that we all have biases. Discrimination can be direct or indirect and take place at both institutional and personal levels. I believe that such discrimination is unacceptable and I am committed to providing equality of opportunity for all by eliminating any discrimination, harassment, bullying, or victimization. I invite you to bring any concerns in this regard to my attention.

Student Wellness
As a student you may experience a range of issues that can cause barriers to learning. These might include strained relationships, anxiety, high levels of stress, alcohol/drug problems, racism, feeling down, and/or loss of motivation. University Health Services (UHS) can help with these or other issues you may be experiencing. You can learn about the free, confidential mental health services available on campus by calling (608)265-5600 or visiting www.uhs.wisc.edu. Help is always available.
Other student support services and programs include:
- Multicultural Student Center https://msc.wisc.edu/
- LGBT Campus Center https://lgbt.wisc.edu/
- Dean of Students Office https://www.students.wisc.edu/doso/

Below are resources for reporting and responding to incidences of bias and hate on campus.
- Report: https://students.wisc.edu/doso/services/bias-reporting-process
- Bias Response and Advocacy Coordinator email: reportbias@wisc.edu
- UW-Madison Police Department: uwpd.wisc.edu
- Office of Equity and Diversity: www.oed.wisc.edu/

You may also report incidents in-person to the Dean of Students Office, 70 Bascom Hall, during normal business hours. Reportable incidents include crimes such as vandalism or physical assault, as well as non-academic misconduct, slurs, and intimidation. Anyone who files a report will have the opportunity to meet with the Bias Response and Advocacy Coordinator, so that we can meet their needs and ensure their safety.

Support for Survivors of Sexual Violence
If a student comes to me to discuss or disclose an instance of sexual assault, sex discrimination, sexual harassment, dating violence, domestic violence or stalking, or if I otherwise observe or become aware of such an allegation, I will keep the information as private as I can. However, Chapter 36.11 (22), Wisconsin Statutes, requires “any person employed at [UW-Madison] who witnesses a sexual assault on campus or receives a report from a student enrolled in the institution that the student has been sexually assaulted shall report to the dean of students of the institution. The dean of students shall compile reports for the purpose of disseminating statistical information.” As a faculty member, I am therefore required to report to the dean of students. For further information about rights and resources: http://uwpd.wisc.edu/content/uploads/2014/12/CSA-Resorces-Handout-Victim-RightsResources-2014-VAWA.Clery_.pdf

Out-of-Class Contact with Instructor
I encourage students to meet with me outside of class to discuss concerns, answer questions and provide comments and feedback. I am usually available to meet briefly right before class, during break and right after class ends. Rather than holding office hours, I prefer to meet with students by appointment. Please email me with a request to arrange a time to meet. I am happy to meet students in the Social Work Library or the Wisconsin Institutes for Discovery coffee shop if this is a more comfortable and welcoming space for you.

Electronics:
To minimize disruptions to class process all devices must be turned off during the class period unless the instructor gives instructions to utilize electronic devices for a class activity. If you have an urgent reason for leaving your phone on, please inform the instructor. If there is a
medical or other serious need for these devices, please speak to the instructor before class. Audio recording of classes will be allowed only after full disclosure to the class that an audio recorder is operating.

**Note on Accommodation of Student Disability:**
The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students requiring accommodation, as approved by the McBurney Center, are expected to provide the instructor with a copy of their Verified Individualized Services and Accommodation (VISA) by the second week of the semester, or as soon as possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at mcburney@odos.wisc.edu; Phone at 608-263-2741; Text messaging at 608-225-7956; or by FAX at 608-265-2998, 711 (Via relay); 702 W. Johnson St., #2104, Madison, WI.

I will work directly with you and in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA. If you require accommodations to obtain equal access to this class or to any assignments, please contact me as soon as possible.

