

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

**SW 712-020: Psychopathology for Social Work Practice in Mental Health - Fall 2018**

**Instructor:** Ernie Marshall, LCSW,

**Email:** ermarshall@wisc.edu

**Class Location:** HSS 202

**Class Time:** Saturdays 12:00-3:00 pm

**Canvas Course URL:** <https://canvas.wisc.edu/courses/117032>

**Office Hours:** By appointment

**Contact Information:** 608-415-9235

**Credits:** 3

**Instructional Mode:** Face-to-Face

## **I. Course 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.

**Attributes and Designations:** This course counts toward the 50% graduate coursework requirement.

**Requisites:** MSW student

**How credit hour is met:** This class meets for one three-hour class period each week over the semester and carries the expectation that students will work on course learning activities (reading, writing, studying) for about six hours out of classroom each week. The syllabus includes additional information about meeting times and expectations for student work.

## **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.

**At the completion of this course, students will be able to:**

- Conduct a psychiatric clinical interview
- Recognize and identify a symptom of mental illness
- Conceptualize a “symptom cluster” in a manner that enables them to establish a DSM-5 diagnosis
- Compare and examine symptoms and diagnoses in reference to the DSM-5 criteria to conduct a differential diagnosis
- Articulate and critically apply conceptual frameworks to guide the process of assessment and evaluation
- Develop collaborative and mutually agreed on intervention goals and objectives that are evidence informed, strengthen client capacity and well- being through assessments that identify strengths and address obstacles
- Critically examine historical and contemporary circumstances (at the micro and macro levels) associated with client’s condition, as well as multiple environmental contexts that potentially contribute to the client’s condition or may interfere with client’s recovery efforts
- Utilize a culturally-competent and strength’s based approach to assessing, diagnosing and treating the client’s subjective distress (which has been categorized and labeled by the DSM-5 diagnosis)
- Apply critical thinking skills in practice by integrating multiple sources of knowledge to professional work and evaluation and utilize effective communication and writing skills.

**III. Learning Outcomes: 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**

Date	Topic	Assignments
Week 1: Sept 8	Syllabus Review; Community Building; Classification of Disorders and DSM-5	
Week 2: Sept 15	Assessment Methodologies, Documentation and the Clinical Interview	
Week 3: Sept 22	Depression; Suicide risk assessment	Case Role Play #1 and #2 Intervention Presentation #1
Week 4: Sept 29	Bipolar Disorder	Case Role Play #3 and #4 Intervention Presentation #2
Week 5: Oct 6	Anxiety Disorders; Obsessive-Compulsive Disorder	Case Role Play #5 and #6 Intervention Presentation #3

Week 6: Oct 13	Trauma and Stressor-Related Disorders; Dissociative Disorders	Case Role Play #7 and #8 Intervention Presentation #4
Week 7: Oct 20	Substance Use Disorders	Case Role Play #9 Intervention Presentation #5
Week 8: Oct 27	Personality Disorders	Case Role Play #10 and #11 Intervention Presentation #6
Week 9: Nov 3	Personality Disorders	(Guest Speaker)
Week 10: Nov 10	Psychotic Disorders; Neurocognitive Disorders	Case Role Play #12 and #13 Intervention Presentation #7
Week 11: Nov 17	Autism; ADHD	Case Role Play #14 Intervention Presentation #8
Week 12: Dec 1	Disruptive, Impulse-Control and Conduct Disorders	Case Role Play #15 and #16 Intervention Presentation #9 <b>DUE: Final Biopsychosocial Paper</b>
Week 13: Dec 8	Somatic Disorders; Eating Disorders	Case Role Play #17 and #18
Week 14: Dec 15	Wrap-Up; Course Feedback; Evaluations	

---

*September 8<sup>th</sup>, Week One: Syllabus Review; Community Building; Classification of Disorders and DSM-5*

#### REQUIRED READINGS AND MEDIA

Singer, J. B. (Producer). (2012, November 16). #75 - Proposed Changes in DSM-5: Interview with Micki Washburn, LPC-S and Danielle Parrish, Ph.D. [Episode 75]. *Social Work Podcast* [Audio podcast]. Retrieved from <http://www.socialworkpodcast.com/2012/11/proposed-changes-in-dsm-5-interview.html>

Dobbins, J. E., & Skillings, J. H. (2002). Racism as a clinical syndrome. *The American Journal of Orthopsychiatry*, 70(1), 14-27

#### RECOMMENDED READINGS AND MEDIA:

Kirk, S. A. (2005). Introduction: Critical perspectives. In S. A. Kirk (Ed.), *Mental disorders in the social environment: Critical perspective* (pp. 1-19). New York: Columbia.

***September 15<sup>th</sup>, Week Two: Assessment Methodologies, Documentation and the Clinical Interview***

**Activities:**

- Discussion Questions
- Lecture
- Instructor-led role-play of a clinical interview

**REQUIRED READINGS AND MEDIA:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 1-32) Boston: Cengage Learning.

- You may choose to skim pages 1-12 since it may be review

Zimmerman, M. (1994). *Interview guide for evaluating DSM-5 psychiatric disorders and the mental status examination*. Pages 138-157. East Greenwich, RI: Psych Products Press.

Understanding the MSE – Lisa (w/- commentary)

~ <https://www.youtube.com/watch?v=83i2MWMqph8>

---

***September 22<sup>nd</sup>, 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)

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**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)

**Activities:**

- Discussion Questions
- Lecture

**REQUIRED READINGS AND MEDIA:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 129-160) Boston: Cengage Learning.

Joiner, T.E., Van Orden, Kimberly A., Witte, Track K., and Rudd, David, M. (2009). *The Interpersonal Theory of Suicide: Guidance for Working with Suicidal Clients*, Washington DC: American Psychological Association Publications, pp 3-19

Stanley, B., and Brown, G. (2012). **Safety Planning** Intervention: A Brief Intervention to Mitigate Suicide Risk *Cognitive and Behavioral Practice*, 2012, Vol.19(2), p.256-264

Singer, J. B. (Producer). (2012, September 11). #74 - 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>

---

**September 29<sup>th</sup>, Week 4: Bipolar Disorders**

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

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers* (4<sup>th</sup> edition). (pp. 111-128) Boston: Cengage Learning.

Eid et al (2013). Bipolar Disorder and Socioeconomic Status: What is the nature of this relationship? *International Journal of Bipolar Disorders* 2013, 1:9 <http://www.journalbipolar disorders.com/content/1/1/9>

Parens, E. & Johnston, J. (2010). Controversies concerning the diagnosis and treatment of bipolar disorder in children. *Child & Adolescent Psychiatry & Mental Health*, 4(9), np.

---

**October 6<sup>th</sup>, 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)

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

### REQUIRED READINGS AND MEDIA:

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 161-190) Boston: Cengage Learning.

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 191-212) Boston: Cengage Learning.

Anxiety Disorders Manitoba. (2013, Mar 20). *Generalized Anxiety Disorders*. Retrieved from <https://www.youtube.com/watch?v=KbY4HG4Uod4&list=PLBe-qM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ&index=7>

Anxiety Disorders Manitoba. (2013, Mar 20). *Social Anxiety*. Retrieved from <https://www.youtube.com/watch?v=CsUbdl3QwpA&index=3&list=PLBeqM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ> (5:05)

Anxiety Disorders Manitoba. (2013, Mar 20). *Panic Disorders*. Retrieved from <https://www.youtube.com/watch?v=iB6O1UEp4GI&index=6&list=PLBe-qM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ> (4:54)

Anxiety Disorders Manitoba (2013, Mar 20). *Obsessive Compulsive Disorder*. Retrieved from [https://www.youtube.com/watch?v=\\_GT-qKTp9L0&index=9&list=PLBe-qM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ](https://www.youtube.com/watch?v=_GT-qKTp9L0&index=9&list=PLBe-qM4XeUrfLS2rVZRJF0-vcbRZ7XxAJ) (3:42)

---

### ***October 13<sup>th</sup>, Week Six: Trauma and Stressor-Related Disorders; Dissociative Disorders***

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

#### **Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

### REQUIRED READINGS:

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 214-268) Boston: Cengage Learning.

McHugh, P. R., Treisman, G. (2006). PTSD: A problematic diagnostic category. *Journal of Anxiety Disorders*, 1-12. doi: 10.1016/j.janxdis.2006.09.003

TED, (2015, Feb 17). *How Childhood trauma affects health across a lifetime – Nadine Burke Harris*. Retrieved from <https://www.youtube.com/watch?v=95ovIJ3dsNk> (16:02)

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 20<sup>th</sup>, Week Seven: Substance Use Disorders**

**Assessment Measures:** Addiction Severity Index – 5<sup>th</sup> Edition, ASAM

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 373-442) Boston: Cengage Learning.

Hilarski, C. (2004). Child and adolescent substance abuse: Risk factors, assessment, and treatment. *Journal of Evidence-based Social Work, 1*(1), 79-97.

Hilarski, C., & Wodarski, J.S. (2001). Comorbid substance abuse and mental illness: Diagnosis and treatment. *Journal of Social Work Practice in the Addictions, 1*(1), 105-120.

PsychScene Hub, (2010, Jun 2). *Psychiatric Interview Skills – CASC and OSCE Videos Online*. Retrieved

from <https://www.youtube.com/watch?v=fxyf9ILvLAo&index=1&list=PL2IOWq74HibInWOLKoLzYU0Y6ERd266Oj> (8:45)

---

**October 27<sup>th</sup>, Week 8 Personality Disorders, Clusters A and C**

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

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 475-516) Boston: Cengage Learning.

Cloninger, C.R. (2000). A practical way to diagnosis of personality disorders: A proposal. *Journal of Personality Disorders, 14*, 99-108.

Raza, G.T. (2014). Paranoid Personality Disorder in the United States: The Role of Race, Illicit Drug Use, and Income. *Journal of Ethnicity in Substance Abuse, 13*, 247-257.

---

***November 3<sup>rd</sup>, Week 9: Personality Disorders, Cluster B***

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

**Activities:**

- Guest Speaker

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 516-540) Boston: Cengage Learning.

Jackson, K.M., and Trull, T.J. (2001). The Factor Structure of The Personality Assessment Inventory-Borderline Features (PAI-BOR) Scale in A Nonclinical Sample. *Journal of Personality Disorder, 15*(6), 536-545.

De Genna, N, Feske, U. (2013). Phenomenology of Borderline Personality Disorder: The Role of Race and Socioeconomic Status. *The Journal of Nervous and Mental Disease, 201*(12), 1027-1034.

---

***November 10<sup>th</sup>, 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

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS AND MEDIA:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 66-110) Boston: Cengage Learning.

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers* (4<sup>th</sup> edition). (pp. 443-474) Boston: Cengage Learning.

Kealy, E. M. (2005). Variations in the experience of schizophrenia; A cross-cultural review. *Journal of Social Work Research and Evaluation*, 6(1), 47-57.

Milne, A. (2010). Dementia screening and early diagnosis: The case for and against. *Health, Risk & Society*, 12(1), 65-76.

Pickar, D. (2017, Mar 15). *Putting a face on serious mental illness*. Retrieved from <http://www.psychiatrictimes.com/schizophrenia/putting-face-serious-mental-illness?GUID=9AD0D6B9-DED5-4154-9F77-81B9D3D3F30D&rememberme=1&ts=01062017>

---

**November 17<sup>th</sup>, Week Eleven: Autism Spectrum Disorder; Attention Deficit/Hyperactivity Disorder Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS AND MEDIA:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers* (4<sup>th</sup> edition). (pp. 33-65) Boston: Cengage Learning.

Calkins, S. D. (2011). Biopsychosocial models and the study of family processes and child adjustment. *Journal of Marriage and the Family*, 73(4), 817-821.

My Little Villagers, (2015, Oct 14). *ADHD Child vs. Non-ADHD Child Interview*. Retrieved from <https://www.youtube.com/watch?v=-IO6zqIm88s>

SmallWorldSpecialNeeds, (2015, Jun 14). *Autism for African American Families: Part 1: Wondering and Worrying*. Retrieved from <https://www.youtube.com/watch?v=DwFm9qVkEpg> (12:22)

Ross, D. E. (2000). A method for developing a biopsychosocial formulation. *Journal of Child and Family Studies*, 9(1), 1-6.

**December 1<sup>st</sup>, Week 12: Disruptive, Impulse-Control and Conduct Disorders**

**Biopsychosocial Assignment Due by 11:59pm!**

**Assessment Measures:** Barratt Impulsivity Scale

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays
- Brief Intervention Presentation

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 353-372 Boston: Cengage Learning.

Moeller F. G. et al. (2001). Psychiatric Aspects of Impulsivity. *American Journal of Psychiatry* 158 (11), p 1783-1793.

---

**December 8<sup>th</sup>, Week Thirteen: Conditions Related to the Body: Somatic Disorders; Eating Disorders**

**Assessment Measures:** Eating Questionnaire

**Activities:**

- Discussion Questions
- Lecture
- Case Role-Plays

**REQUIRED READINGS:**

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 270-296) Boston: Cengage Learning.

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4<sup>th</sup> edition)*. (pp. 297-340) Boston: Cengage Learning.

Darcy, A. M. & Hsiao-Jung Lin, I. (2012). Are we asking the right questions? A review of assessment of males with eating disorders. *Eating Disorders*, 20, 416-426.

---

**December 15<sup>th</sup>, Week Fourteen:**

Wrap-Up; Course Feedback; Evaluations

- 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 most and 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

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers* (4<sup>th</sup> edition). Boston: Cengage Learning.

### Optional Texts and Readings

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders, (Fifth Edition, DSM-5). Washington, D.C.: American Psychiatric Association.

(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/>)

**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:

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

### Assignments:

Assignment	Points/Percentages
Participation	15
Brief Intervention Presentation and Handout	15
Discussion Posts	20
Role Plays	15
Final Biopsychosocial Paper	35
<b>Total Points</b>	<b>100 points</b>

## Assignments

*In order to achieve the competencies, timely completion of assignments is expected. Students needing assistance with written assignments are expected to use available resources.*

## Participation

As you can see, participation is required for both learning and grading. You are expected to have completed readings and other assignments, to display the ability to integrate social work concepts with field and other experiences, and 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). Effective participation includes arriving to class on time. It is important to be an alert, engaged, and active contributor 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

• Arriving to class on time and attendance	5
• Participation in small and large group discussion	10
• Total	15

## Brief Intervention Presentation with 1-2 Page Handout

**In Class Intervention/Technique (20 points):** Working in dyads, students will talk about 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.

Some examples of interventions would be specific techniques related to mindfulness, relaxation techniques, coping skills, visualization, and/or grounding. This is an opportunity for the student 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 students 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.

**Recommended Length: 8-10 minutes**

Students will be graded based on the following criteria:

• Effectively explain intervention in a way that is engaging and clear	3 points
• Clear discussion of clients most likely to benefit, and who might not	2 points
• Rationale provided when introducing it to the consumer	2 points
• Demonstration of the technique	3 points
• Professional presentation demonstrating thoughtfulness and preparation	3 points
• <b>Quality</b> and usefulness of the handout provided	2 points
• Total	15 points

### **Discussion Posts**

**Due: Must complete 4 discussion posts throughout the semester between weeks 2-4, weeks 5-7, weeks 8-10 and weeks 11-13. 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 post submitted late will receive half the points.

**Case Role Plays and Presentations**

**Due: TBD by Your Small Group**

**Value: 15 points (5 points per role)**

Students will be placed into groups of three 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 member will observe the clinical interview and write a case note. 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 “clinical team” (the rest of the class). 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 take notes and create a case note containing a MMSE, relevant symptoms presented, and a provisional diagnosis. The instructor will consider these components when determining a grade. This will be due to the instructor prior to the next weeks class.

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

The class will take notes on relevant symptoms during the interview and provide written feedback on the interviewer’s style using the form below.

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

**Interviewer:**

**My Name:**

Skill Demonstration	Poor	Fair	Good	Very Good	Excellent
Interviewer asks questions to assist in determining specific diagnostic criteria					
Interviewer asks relevant follow-up questions for further clarification					
Interviewer demonstrates warmth, empathy and understanding through					

verbal and non-verbal communication					
Interviewer presents the case with attention to detail and covers all relevant findings					
Interviewer provides reasonable rationale for differential diagnosis					

**General Comments:**

**Final Biopsychosocial Report with Intervention Recommendation**

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 than 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.

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. The success of this policy relies on the support and understanding of everyone in this class. We all have a responsibility not to be offensive to each other, or to participate in, or condone harassment or discrimination of any kind. 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.

Brave spaces do not happen on accident, we must work to create them. We will develop community and discussion guidelines in our first meeting and revisit them as needed throughout the course. We will share the challenges of upholding our community guidelines and responding to moments when we fail to abide by them. Students are expected to keep confidential all issues of a personal or professional nature discussed in class.

### **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](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.

### **Electronics:**

Participation and respect for each other are critical components of this class. Electronic devices have the potential to have a negative impact on both. It is the expectation that all students respect both the class environment and their peers with regards to electronic devices. 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.

## **Disabilities Accommodations**

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 generate a Faculty Notification Letter utilizing McBurney Connect as soon as possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at [mcburney@studentlife.wisc.edu](mailto:mcburney@studentlife.wisc.edu); Phone at 608-263-2741; Text messaging at 608-225-7956; or by FAX at 608-265-2998, 711 (Via relay); Address is 702 W. Johnson Street #2104, Madison, WI.

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. If you require accommodations to obtain equal access to this class or to any assignments, please contact me as soon as possible.

For more information, please contact the McBurney Center at [mcburney@odos.wisc.edu](mailto: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); Address is 702 W. Johnson St #2104, Madison, WI 53706

## **Code of Ethics, Professional Conduct & Plagiarism:**

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 and in the preparation of course assignments.

## **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.

- Inclement Weather Policy

- If there is inclement weather across the Program area, students will be expected to check their email prior to leaving for class to confirm whether classes are cancelled. In such a situation occurs; students will be expected to check their email for instructions on how to engage in material missed for that day of class.
- If classes are not cancelled, but an individual student concludes that s/he cannot safely travel to reach her/his class site, the student must contact her/his instructor(s) regarding her/his plan to not travel. This absence will be considered excused and make up work may be assigned.

### **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**.
4. 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>).
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:**

If you have an issue with a grade that you receive in this course, please document the reasons for your appeal in writing. 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 email me information requested no later than two weeks after the assignment has been returned to students.

### **Code of Ethics, Student Rights and Responsibilities & Plagiarism**

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 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

Competency and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in syllabus
<p><b>2.1.1 Demonstrate Ethical and Professional Behavior</b> Advanced Generalist social workers demonstrate and employ in their focus area an understanding of 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. They understand and utilize frameworks of ethical decision-making and autonomously apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Advanced Generalist social workers demonstrate awareness of their personal values and an ability to distinguish them from professional values. They also possess and employ an understanding as to how their personal experiences and affective reactions influence their professional judgment and behavior. Advanced Generalist social workers understand the role of other professions and use this understanding to engage effectively in inter-professional teams. They have a commitment to life-long learning and continually update their skills to ensure they are relevant and effective. Advanced Generalist social workers also are knowledgeable about the emerging forms of technology and ethically use this technology in social work practice.</p>	<p>Lectures, readings, and discussions related to ethical behavior in social work practice (K, S, C and A)</p> <p>Demonstrate awareness of personal values/experiences, and how this affects their judgments and behaviors (K, V)</p> <p>Engage effectively in inter-professional teams (K, S, C/AP)</p>	<p>Weeks 1, 2, 3</p> <p>Discussion Post Assignment page 17</p> <p>Role play assignment page 18</p>
<p><b>2.1.2 Engage Diversity and Difference in Practice</b> 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</p>	<p>Lecture, reading and discussion related to dimensions of diversity and the delivery of services (K, S C/A)</p> <p>Assignment: Discussion Posts (K, V, C/A)</p> <p>Readings about how race affects mental health diagnosis or misdiagnosis (K, S, V)</p> <p>Assignment: Intervention techniques and how these might be applied to diverse populations (K, S, V)</p>	<p>Weeks 1, 3, 5, 10</p> <p>Page 17</p> <p>Week 1, 3, 11</p> <p>Page 16</p>

<p>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.</p>		
<p><b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>  Advanced Generalist social workers demonstrate in their focus area an understanding 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. Advanced generalist social workers incorporate in practice an understanding of the global interconnections of oppression and human rights violations, and knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Advanced generalist social workers employ 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>Discussion about Person In Environment, and how oppression affects the lives of our clients (K, S, V)</p> <p>Assignment: Intervention Techniques</p> <p>Lecture about systems theory and how environment can impact mental health (K, S, V)</p> <p>Explore how social work plays a unique role in social justice (K, S, V, C/A)</p>	<p>Weeks 2-13</p> <p>Page 16</p> <p>Week 1</p> <p>Week 1-13</p>
<p><b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>  Advanced Generalist social workers 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</p>	<p>Lecture and readings about theory of human behavior and social environment (K, S)</p> <p>Assignment: Discussion Posts and how personal experiences impact ability to engage (K, S, C/A, V)</p> <p>Assignment: Intervention. Display knowledge about array of techniques to engage diverse clients (K, S, V)</p>	<p>Week 1, 2</p> <p>Page 17</p> <p>Page 16</p>

other professionals in the focus area.		
<p><b>2.1.7 Assess Individuals, Families, Groups</b> 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 effectiveness. Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<p>Lecture, reading, videos and small/large group discussions covering assessment knowledge and skills (K, S, V, C/A)</p> <p>Assignment: Case Role Plays (K, S, C/A)</p> <p>Assignment: Biopsychosocial Assessment (K, S, V, C/A)</p>	<p>Weeks 2-13</p> <p>Page 18</p> <p>Page 19</p>
<p><b>2.1.8 Intervene with Individuals, Families, Groups</b> 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.</p>	<p>Lecture, reading, videos, and small/large group discussions and case studies focused on evidence-based interventions and assessments (K, S, V, C/A)</p> <p>Assignment: Intervention Presentation (K, S, V)</p> <p>Assignment: Biopsychosocial Assessment (K, S, V, C/A)</p>	<p>Weeks, 3-13</p> <p>Page 16</p> <p>Page 19</p>

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