



School of Social Work
University of Wisconsin–Madison
1350 University Avenue
Madison, WI 53706

SW 612-001: Psychopathology in Generalist Social Work Practice Syllabus

Summer 2018

Instructor: Amy Kucin, MSW, LCSW, SUDS

Email (Preferred Contact): avkucin@wisc.edu

Phone: 608-575-1898

Office Hours: By appointment in-person or web conference

Expected Response Time: While this is a web-based course, I am easily accessible. The best way to contact me is by email. My contact information is included above. I normally check email several times per day, and I will respond to your email as quickly as possible. I will, at a minimum, make every effort to respond to email within 24–48 hours except on weekends and holidays. If you have questions of a personal nature, relating to a personal emergency, an assignment grade, or other private matter, you are welcome to contact me via email.

Canvas URL: <https://canvas.wisc.edu/courses/102188>

Instructional Mode: Online only. All students are required to access Canvas for the online course content and assignments. If you have difficulty with Canvas, contact the DoIT Help Desk.

Meeting Time and Location: No physical meetings. At least 1 required synchronous virtual meeting using Ultra Conference software within the online Canvas course site between small group members at a date and time to be determined by each group.

Duration: 6/18/2018–8/12/2018

Credits: 3

I. Course Description

This foundation course prepares social work students to recognize major mental health concerns across the lifespan. The course includes an introduction to the Diagnostic and Statistical Manual of Mental disorders (DSM) as the organizing framework for reviewing major mental disorders and critique of the current "medical model" approach to mental health in the United States. The course considers mental health issues from a generalist perspective

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including the role of the social environment, culture and stigma in mental health services, access and policy.

Attributes & Designations: For undergraduates this course counts as Liberal Arts and Science credit in L&S. For graduate students this course counts toward the 50% graduate coursework requirement.

Requisites: Senior standing and declared in Bachelor of Social Work program (for undergraduate students).

How Credit Hours Are Met: The credit standard for this course is met by an expectation of a total of 135 hours of student engagement with the course learning activities (at least 45 hours per credit), which include time in online lectures, reading, writing, studying, discussion, preparation for any of these activities, and other student work as described in the syllabus.

II. Course Overview

This generalist course prepares social work students to recognize major mental health concerns across the lifespan. The course includes an introduction to The Diagnostic and Statistical Manual of Mental Disorders-5 (APA, 2013) as the organizing framework for reviewing major mental disorders and a critique of the current "medical model" approach to mental health in the United States. The course considers mental health issues from a generalist perspective including the role of the social environment, culture and stigma in mental health services, access and policy.

This generalist course aims to convey a knowledge base in, and orientation to, psychopathology, as preparation for advanced social work practice. A focus on the identification and description of mental disorders, and what is known (and not known) about their social context and etiology (biological, psychological and socio-cultural factors) will be a major component of the course. In addition, exploration of issues of diversity related to diagnosis and treatment of specific mental disorder categories as well as how this material impacts and impinges on mental health policies and services.

As part of this class, we will discuss the strengths and weaknesses of our current "medical model" approach to mental health in the United States, controversies relating to the DSM-5, the strengths and weaknesses of this diagnostic system, and the role of social workers in addressing mental health concerns across areas of social work practice. We will also explore issues pertaining to ethical practice. This class will not provide in-depth, skill-based learning in specific clinical interventions, but we will review what is known about effective treatments for specific classes of disorders.

III. Learning Outcomes: Competencies, Practice Behaviors, and Assignments

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 measured through course activities, readings, assignments and behaviors learned in field experiences, and which are derived from social work knowledge, values, skills and cognitive and affective processes. The objective of this course is to help students to demonstrate understanding and mastery of the knowledge, values, skills and cognitive and affective processes relevant to the competencies described in Appendix A.

IV. Course Content

Below is an outline of topics and required readings that will be covered in this course, in order of their presentation.

Please note: Discussion regarding specific diagnoses listed in Modules 3 through 8 will consist of assessment, intervention, and social work considerations.

Module One (June 18–24)

Topics

1. The Mental Health Care System, Access to Care, and Social Work Values in Mental Health
2. The Impact of Mental Health Stigma and Stigma Reduction
3. Mental Health Recovery

Readings & Media

1. AJ+. (2015, November 2). *5 ways the U.S. mental health care system is in crisis* [Video file]. Retrieved from <https://youtu.be/XR8zfpUwTrQ> (3:46)
2. Rovinelli Heller, N., & Gitterman, A. (2011). Introduction to social problems and mental health/illness. In N. Rovinelli Heller & A. Gitterman (Eds.), *Mental health and social problems: A social work perspective* (1-17). New York: Routledge.
3. *Mental Health 60 Min* [Video file]. Retrieved from <https://youtu.be/tCfL9fW4bEg> (14:21)
4. AJ+. (2015, May 8). *4 myths about mental health in the US* [Video file]. Retrieved from <https://youtu.be/TruDKqHZId8> (3:03)
5. Recommended: Dembrosky, A. (2016, July 25). Single mom's search for therapist hampered by insurance companies [Radio broadcast episode]. In R. Siegel (Host), *All Things Considered*. Washington, D.C.: National Public Radio. Retrieved from <http://www.npr.org/templates/transcript/transcript.php?storyId=481765235> (5:32)

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6. Singer, J. B. (Producer). (2007, March 15). Interview with Kya Conner: Stigma and social work [Episode 13]. *Social Work Podcast* [Audio podcast]. Retrieved from: <http://socialworkpodcast.blogspot.com/2007/03/interview-with-kya-conner-stigma-and.html> (31:13)
7. Corrigan, P. W., & Kosyluk, K. A. (2013). Erasing the stigma: Where science meets advocacy. *Basic and Applied Social Psychology*, 35(1), 131-140.
8. Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482–485.
9. Recommended: Donovan, J. (Host). (2012, August 20). Behind mental health stigmas in black communities [Radio broadcast episode]. In J. Donovan (Host), *Talk of the Nation*. Washington, D.C.: National Public Radio. Retrieved from <http://www.npr.org/2012/08/20/159376802/behind-mental-health-stigmas-in-black-communities> (30:19)
10. Recommended: Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry*, 46(7), 714–734.
11. Recommended: Pimlott Kubiak, S., Ahmedani, B. K., Rios-Bedoya, C. F., Anthony, J. C. (2011). Stigmatizing clients with mental health conditions: An assessment of social work student attitudes. *Social Work in Mental Health*, 9(4), 253–271.