**Attendance Policy:**
Students are expected to attend all scheduled classes and to arrive on time.

- **Promptness**
  Prompt arrival to all classes is required. Repeated tardiness will impact your grade. I will consider a late arrival or early departure of more than 20 minutes an absence.

- **Absence**
  If you must miss class you are required to inform me via email in advance. Students are responsible for completing any class requirements for the day missed, and for obtaining from a fellow classmate any assignments, materials, and communications missed due to absence, late arrival, or early departure. Students who must be absent due to inclement weather or other emergencies must contact me prior to the start of class. Students who are absent three or more times in the semester will be required to schedule a meeting with the instructor to discuss their performance and continuation in the course. Three or more absences may lead to a student receiving a failing grade.
Religious Holidays:
I recognize that students’ choices to observe religious holidays that occur during periods when classes are scheduled. Students are encouraged to arrange with their instructor to make up work missed as a result of religious observance, and instructors are asked to make every reasonable effort to accommodate such requests.

Reading and Media Assignments:
You are expected to have read, viewed and listened to all assigned material prior to the class date under which the readings are listed above. Reading and critically evaluating what you have read is necessary so that you can learn, actively participate in class discussions, and successfully complete written assignments.

Canvas
All students are required to access Canvas for course content and assignments. If you have difficulty with Canvas, you should contact the DoIT helpdesk.

Late assignment policy
Assignments are due on the date specified by 11:59pm. If you are not able to be in class the day a written assignment is due, you are still responsible for turning in your assignment on the due date. If a student a) communicates with me at least 48 hours prior to the due date, b) provides a reasonable justification for an extension, and c) we come to an agreement about a revised deadline, the assignment handed in by the new date will be considered “on time.” Unapproved late assignments will be marked down 1 point for each day the assignment is late.

Written Assignment Policy:
1. All written assignments are to be completed in Microsoft Word, without exception. The instructor will not review assignments submitted in another format.
2. Always include a cover sheet (not counted as one of the required pages) with the title of the paper, your name, the date turned into the instructor, course number, and course title (do not put this information on the first page of your paper).
3. Students must format assignments using one-inch margins, double-spacing, and a Times New Roman 12-point font unless indicated otherwise.
5. Reference pages must be on a separate sheet from the paper (not counted as one of the required pages). When required to use references, you must use peer-reviewed journals. Websites may only be used with prior approval from the instructor.
6. Papers should be placed in the Canvas by 11:59pm of the due date. You will receive a confirmation e-mail when your paper is successfully downloaded to the Canvas. It is your responsibility to be sure your paper has been downloaded properly. I will adhere to the policy on late assignments if an assignment is not received in Canvas by the time it is due.
Criteria for Assignments
Specific attention should be given to organization, paragraph and sentence structure, clarity and correct citation using APA format. Before turning in any assignment, consider if the following criteria are met:

1. Validity, relevance, support of main points, ability to consider other perspectives.
2. Sources, quotes, and paraphrases appropriately identified; clear connection to course ideas/readings. Own thinking comes through.
3. Organization, clarity, logical flow, completed as required.
4. Has an introduction and conclusion, unless otherwise stated.
5. Paragraphs should have topic sentences that reflect the content of the paragraph and should have a smooth flow from one paragraph to the next.
6. Has depth, includes critical evaluation, is integrative—looks at the whole.
7. Appropriate grammar, spelling, format, etc.

Appealing a Grade:
Your goal for this and other courses should be to make the most of your learning experience, and not to simply “get an A.” Grade expectations should NOT be based on what you have received in other courses—this is never a legitimate argument for appealing a grade. If you have an issue with a grade that you receive in this course, please document the reasons for your appeal in writing and provide this to me. Your reasons for your appeal should include a discussion of (1) the extent to which you responded to assignment objectives, (2) the quality of your writing (to include grammar and spelling, organization, flow and clarity), and (3) your ability to demonstrate depth and critical thinking. If there is something about an assignment that is unclear to you, it is your job to bring this to my attention in advance of the due date. Students wishing to appeal a grade must me with the information requested no later than two weeks after the assignment has been returned to students.