Discussion Prompts

- Where and how do people access mental health care? What societal factors influence this?
- How will you encounter mental health needs in your social work career?
- How do our social work values inform our responses to these parents' situations and other concerns identified in these pieces of assigned media?
- What role does stigma play in your own beliefs about and reactions to mental illness?
- What must we, as social workers, do both personally and politically to address the public health concern of stigma?
- What local efforts in the Recovery Movement are you aware of in Dane County?

Module Two (June 25–July 1)

Topics

1. Biopsychosocial and Societal Risk and Protective Factors in Mental Health
2. Diagnosis and the Social Work Profession and Introduction to the DSM and Limitations
3. Cultural Considerations in Mental Health and The Cultural Formulation Interview

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 1: Diagnosis and the Social Work Profession; Chapter 2: Biopsychosocial Risk and Resilience and Strengths Assessment)
2. ***Read this article before the Kutchins and Kirk article***
Williams, J. B. W., & Spitzer, R. L. (1995). Should DSM be the basis for teaching social work practice in mental health? Yes! *Journal of Social Work Education*, 95(31), 148–153.
3. ***Read this article after the Williams and Spitzer article***
Kutchins, H., & Kirk, S. A. (1995). Should DSM be the basis for teaching social work practice in mental health? No! *Journal of Social Work Education*, 95(31), 159–165.
4. PBS NewsHour. (2013, May 20). *What DSM-5 means for diagnosing mental health patients* [Video file]. Retrieved from <https://youtu.be/j67-uC8icNE> (8:29)
5. Recommended: Horowitz, A. V. (2007). Transforming normality into pathology: The DSM and the outcomes of stressful social arrangements. *Journal of Health and Social Behavior*, 48(3), 211–222.
6. American Psychiatric Association (2013). *The Diagnostic and Statistical Manual of Mental Disorders—5th Edition*. Washington, DC: APA. (Cultural Formulation, pp. 749–760)
7. ***I strongly recommend you follow along using the interview questions found in the DSM-5 Cultural Formulation Interview and watch the Q&A portion at the end.***
CECC NYSPI. (2014, April 8). *Demonstration of cultural formulation interview* [Video file]. Retrieved from <https://youtu.be/lqFrSzJ6iP8> (1:06:02)
8. Mizock, L., & Russinova, Z. (2016). *Acceptance of mental illness: Promoting recovery among culturally diverse groups*. New York: Oxford University Press. (Chapter 8: Racial-Ethnic Cultural Factors in the Process of Acceptance of Mental Illness, pp. 115–129)
9. Asian American Mental Health. (2014, June 12). *Culture, DSM5 and how it will impact your work* [Video file]. Retrieved from https://youtu.be/e9C_K37i2R4 (21:09)
10. Recommended: Barrera, I., Schulz, C.H., Rodriguez, S.A., Gonzalez, C.J., & Acosta, C.A. (2013). Mexican-American perceptions of the causes of mental distress. *Social Work in Mental Health*, 11(3), 223–248.

Discussion Prompts

- What are the implications of the current ideology that mental illnesses are medical disorders, meaning they are the result of an internal dysfunction? Are all mental health disorders brain disorders? How does social work's ecological model contrast with this ideology?
- Should DSM be the basis for teaching social work practice in mental health? Why or why not?

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- What are your thoughts about the cultural formulation interview after seeing it utilized in the demonstration video?
- How might we incorporate some of these questions into broader social work practice with individuals, families and groups?
- Following the role-play, Dr. Lewis-Fernandez mentions the "overculturalization and underculturalization" of understanding client distress. What is meant by each of these things?

Module Three (July 2–8)

Topics

1. Neurodevelopmental Disorders Across the Lifespan: Autism Spectrum Disorder
2. Autism in Marginalized Populations
3. Attention-Deficit/Hyperactivity Disorder
4. Disruptive, Impulse Control, and Conduct Disorders: Oppositional Defiant Disorder and Conduct Disorder

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 3: Autism Spectrum Disorder; Chapter 4: Neurodevelopmental Disorders: Attention-Deficit Hyperactivity Disorder; Chapter 10: Bipolar Disorder)
2. Kennedy Krieger Institute. (2013, June 11). *Early signs of autism video tutorial* [Video file]. Retrieved from <https://youtu.be/YtvP5A5OHpU> (9:02)
3. Recommended: Chung, W. (2014, March). *Wendy Chung: Autism – what we know (and what we don't know yet)* [Video file]. Retrieved from https://www.ted.com/talks/wendy_chung_autism_what_we_know_and_what_we_don_t_know_yet (15:35)
4. ADHDTips. (2013, June 13). *Living with ADHD BBC documentary* [Video file]. Retrieved from <https://youtu.be/YtvP5A5OHpU> (48:58)
5. White, B. (2016, November 15). The link between autism and trans identity. *The Atlantic*. Retrieved from <http://www.theatlantic.com/health/archive/2016/11/the-link-between-autism-and-trans-identity/507509/>
6. Recommended: Mandell, D. S., Wiggins, L. D., Arnstein Carpenter, L., Daniels, J., DiGuseppi, C., Durkin, M.S., Giarelli, E., et al. (2009). Racial/ethnic disparities in the identification of children with autism spectrum disorders. *American Journal of Public Health, 99*(3), 493–498.

7. ****Please note this video includes descriptions and images of violent behavior.****
Recommended: Jeff Schwartz. (2013, September 13). *Conduct disorder* [Video file]. Retrieved from <https://youtu.be/THsIP7pM9Oc> (5:00)

Discussion Prompts

- What are your reactions to the White article in The Atlantic? Were you aware of the co-occurrence between gender variance and autism spectrum disorder? In what ways is the gender binary problematic for people with ASD?
- Prior to preparing for this topic, what were your beliefs about the causes of ADHD? Did the BBC documentary impact your beliefs in some way? If so, how?
- Children with ODD and CD are at increased risk for being labeled as delinquent or "bad." In what ways do social workers have important and unique roles in helping these children?

Module Four (July 9–15)

Topics

1. Schizophrenia Spectrum and Other Psychotic Disorders Across the Lifespan
2. Racial Disparities in the Diagnosis of Schizophrenia
3. Social Work, Psychopharmacotherapy, and the Five Classes of Medications

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 5: Schizophrenia)
2. Awareness Advocates. (2014, April 11). *A look into auditory hallucinations* [Video file]. Retrieved from <https://youtu.be/uPkOyPZdKhg> (6:39)
3. Singer, J. B. (Producer). (2008, November 17). Schizophrenia and social work: Interview with Shaun Eack, Ph.D. [Episode 45]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://socialworkpodcast.com/2008/11/schizophrenia-and-social-work-interview.html> (33:19)
4. Saks, E. (2012, June). Elyn Saks: A tale of mental illness – from the inside [Video file]. Retrieved from https://www.ted.com/talks/elyn_saks_seeing_mental_illness (14:52)
5. Vedantam, S. (2005, June 28). Racial disparities found in pinpointing mental illness. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2005/06/27/AR2005062701496.html>
6. Big Think. (2012, April 23). Big Think interview with Jonathan Metzl [Video file]. Retrieved from <https://youtu.be/DPBBz4PZID4> (24:22)

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7. Bentley, K. J., & Walsh, J. (2013). Nonmedical roles in psychopharmacotherapy. In V. L. Vandiver (Ed.), *Best Practices in Community Mental Health: A Pocket Guide* (15–28). Chicago: Lyceum Books, Inc.
8. Singer, J. B. (Producer). (2008, June 1). Psychopharmacotherapy and social work: Interview with Kia J. Bentley, Ph.D. [Episode 40]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://socialworkpodcast.com/2008/06/psychopharmacotherapy-and-social-work.html> (23:21)

Discussion Prompts

- How were you impacted by the video "A Look into Auditory Hallucinations"? Did you make any new discoveries?
- How do we make sense of the racial disparities in the diagnosis of schizophrenia, particularly among African American males? How is this a social justice issue?
- What are the main points Kia Bentley argues in her interview about psychopharmacotherapy and social worker? Do you agree with these points?
- What are the five classes of medications discussed in the Bentley and Walsh chapter? What else do social workers need to know about psychopharmacotherapy to best serve our consumers?

Module Five (July 16–22)

Topics

1. Depressive Disorders Across the Lifespan
2. Suicide Risk Among Marginalized Populations
3. Bipolar and Related Disorders

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 6: Bipolar and Related Disorders; Chapter 7: Depressive Disorders)
2. Singer, J. B. (Producer). (2009, April 13). Social workers and depression: Interview with Mark Meier, MSW, LICSW [Episode 49]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://socialworkpodcast.blogspot.com/2009/04/social-workers-and-depression-interview.html> (34:36)
3. Recommended: Muhammad, S. (2010, July). *Out of our right minds: Trauma, depression and black women* [Video file]. Retrieved from <https://vimeo.com/13770833> (24:31)
4. Uchegbu, A. (2015, May 27). *Suicide rates increase sharply among African-American children*. Pittsburgh Post-Gazette. Retrieved from <http://www.post->

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gazette.com/news/health/2015/05/27/Suicide-rates-increase-sharply-among-African-American-children/stories/201505250025

5. *Strongly recommended for skills in suicide risk assessment* Singer, J. B. (Producer). (2012, September 11). The Chronological Assessment of Suicide Events (CASE) Approach: Interview and role play with Shawn Christopher Shea, M.D. [Episode 74]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://www.socialworkpodcast.com/2012/09/the-chronological-assessment-of-suicide.html> (1:05:09)
6. *Strongly recommended for school social workers* Singer, J.B. (Producer). (2014, April 13). Addressing suicide risk in schools: Interview with James Mazza, Ph.D. and David Miller, Ph.D. [Episode 86]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://socialworkpodcast.blogspot.com/2014/04/mazza-miller.html> (33:16)
7. *You may choose to skim this lengthy report.* Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide attempts among transgender and gender non-conforming adults: Findings of the national transgender discrimination survey*. The Williams Institute and American Foundation for Suicide Prevention. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>
8. Welcome Collection. (2014, January 22). *Treatments for Bipolar Disorder – Kay Redfield Jamison* [Video file]. Retrieved from https://youtu.be/pAVU2aH_f7Q (2:52)
9. Recommended: HappiLeeErin. (2013, June 9). *My struggle with Bipolar Disorder* [Video file]. Retrieved from <https://youtu.be/HKtOUNLnS88> (15:32)

Discussion Prompts

- Your text acknowledges that many older adults view depression as a normal part of aging and offers a case example highlighting this. What are your beliefs about depression and aging? Do you agree with this assumption?
- The podcast interview with Mark Meier identifies risks for depression among social workers. In small groups, we will discuss your reactions to this podcast.
- What are the alarming trends discussed in the Uchegbu and Tannehill articles? Were you aware of these trends? How might we explain these trends and what can social workers do to respond to this problem?
- Bipolar Disorder is considered a severe and persistent mental illness along with schizophrenia, yet there are many high functioning (and famous) people living with bipolar disorder. How is this possible given the severity of the illness?

Module Six (July 23–29)

Topics

1. Anxiety Disorders Across the Lifespan
2. Obsessive-Compulsive Disorders

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3. Trauma and Stressor-related Disorders Across the Lifespan
4. Historical Trauma

Please note: The content for this topic includes references to a variety of traumatic experiences as well as the causes, symptoms and effects of trauma and PTSD. Given that half of all adults will have experienced at least one traumatic event in their lifetime, discussing trauma and PTSD can be difficult for many of us. Please use your best judgment as you move through the assigned reading and media for this topic, and remember to engage in the self-care practices you know work best for you. If you have concerns about this content, please let me know.

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 8: The Anxiety, Obsessive-Compulsive, and Trauma and Stressor-Related Disorders)
2. Crash Course. (2014, September 1). *OCD & anxiety disorders: Crash Course Psychology #29* [Video file]. Retrieved from <https://youtu.be/aX7jnVXXG5o> (11:31)
3. Obsessive Compulsive Disorder. *NHS Choices* [Video file]. Retrieved from <http://www.nhs.uk/video/pages/ocd.aspx> (5:08)
4. van der Kolk, B., & Najavits, L. M. (2013) Interview: What is PTSD really? Surprises, twists of history, and the politics of diagnosis and treatment. *Journal of Clinical Psychology: In Session*, 69(5), 516–522.
5. ***Please note this video contains graphic imagery.***
Blue Three Productions. (2010, December 2). *Now, after (PTSD from a soldier's POV)* [Video file]. Retrieved from <https://youtu.be/NkWwZ9ZtPEI> (13:45)
6. Episode 11 - Dr. Shelly Wiechelt: Cultural and historical trauma: affecting lives for generations. (2009, January 12). *inSocialWork® Podcast Series* [Audio podcast]. Retrieved from <http://www.insocialwork.org/episode.asp?ep=11> (15:23)
7. Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. *Traumatology*, 16(4), 53–62.
8. Recommended: Post Institute. (2013, March 12). *Trauma, brain & relationship: Helping children heal* [Video file]. Retrieved from <https://youtu.be/jYyEEMIMMb0> (25:02)
9. Recommended: Rich-Heape Films. (2008, January 24). *Our spirits don't speak English: Indian Boarding School* [Video file]. Retrieved from <https://youtu.be/qDshQTBh5d4> (5:27)

Discussion Prompts

- What does your text identify as a concern regarding DSM-5's expansion of former anxiety disorders into their own separate categories? What are your thoughts about this?

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- We sometimes hear someone referred to as being "so OCD." After viewing today's media, how can this be harmful and grossly inaccurate in the face of legitimate OCD?
- While many people will experience a traumatic event, most of them will not go on to develop PTSD. What do you make of this? Why is it that two people can experience the same traumatic event and one may develop PTSD while the other does not?
- What were your reactions to the materials on PTSD and historical trauma?

Module Seven (July 30–August 5)

Topics

1. Substance-Related and Addictive Disorders Across the Lifespan
2. Racial and Class Disparities in America's Response to Addiction
3. Eating Disorders

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 9: Eating Disorders; Chapter 11: Substance-Related and Addictive Disorders)
2. Hari, J. (2015, June). *Johann Hari: Everything you think you know about addiction is wrong* [Video file]. Retrieved from https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong (14:42)
3. Volkow, N. D. (2014, May 14). *America's addiction to opioids: Heroin and prescription drug abuse. Presentation to the Senate Caucus on International Narcotics Control*. Retrieved from <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>
4. Cohen, A. (2015, August 12). How white users made heroin a public-health problem. *The Atlantic*. Retrieved from <http://www.theatlantic.com/politics/archive/2015/08/crack-heroin-and-race/401015/>
5. Recommended: Gaviria, M. (2016, February 23). Chasing heroin [Video file]. *Frontline*. Boston: WGBH. Retrieved from <http://www.pbs.org/wgbh/frontline/film/chasing-heroin/> (1:54:11)
6. Weiss, S. (2016, October 5). *4 ways sexism contributed to my eating disorder – and how feminism helped me heal*. Retrieved from <http://everydayfeminism.com/2016/10/sexism-contributed-to-my-ed/>
7. CrashCourse. (2014, October 6). *Eating and body dysmorphic disorders: Crash Course Psychology #33* [Video file]. Retrieved from <https://youtu.be/eMVyZ6Ax-74> (10:11)

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8. Recommended: WatchCut Video. (2016, February 24). *You don't look like...* [Video file]. <https://youtu.be/hOZ7-H3cVcl> (2:42)

Discussion Prompts

- How does Johann Hari's TED talk push us to reconsider the causes and treatment of addiction?
- What are the pros and cons of no longer distinguishing between substance abuse and substance dependence?
- Why is there a link between prescription drug abuse and heroin?
- What is different about society's current responses to heroin addiction compared to the heroin epidemic of the 1970s and 1980s? How is this a social justice issue?
- The Weiss online article provides a feminist perspective on eating disorders. How might sexism and misogyny contribute to the development of an eating disorder, as well as the way loved ones, providers and the larger society react to eating disorders?

Module Eight (August 6–12)

Topics

1. Gender Dysphoria and the Pathologization of Diverse Gender Identities and Expressions
2. Neurocognitive Disorders: Major Neurocognitive Disorder (Dementia); Alzheimer's Disease

Readings & Media

1. Corcoran, J. M., & Walsh, J. (2014). *Mental health in social work: A casebook in diagnosis and strengths-based assessment*. New Jersey: Pearson Education. (Chapter 12: Alzheimer's Disease)
2. BBC News. (2015, April 8). *Dementia: A month in the life (FULL documentary)* [Video file]. Retrieved from <https://youtu.be/zJObR8TqBIM> (13:00)
3. UGA Gerontology. (2011, March 2). *Screening for Dementia 3: Patient assessment* [Video file]. Retrieved from https://youtu.be/_hRBPrfDQVI (9:46)
4. Recommended: Levesque, A. (2016). *Alzheimer's disease and social work practice: Implications of advances in neurosciences for social workers*. *Journal of Gerontological Social Work*, 59(2), 75–76.
5. American Psychiatric Association (2013). *The Diagnostic and Statistical Manual of Mental Disorders—5th Edition*. Washington, DC: APA. (Gender Dysphoria, pp. 451–459)
6. Istar Lev, A. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, 41(3), 288–296.

- Belluck, P. (2016, July 26). *W.H.O. weighs dropping transgender identity from list of mental Disorders*. The New York Times. Retrieved from <https://www.nytimes.com/2016/07/27/health/who-transgender-medical-disorder.html>

Discussion Prompts

- Do you see Gender Dysphoria as a valid, necessary and/or helpful diagnosis? Why or why not?
- What concerns surround the new diagnosis of mild Neurocognitive Disorder in DSM-5?

V. Texts and Reading Materials

Required Text: Corcoran, J. & Walsh, J. (2014). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.

Text is available online for purchase. All other readings can be found within the online Canvas course site.

Recommended Text: American Psychiatric Association (2013). *The Diagnostic and Statistical Manual—5th Edition*. Washington, DC: APA.

If you anticipate you will be pursuing a mental health focus, you are encouraged to purchase this book. UW students have access to the online version while on campus at <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

You are expected to have read, viewed and listened to all assigned material prior to the class date under which the readings are listed. 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. All readings and video clips listed are required, unless otherwise specified below; additional recommended readings or guest lecturers throughout the semester will be announced on the online Canvas course site.

VI. Evaluation: Assignments, Grading and Methods

Grading Scale & Standards

The grading scale in this course is based on points earned and is as follows:

<i>Points Earned</i>	<i>Percentage</i>	<i>Grade</i>	<i>Classroom Course Expectation/Outcome</i>
94–100	94–100	A	Outstanding; surpasses expectations in all areas.

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<i>Points Earned</i>	<i>Percentage</i>	<i>Grade</i>	<i>Classroom Course Expectation/Outcome</i>
88–93	88–93	AB	Surpasses expectations in most areas.
82–87	82–87	B	Meet expectations in all areas.
76–81	76–81	BC	Meets expectations in some areas, below in others.
70–75	70–75	C	Below expectations in most areas.
64–69	64–69	D	Below expectations in all areas
63 or below	63 or below	F	Fails to meet minimum expectations in all areas

Grades are not assigned on a curve. There is no extra credit.

Composition of Grade

Grades reflect your timely completion and performance on all graded components as follows:

<i>Component</i>	<i>Points Possible</i>
Discussion Posts (7 total x 2 points each)	14
Assignment #1: Mental Health in the Media	10
Assignment #2: Reflection Paper	20
Assignment #3: Critical Thinking Paper	30
Final Exam	26
Total	100

Important: 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 at 6171 Helen C. White Hall).

Discussion Posts

Due: By the end of each module, which end on Sundays at 11:59 P.M., starting with Module 2, which ends on July 1.

Length: 4 discussion posts of at least 200 words and 3 different responses to classmates' discussion posts of at least 50 words

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The goal of discussion posts is to create dialogue between students in a format that, to some degree, recreates the many challenging and fulfilling aspects of in-class discussion in the online format used for this class. Each module offers discussion prompts for most topics to promote critical thinking regarding the material presented. You can find these in the Course Content section of the syllabus as well as on the online Canvas course site in the Discussions tool.

A couple of ground rules for posting on the discussion board:

- In order to create a climate of open and honest dialogue, it is important to treat classmates with respect in discussion posts. Name-calling, accusations, verbal attacks, sarcasm, and other negative exchanges are not permitted.
- Use full and grammatical sentences for your posts. This is not Twitter.
- Use person-first language in your discussion posts.
- Use a strengths-based perspective when discussing people with mental health conditions and in responding to your classmates.

Assignment 1: Mental Health in the Media

Due: By the end of Module 8, which ends August 12 at 11:59 P.M.

Length: One-page paper to accompany 15-minute spoken presentation to small group

Mental health is frequently discussed in the news. Topics include: changes in mental health policies; healthcare coverage for mental health; community crises related to addiction; safety and mental illness (i.e. gun control; forced treatment; violence) and many more. The purpose of this assignment is to increase awareness of popular discourse and current events surrounding mental illness through engaging your peers in a discussion about a recent piece of media.

Students will be organized into small groups of two or three. Each group member will present a newspaper article or other form of media from the past month that discusses a mental health issue in the news to their small group. I highly recommend a major national news source—The New York Times, The Washington Post, Chicago Tribune, NPR—versus a blog. Local papers are acceptable if the article you have chosen is about a local issue. The article can be about policy or practice, and you are especially encouraged to share media that touches on mental illness stigma, disparities in access to mental health care, and the roles oppression and poverty play in mental illness in communities.

Students will use Ultra Conference in the course site to meet with their small groups for a live interaction during the course. It is up to your group if you will meet more than once; e.g., once per group member presentation. You will need to determine with your small group members when these meetings will be. Be prepared to provide a brief overview of your article to your small group followed by facilitating a critical discussion of the article. Students will have a total of 15 minutes to present the article and engage in discussion. You will need to generate three critical thinking questions for use during the small group discussion you'll facilitate. You will need to provide a copy of a one-page paper via email to your group members and the instructor that includes:

1. A reference for the article so group peers and the instructor can know where to find it

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2. A two to three paragraph summary of the article's main points as well as why you selected this article
3. Three critical thinking questions for use during the small group discussion you'll facilitate

A cover page, introduction and conclusion are not required for this one-page paper. Students will be graded by the instructor on their article summary and the level of critical thinking demonstrated in their small group discussion questions.

Assignment 2: Reflection Paper on Personal and Professional Beliefs, Values and Reactions Surrounding Mental Health

Due: July 15 at 11:59 P.M.

Length: 2–3 pages (does not include title page and reference page)

The purpose of this assignment is to encourage critical thinking and exploration of personal and professional beliefs, values and reactions related to mental illness and deepen understanding about how our professional values and principles influence our responses to mental health.

In this paper, students are asked to organize their thoughts, reflections, questions and concerns in a brief, two to three-page paper. You are expected to integrate information from at least two of the required materials into a cohesive discussion. You are required to critically evaluate, not just summarize, what you have read, watched or listened to and apply it to your own beliefs, values, experiences and reactions. Think beyond the information presented and write about further insights and ideas you believe are important. Discuss additional questions that arise for you after reflecting on this topic.

While this reflection paper does ask you to write about yourself, it is never necessary to share information you are not comfortable disclosing. The amount of self-disclosure, in the form of revealing information about your lived experiences, is completely at your discretion and the amount or level of detail will not impact your grade. I am most interested in seeing depth and critical thinking in the discussion of your beliefs, values and reactions to mental illness. In addition, your grade will not be negatively impacted if you share a belief that might be viewed as biased, judgmental or less than desirable. We all have conscious and unconscious biases, and have all been influenced by stigma. If we try to ignore, deny or avoid these parts of ourselves, we are at risk of causing harm in the future.

This paper should be written as an academic paper with proper spelling, grammar and APA citations, reference list and formatting. You should begin the paper with an introduction and end with a conclusion. Grading will be based on evidence of thoughtful consideration of assigned course material, class discussion and personal/professional experience and also on attention to grammar, spelling, organization, clarity. Do not approach this reflection paper as you might a journal entry in which you compose your thoughts in the paper as they come to you. This must be a polished, sophisticated and cohesive paper. In a cohesive essay, your discussion flows smoothly with transitions from idea to idea and is well edited. It is not acceptable to use the assignment questions as headers. Papers should be submitted in the course site to the appropriate assignment.

In your paper, please reflect on all the following questions:

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- What are some of your personal beliefs about mental illness? Reflect on what has influenced and shaped these beliefs. Where do these beliefs come from? How have they changed over time?
- How has exposure to mental health stigma influenced and shaped your beliefs about mental illness? Consider messages you have received from various sources in your life, including the media (TV, movies, Facebook, news, etc.), family, friends, school, etc.
- What are your affective and cognitive reactions to mental illness in various spheres of your life, including professionally? You might consider family, friends and peers, co-workers, clients and strangers. What comes up for you? How do you feel and how does this influence the interaction (or lack thereof)?
- As you move forward in social work, what can you do to address some of the beliefs and reactions you have described above, including the effects of stigma, on a micro and macro level?

Rubric for Assignment 2: Reflection Paper

<i>Component</i>	<i>Points Possible</i>
Critical reflection on own beliefs, values, experiences	4
Critical reflection on the influence of stigma in your beliefs	3
Critical reflection on affective and cognitive reactions when encountering mental illness	4
Exploration of ways to address beliefs and reactions, including stigma, on the micro and macro levels	3
Correct grammar, spelling and APA formatting	2
Correct citations and reference list and sophisticated integration of required material into a cohesive discussion	2
Overall writing, including an introduction and conclusion, paper organization	2
Total	20

Assignment 3: Critical Thinking Paper: Identity and Cultural Considerations in Mental Health

Due: August 5 at 11:59 P.M.

Length: 6–7 pages (does not include title page and reference page)

The purpose of this paper is to deepen learning and understanding of the ways in which culture and a person's various identities impact their experience with and response to mental illness. It asks you to consider the roles oppression and discrimination play in accessing and receiving

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mental health care. The paper also challenges you to briefly summarize the presenting problem for this client and consider the benefits of using a cultural formulation interview versus a traditional psychiatric interview. You are expected to integrate information from at least three of the course materials into a cohesive discussion.

This paper should be written as an academic paper with proper spelling, grammar and APA citations, reference list and formatting. You should begin the paper with an introduction and end with a conclusion. Grading will be based on evidence of thoughtful consideration of assigned course material, class discussion and also on attention to grammar, spelling, organization, and clarity. This should be a polished, sophisticated and cohesive paper. In a cohesive essay, your discussion flows smoothly with transitions from idea to idea. It is not acceptable to use the assignment questions as headers. Papers should be submitted to the course site.

Using the YouTube video with the role-play between Dr. Lewis-Fernandez and the Latina woman illustrating the cultural formulation interview, students will write a brief paper about responding to the following prompts:

1. Briefly write a client introduction and summarize the presenting problem. A recommended format for this is:
 - This client (or name) is a _____ year-old married, divorced, single, never married (race) (gender identity, sexual orientation) who currently resides (housing/type of residence, town) with (others in household).
 - Other info: any children and their ages; vocational status (unemployed, working FT, student, etc.); legal status; religious or spiritual affiliation; other relevant information
 - Referral source and summary of the presenting problem
 - Example (not at all related to the client for this assignment): Mr. Jones is a 45-year-old never married Caucasian heterosexual cisgender male who currently resides in his own home with his dog, Sparky, and his adult daughter and her one-year-old son. He is the father of two adult children and is currently unemployed due to disability. He receives SSDI for his MS, which has left him unable to work and requires the use of a wheelchair. Prior to his illness, Mr. Jones worked as a computer technician. He reports no current or past legal history and identifies as a practicing Lutheran. Mr. Jones is referred by his PCP for a mental health assessment due to concerns of a depressed mood as evidenced by increases in sleeping and eating, anhedonia and beliefs that his life is worthless. At the time of his primary care appointment, Mr. Jones was denying suicidal ideation. (Your discussion of the presenting problem will likely be more in-depth than this)
2. Reflect on the use of the cultural formulation interview with this client. Comment on how it was different and, perhaps, more effective than a traditional psychiatric interview? What questions from the cultural formulation interview did you find to be especially effective and relevant in talking with this person about their mental health concerns and why? Without the use of the cultural formulation interview, how might her presenting concerns have been misunderstood or misconstrued as a specific mental illness?
3. Based on her responses to questions, how did this client's various identities impact her beliefs about and responses to her mental health concerns? Consider factors such as

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age, class, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, race, religion/spirituality, and sexual orientation if they are relevant.

4. How might societal factors such as oppression, poverty, marginalization, privilege, and power influence the way this person accesses support and receives mental health care and services?

Rubric for Assignment 3: Critical Thinking Paper

<i>Component</i>	<i>Points Possible</i>
Introduction to the client and presenting problem	7
Clear discussion of how the cultural formulation interview was utilized in talking with this client about their mental illness and most relevant and effective questions	7
In-depth discussion of the impact of various identities on her beliefs about and responses to mental illness	6
Critical reflection on the role of oppression, poverty, marginalization, privilege and power in accessing support and mental health care	5
Correct grammar, spelling and APA formatting	1
Correct citations, reference list and sophisticated integration of required material into a cohesive discussion	2
Overall writing, including an introduction and conclusion, and paper organization	2
Total	30

Final Exam

Due: Should be taken on the online Canvas course site while it is unlocked from August 11 at 12:00 AM–August 12 at 11:59 P.M.

This exam will evaluate knowledge of the mental health diagnoses discussed in the course, with particular emphasis on the most common signs and symptoms with which all social workers should be familiar.

You must take this exam in the online Canvas course sited during a 90-minute window on the dates specified in the Course Schedule. (The window will begin once you commence the Canvas "Quiz" for this exam.)

Submission of Graded Components

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All assignments must be completed and submitted by 11:59 P.M. Central Time on their due date specified in the Course Schedule (in the online course site Course Orientation module) and must be submitted to the designated assignment (within the online course site) to successfully complete the course.

Late Submissions

Assignments are due on the date specified by 11:59 P.M. Central Time. 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*.

Academic Writing Criteria

Specific attention should be given to paper organization, paragraph and sentence structure, clarity and correct citation using APA format. Before turning in any assignment, consider if the following criteria are met:

- Each paper should have a logical flow from the introduction, to a coherent and in-depth discussion of the questions in the body of your paper, to the conclusion.
- Each paragraph should have a clear and concise topic sentence that reflects the content of the paragraph it introduces.
- A consistent tense should be used within sentences and throughout the paper.
- Triangulation: Incorporate lectures, discussion, relevant readings and experiences from practice into your formulation of ideas discussed in your paper.
- Use critical thinking in your reflections. The comments "It was good" and "I liked it" are NOT examples of critical thinking.
- Do NOT be repetitious in your writing. Your papers should be polished and carefully edited. Do NOT use run-on sentences.
- When references are required, they must be from class readings or other peer-reviewed journal articles. You may not use information from a website unless you receive prior approval from the instructor.
- References in the paper need to be woven into the discussion in a seamless manner. DO NOT insert a quote into the paper without skillful writing that incorporates the quote into the discussion.

Other Written Assignment Requirements

- All written assignments are to be completed in Microsoft Word, without exception. The instructor will not review assignments submitted in another format.
- 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) unless indicated otherwise.

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- Students must format assignments using one-inch margins, double spacing, and a Times New Roman 12-point font.
- Headings should not be placed in the body of the paper unless indicated.
- You must use correct APA format for citations. Consult the UW Writing Center's guide for APA formatting: <http://writing.wisc.edu/Handbook/DocAPA.html>.
- Reference pages must be on a separate sheet from the paper (not counted as one of the required pages).
- Please submit all materials with the following file-naming convention: CourseInitials_LastnameFirstInitial_AssignmentName.docx

Clarification

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.

VII. Course Policies

Online Attendance/Participation Policy

Participation is REQUIRED. Effective participation consists of having completed readings, media 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). Professional participation also includes viewing the lectures and completing the required course materials in a timely manner. You are required to be an engaged and active participant in this class.

Incomplete Policy

The University policy regarding the granting of incompletes will be strictly adhered to in this course. Please see the Graduate School Academic Policies and Procedures Handbook for information on the incomplete policy: <https://grad.wisc.edu/academic-policies/>

Grade Appeals/Grievance Policy

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 the extent to which you responded to assignment objectives, the quality of your writing (to include grammar and spelling, organization, flow and clarity), and any relevant feedback provided in the grading that you might have questions or concerns about. 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 email me with the required information no later than two weeks after the assignment has been returned to students.

For more information, 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>

Plagiarism

Plagiarism is a form of academic misconduct, which is not tolerated by the University or the School of Social Work. Plagiarism seeks to claim credit for the work or effort of another without citation or authorization.

The School of Social Work defines plagiarism as:

1. The appropriation of passages or complete works of another person and submitting them as one's own work—in either written materials or speeches.
2. The presentation of ideas of others as one's own without giving credit.

There are two major forms of plagiarism:

1. Using direct quotes from others' written or spoken work and presenting them as one's own words without using proper quotation marks or offsetting and/or with failure to identify the source of the ideas.
2. Paraphrasing the ideas or research findings of another person(s), with failure to identify the source of the ideas.

Process:

- If an instructor suspects a student has plagiarized, the instructor will contact the student to discuss their concern.
- If the instructor determines that the student has plagiarized, the instructor will decide on a sanction in accordance with the misconduct rules in UWS 14.

Sanction:

- Based on the seriousness of the sanction, the instructor may inform the Dean of Student's Office. The only sanctions that can be imposed without notifying the Dean of Students Office are: 1) oral reprimand; 2) written reprimand presented only to the student; and 3) an assignment to repeat the work on its merits.
- More serious sanctions may include a zero on the assignment or exam, a lower grade in the course or failure in the course. The School of Social Work will inform the Dean of Student's Office when imposing any of these sanctions. This action is taken so the Dean of Student's Office can decide whether to seek additional sanctions.

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- Repeated acts of academic misconduct may result in more serious actions such as removal from the course in progress, disciplinary probation or suspension, or expulsion (<http://www.students.wisc.edu/doso/acadintegrity.html>).
- Note: Students can appeal any sanctions.

For more information, the academic misconduct rules procedures can be found in UWS 14: https://docs.legis.wisconsin.gov/code/admin_code/uws/14

For guidelines on quoting and paraphrasing, see this UW-Madison Writing Center resource: <http://writing.wisc.edu/Handbook/QuotingSources.html>

UW-Madison Email

UW-Madison offers and supports an official email system as the official means of communication among students, faculty, and staff. Accordingly, students are expected to read and act upon messages sent to their official campus (NetID@wisc.edu) email account in a timely fashion and bear the responsibility of missed messages.

Official Course Evaluations

Students are expected to provide feedback on the quality of instruction in this course by completing the online course evaluations. Your feedback provides valuable information to the instructor, the academic department, and college and is used to improve student learning. Students will be notified when the online evaluations are available.

Accommodations for Students with Disabilities

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 me 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. I will work either directly with you or 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.

For more information, please contact the McBurney Center at <https://mcburney.wisc.edu/> or phone at 608-263-2741 or text messaging at 608-225-7956 by fax at 608-265-2998, 711 (via relay); address is 702 W Johnson St #2104, Madison, WI, 53706.

Diversity & Inclusion

For the institutional statement on diversity and more resources, please refer to <https://diversity.wisc.edu/>.

Classroom Climate

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 activities approached with maximum curiosity and enthusiasm. 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. 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.

I am firmly committed to diversity and equality in all areas of campus life and in building an inclusive 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 in my classroom. We all have a responsibility to hold in our minds the disproportionate impact systems and "isms" have on marginalized people. I invite you to bring any concerns in this regard to my attention.

Code of Ethics, Professional Conduct

Incoming BSW and MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy, and the School's Principles of Professional Conduct. In doing so, they agreed that while in the BSW or MSW Program they would honor the Code of Ethics and Principles of Professional Conduct, 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. Professional responsibility, ethical behavior, and integrity are central principles of the social work profession.

Subject to Change Notice/Disclaimer

This syllabus is a statement of intent and serves as an implicit agreement between the instructor and the student of this course. Every effort will be made to avoid changing anything represented in it but the possibility exists that unforeseen events will make syllabus changes necessary. Therefore, all material, assignments, and deadlines are subject to change. It is the student's responsibility to be aware of all course timelines, announcements, and communications from her or his instructor pertaining to changes in course assignments and due dates. The instructor

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will communicate any changes to students well in advance via an announcement in the online Canvas course site.

VIII. Appendix A: CSWE Competencies

Successful completion of this course implies that students will have progressed towards achieving the following Council on Social Work Education competencies by demonstrating the following practice behaviors.

<i>CSWE Competency Addressed in this Course</i>	<i>Course Content Relevant to Dimensions that Comprise the Competency*</i>	<i>Course Location</i>	<i>Syllabus Location</i>
<p>2.2.1. Demonstrate Ethical and Professional Behavior</p> <p>Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels.</p>	<p>Lecture, media, readings and discussion related to (K, V, C & A):</p> <ul style="list-style-type: none"> • The Impact of Mental Health Stigma and Stigma Reduction • Social Work and Pyschopharmacotherapy and the Five Classes of Medications <p>Assignment:</p> <ul style="list-style-type: none"> • Assignment #2: Reflection Paper on Personal and Professional Beliefs, Values and Reactions Surrounding Mental Health (K, V, C & A) 	<p>Module 1</p> <p>Module 4</p>	<p>p. 16-17</p>
<p>2.1.2 Engage Diversity and Difference in Practice</p> <p>Social workers understand 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. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social,</p>	<p>Lecture, media, readings, and discussion related to (K, V)</p> <ul style="list-style-type: none"> • Mental Health Care Systems and Access to Care • Biopsychosocial and Societal Risk and Protective Factors in Mental Health • Cultural Considerations in Mental Health • Racial Disparities in the Diagnosis of Schizophrenia • Autism in Marginalized Populations • Suicide Risk Among Marginalized Populations • Historical Trauma • Racial and Class Disparities in America's Response to Addiction 	<p>Module 1</p> <p>Module 2</p> <p>Module 2</p> <p>Module 4</p> <p>Module 3</p> <p>Module 5</p> <p>Module 6</p> <p>Module 7</p>	

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<p>economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<ul style="list-style-type: none"> • The Pathologization of Diverse Gender Identities and Expressions <p>Assignments:</p> <ul style="list-style-type: none"> • Assignment #2: Reflection Paper on Personal and Professional Beliefs, Values and Reactions Surrounding Mental Health (K, V, C & A) • Assignment #3: Critical Thinking Paper: Identity and Cultural Considerations in Mental Health (K, S, V, C & A) 	<p>Module 8</p>	<p>p.16-17</p> <p>p.17-19</p>
<p>2.1.3: Advance Human Rights and Social, Economic, and Environmental Justice Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.</p>	<p>Lecture, media, readings, and discussion related to (K, V):</p> <ul style="list-style-type: none"> • The mental health care systems and access to care • Racial disparities in the diagnosis of schizophrenia • Racial and class disparities in the response to addiction 	<p>Module 1</p> <p>Module 4</p> <p>Module 7</p>	
<p>2.1.6 Engage with Individuals, Families, Groups, Organizations and Communities Social workers understand strategies to engage diverse clients and</p>	<p>Lecture, media, readings, and discussion related to (S, C & A):</p> <ul style="list-style-type: none"> • The Cultural Formulation Interview 	<p>Module 2</p>	

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<p>constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies</p>	<p>Assignment #2: Reflection Paper on Personal and Professional Beliefs, Values and Reactions Surrounding Mental Health (K, V, C & A)</p> <p>Assignment #1: Mental Health in the Media (K, S, C & A)</p> <p>Assignment #3: Critical Thinking Paper: Identity and Cultural Considerations in Mental Health (K, S, V, C & A)</p>		<p>p.16-17</p> <p>p.15-16</p> <p>p.17-19</p>
<p>2.1.7 Assess Individuals, Families, Groups, Organizations, and Communities Social workers understand that assessment 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. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-</p>	<p>Lecture, media, readings and discussion related to the assessment of (K, V, S, C & A):</p> <ul style="list-style-type: none"> • Biopsychosocial and Societal Risk and Protective Factors in Mental Health • Diagnosis and the Social Work Profession • Introduction to the DSM and Limitations • The Cultural Formulation Interview • Attention-Deficit/Hyperactivity Disorder, Neurodevelopmental disorders across the lifespan: Autism spectrum disorder, Disruptive, impulse control and conduct disorders: Oppositional Defiant Disorder and Conduct Disorder • Schizophrenia spectrum and other psychotic disorders • Depressive disorders, Bipolar and related disorders • Anxiety disorders, Obsessive-Compulsive disorders, Trauma and stressor-related disorders • Substance-related and addictive disorders • Neurocognitive disorders: Major Neurocognitive disorder (Dementia) and Alzheimer's Disease <p>Assignment:</p> <ul style="list-style-type: none"> • Assignment #3: Critical Thinking Paper: Identity and Cultural Considerations in Mental Health (K, S, V, C & A) • Final Exam 	<p>Module 2</p> <p>Module 3</p> <p>Module 4</p> <p>Module 5</p> <p>Module 6</p> <p>Module 7</p> <p>Module 8</p>	<p>p.17-19</p>

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professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making			p.19
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*K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes

*The two right columns in the table below do not contain an exhaustive list of every reading, activity, assignment, and summative assessment that addresses a specific competency; rather, the instructor has chosen to highlight select examples of course component focused on each competency.