Code of Ethics, Student Rights and Responsibilities & Plagiarism
BSW and incoming MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the Student Rights and Responsibilities. In doing so, they agreed that while in the BSW or MSW Program they would honor the NASW Code of Ethics and Student’s Rights and Responsibilities, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. BSW and MSW students are expected to adhere to these policies in the classroom, in the field and in the preparation of course assignments.

Grade Appeals/Grievance Policy:
The process for appeal a final grade is set forth in the School of Social Work’s Student Rights and Responsibilities Handbook.

http://socwork.wisc.edu/files/StudentRightsResponsibilities.pdf
### Appendix A

<table>
<thead>
<tr>
<th>Competency and Description</th>
<th>Course Content relevant to Dimensions that Comprise the Competency*</th>
<th>Location in syllabus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1.2 Engage Diversity and Difference in Practice</strong>&lt;br&gt;Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Advanced practice social workers recognize that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice. They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</td>
<td>Lecture, reading and discussion related to dimensions of diversity and the delivery of services (K, S C/A)&lt;br&gt;Assignments: Brief Intervention Presentation, Discussion Posts, and Biopsychosocial Report (K, S, C/A)</td>
<td>Weeks 1, 4, 5, 8, 9, 10, and 11&lt;br&gt;Pages 17, 18 and 21</td>
</tr>
<tr>
<td><strong>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</strong>&lt;br&gt;Advanced Generalist social workers</td>
<td>Lecture, readings, videos, discussion and role-plays engaging individuals in mental health practice (K, S)</td>
<td>Week 2, 3, 6, 7, 9, 10, 11</td>
</tr>
</tbody>
</table>
understand and demonstrate that engagement is an ongoing component of the dynamic and interactive process of social work practice in the focus area with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They value the importance of human relationships. Advanced Generalist social workers understand and apply theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the focus area to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. They understand and demonstrate an array of strategies to engage diverse clients and constituencies to advance practice effectiveness in the focus area. Advanced Generalist social workers demonstrate advanced understanding of how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies in the focus area. They value and employ principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals in the focus area.

### 2.1.7 Assess Individuals, Families, Groups

Advanced Generalist social workers independently engage and apply their understanding of theories of human behavior and the social environment in the ongoing assessment of diverse individuals, families, groups, organizations and communities in a focus area. They engage in inter-professional collaboration and utilize methods of assessment appropriate to a focus area to advance practice.

<table>
<thead>
<tr>
<th>Assignments: Brief Intervention Presentation Discussion Posts, Case Role-Plays and Case Presentation (K, S, C/A)</th>
<th>Pages 17, 18 and 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture, readings, assessment measures, videos, discussion and role-plays focused on assessment of individuals in mental health practice (K, V, S, C/A)</td>
<td>Weeks 2-13</td>
</tr>
<tr>
<td>Assignments: Discussion Posts, Case Role-Plays and Case Presentation, and Biopsychosocial Report (K, S, C/A)</td>
<td>Pages 18, 19 and 21</td>
</tr>
</tbody>
</table>
Effectiveness. Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making.

| 2.1.8 Intervene with Individuals, Families, Groups | Advanced Generalist social workers recognize and understand intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They independently identify, analyze and implement evidence-informed interventions to achieve the goals of clients and constituencies in a focus area. Advanced Generalist social workers incorporate their knowledge of theories of human behavior and the social environment when selecting and implementing interventions in a focus area. They also engage in interdisciplinary, inter-professional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions. | Lecture, reading, videos, and small/large group discussions and case studies focused on evidence-based interventions (K, S, V, C/A) | Assignments: Brief Intervention Presentation, Discussion Posts, and Biopsychosocial Report (K, S, C/A) | Weeks, 3-13 | Page 17, 18 and 21 |

*K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes