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

SW 712: Psychopathology for Social Work Practice in Mental Health, 001
Fall, 2018

Instructor Name: Ashley Snyder, MSW, LCSW, CSAC, CSIT
Associate Lecturer
Class Time: Saturdays 12:00-3:00
Location: Medical Science Building, Room 3150
Office Hours: By Appointment
Phone: 920-264-4769
Email: amrosenberg2@wisc.edu

I. Catalogue Description

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

Attributes and Designations: This course counts towards 50% graduate coursework requirement.
Requisites: MSW Student
How credit hour is met: This course meets for one 3-hour class periods each week and carries the expectation that students will work on course learning activities (reading, writing, studying, etc.) for approximately 4 hours each week.

II. Course Overview

Psychopathology for Social Work Practice in Mental Health is an elective course for Advanced Generalist Specialization students that focuses on a biopsychosocial understanding of mental wellbeing and mental illness from a social work and social environment perspective. It gives special attention to the social work view in relation to the person-in-environment and other classification systems available to the practitioner. The course emphasizes an appreciation of the critical influence of culture, class, race and ethnicity, religion, and social values of the individual, family, group, and social institutions in the assessment of client strengths and vulnerabilities. The course critically reviews current classification of mental

health conditions, their diagnoses and etiologies, and the treatment approaches available to help people in their recovery.

The field of mental health is one that employs a multidimensional team of professionals. Each profession has their own approach to assessing, diagnosing, and treating the subjective distress of their clients. It is imperative for the comprehensive and effective care of all individuals seeking services in the field of mental health that the social work perspective is present and effectively represented. It is the general goal of this course that participants will develop the ability to confidently examine a series of subjectively distressful experiences identified by a client and use this information to establish a working diagnosis using a multidimensional framework that includes: a biopsychosocial assessment, the DSM-5, culturally relevant variables, and contemporary research on the etiology of mental illness.

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

III. Learning Outcomes: Competency Descriptions 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 compentencies addressed in this course can be found in Appendix A.

IV. Course Content

WEEK 1: September 8th, 2018

Topics: DSM V and the Social Work Perspective

Handouts or Assessments: Please read the syllabus and prepare any questions for class.

Required Readings and Media:

BluePanthersParty (2011, Jan. 7). *Thomas Szasz on the Myth of Mental Illness* [Video file]. Retrieved from https://www.youtube.com/watch?v=ea1yHguAWKQ (4:47)

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

WEEK 2: September 15th, 2018

Topics: Biopsychosocial Assessment
Clinical Interviewing: Engagement, Information Gathering

Handouts or Assessments: Differential Diagnosis Template

Required Readings and Media:

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

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.

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

WEEK 3: September 22nd, 2018

Topics: Major Depressive Disorders

Handouts or Assessments: Beck Depression Inventory (BDI)
Personal Health Questionnaire (PHQ-9)

Required Readings and Media:

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

Kales, H.C., & Mellow, A.M. (2006). Race and depression; Does race affect the diagnosis and treatment of late-life depression? *Geriatrics, 61*(5), 18-22

Ramos, B., Jaccard, J., & Guilamo-Ramos, V. (2003). Dual ethnicity and depressive symptoms: Implication of being Black and Latino in the United States. *Hispanic Journal of Behavioral Sciences, 25*(2), 147-173.

WEEK 4: September 29th, 2018

Topics: Bipolar Disorder

Handouts or Assessments: Mood Disorder Questionnaire

Required Readings and Media:

Bentley, K. J. & Walsh, J. (2014). *The social worker and psychotropic medication: Toward effective collaboration with clients, families, and providers (4th edition).* Belmont, CA: Brooks/Cole. (Read pages 145-152).

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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.journalbipolardisorders.com/content/1/1/9

WEEK 5: October 6th, 2018

Topics: Psychosis and Psychotic Disorders, Neurocognitive Disorders

Handouts or Assessments: St Louis University Mental Status Exam (SLUMS)
Clinician-Rated Dimensions of Psychosis Symptom Severity
Psychosis decision making tree

Required Readings and Media:

Bentley, K. J. & Walsh, J. (2014). *The social worker and psychotropic medication: Toward effective collaboration with clients, families, and providers (4th edition).* Belmont, CA: Brooks/Cole. (Read pages 145-152).

TED, (2013, Feb). *The voices in my head.* Retrieved from https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head (14:17)

Serafini, G., Pompili, M., Haghighat, R. Pucci, D., Pastina, M., Lester, D., Angeletti, G., Tatarelli, R., and Girardi, P. (2011). Stigmatization of schizophrenia as perceived by nurses, medical doctors, medical students and patients. *Journal of Psychiatric and Mental Health Nursing,* 18, 576-585.

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

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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.

WEEK 6: October 13th, 2018

Topics: Anxiety Disorders, Eating Disorders, Somatization Disorders

Handouts or Assessments: Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)
Generalized Anxiety Disorder 7-Item Scale (GAD-7)
Eating Disorder Questionnaire (EDQ)

Required Readings and Media:

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

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

Wu, K.D. and Wyman, S.V. (2015). Examination of racial differences in assessment of OCD symptoms and obsessive beliefs. *Journal of Obsessive-Compulsive and Related Disorders,* 10, 10-18.]

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)

WEEK 7: October 20th, 2018

Topics: Trauma and Stressor Related Disorders, Dissociative Disorders

Presented by Guest Lecturer: Angela Willits, MSW, LCSW

Handouts or Assessments: PTSD Checklist
Life Events Checklist
Brief Trauma Questionnaire

Required Readings and Media:

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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)

WEEK 8: October 27th, 2018

Topics: Substance Use Disorders

Handouts or Assessments: BAM-R
AUDIT
DAST
Adverse Childhood Experiences
MAT's

Required Readings and Media:

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

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

WEEK 9: November 3rd, 2018

Topics: Personality Disorders Part 1, Cluster A and C

Handouts or Assessments: MMPI

Required Readings and Media:

Gray, S. W. (2016). Psychopathology: A competency-based assessment model for social workers (4th 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. J*ournal of Ethnicity in Substance Abuse, 13*, 247-257.

Ball, S.A., & Cecero, J.J. (2001). Addicted patients with personality disorders: Traits, schemas, and presenting problems.

WEEK 10: November 10th, 2018

Topics: Personality Disorders Part 2, Cluster B

Handouts or Assessments: Personal Quality of Life Inventory
PAI-BOR

Required Readings and Media:

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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.

Trippany, R. L., Helm, H.M., & Simpson, L. (2006). Trauma reenactment: Rethinking borderline personality disorder when diagnosing sexual abuse survivors. *Journal of Mental Health Counseling, 28*(2), 95-111.

Castillo, H. (2003). *Personality disorder: Temperament or trauma?* London: Jessica Kingsley.

WEEK 11: November 17th, 2018
Topics: Disorders of Childhood

Handouts or Assessments: WURS

Required Readings and Media:

Gray, S. W. (2016). Psychopathology: A competency-based assessment model for social workers, (4th 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 http://www.youtube.com/watch?v=-IO6zqIm88s

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

TEDx Talks, (2015, Dec 20). Young, Gifted & Black with Autims – LaChan Hannon – TEDxCooperRiverWomen. Retrieved from http://www.youtube.com/watch?v=Kjw-z8xBFE4

WEEK 12: November 24th, 2018 NO CLASS DUE TO THANKSGIVING BREAK

WEEK 13: December 1st, 2018

Topics: The Etiology of Suicide
Collaborative Safety Planning and Suicide Intervention

Handouts or Assessments: Columbia Suicide Severity Rating Scale (C-SSRS)
Collaborative Assessment and Management of Suicidality (CAMS)

Required Readings and Media:

Knock, Matthew (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. Current Directions in Psychological Science, 18(2), 78-83

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

BuzzFeedVideo, (2015, Dec 9). I Jumped Off the Golden Gate Bridge. Retrieved from https://www.youtube.com/watch?v=WcSUs9iZv-g (5:07)

WEEK 14: December 8th, 2018

Topics: Disruptive, Impulse Control and Conduct Disorders

Handouts or Assessments: Barratt Impulsivity Scale

Required Readings and Media:

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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.

WEEK 15: December 15th, 2018

Topics: Wrap-Up, Course Feedback, Evaluations

V. Texts and Reading Materials for the Course

Required Text

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th 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 required readings 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 and Value:

Assignments	Points	Date Due
Discussion Posts (2)	8 Points, 4 (each)	11:59 pm, Wednesdays
Discussion Responses (2)	8 Points, (4 each)	11:59 pm, Thursdays
Class Attendance and Engagement	10 Points	In class
Case Role-Plays and Presentations	20 Points (4 Total, 5 Points Each)	Beginning Week 3
Case Write Up and Differential Discussion	10 Points	Week 8: 10/27/18
Weekly Quizzes	20 Points	In class from previous week
Biopsychosocial Report/Intervention Recommendations	20 Points	12/8/18
Total Points	**100 Points**	

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

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

Participation Rubric

Attended all classes	6
Participation in large group discussion	2
Participation in small group discussion	2

Total	10

VII. Course Policies

Class 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.

Contacting the Instructor: I encourage students to meet with me outside of class to discuss concerns, answer questions and provide comments and feedback. 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. 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 ours except on weekends and holidays.

Student Wellness: As a student, you may experience a range of issues that can ca use barriers to learning. These might include strained relationships, anxiety, high levels of stress, alcohol/drug problems, racism, feeling down, and/or loss of motivation. **University Health Services** (UHS) can help with these or other issues you may be experiencing. You can learn about the free, confidential mental health services available on campus by calling 608 – 265 – 5600 or visiting www.uhs.wisc.edu. Help is always available.

Other student support services and programs include:

- Multicultural Student Center: https://msc.wisc.edu/

- LGBT Campus Center: https://lgbt.wisc.edu/

- Dean of Students Office: https://www.students.wisc.edu/doso/

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 the Canvas course site for course content and assignments. If you have difficulty with Canvas, you should contact the DoIT helpdesk.

Submission of Assignments & Assessments: All assignments must be completed and submitted by 11:59:59 pm 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 Assignment Policy: Assignments are due on the date specified by 11:59pm. 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 letter grade *for each day the assignment is late.*

Written Assignment Policy: All written assignments are to be completed in Microsoft Word, without exception. The instructor will not review assignments submitted in another format. Assignments should 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. 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).

Student behavior policy: In order to learn, we must be open to the views of people different from ourselves. Each and every voice in the classroom is important and brings with it a wealth of experiences, values and beliefs. In this time we share together over the semester, please honor the uniqueness of your classmates, and demonstrate appreciation for the opportunity we have to learn from one another. Please respect your fellow students' opinions and viewpoints even if you disagree with them, and refrain from personal attacks or demeaning comments. Finally, remember to keep confidential all issues of a personal or professional nature discussed in class.

Academic Integrity: By enrolling in this course, each student assumes the responsibilities of an active participant in UW-Madison's community of scholars in which everyone's academic work and behavior are held to the highest academic integrity standards. Academic misconduct

compromises the integrity of the University. Cheating, fabrication, plagiarism, unauthorized collaboration and helping others commit these acts are examples of academic misconduct which can result in disciplinary action. This includes but is not limited to failure on the assignment/course, disciplinary probation, or suspension.

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.

Accommodations for Students with a Disability: The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students requiring accommodation, as approved by the McBurney Center, are expected to provide the instructor with a copy of their Verified Individualized Services and Accommodation (VISA) by the second week of the semester, or as soon as possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at https://mcburney.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 Accommodations will not be made without a VISA. 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.

Incompletes: An incomplete may be given only when the student has been in full attendance and has done satisfactory work to within 2 weeks of the end of the semester. Evidence must be furnished that the work cannot be completed because of illness or other circumstances beyond the student's control.

Religious Observances: In accordance with University policy, accommodation will be made for students who are participating in a religious holiday or who have a conflict between religious observances and mandatory class requirements. To request accommodation, notify the instructor within the first two weeks of class of the specific days or dates on which a student requests relief.

Appendix A

Competency and Description	Course Content relevant to Dimensions that Comprise the Competency*
2.1.2 Engage Diversity and Difference in Practice Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Advanced practice social workers recognize that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice. They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.	Lecture, reading and discussion related to dimensions of diversity and the delivery of services (K, S C/A) Assignments: Discussion Posts, Videos and Biopsychosocial Report (K, S, C/A)
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities 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	Lecture, readings, videos, discussion engaging individuals in mental health practice (K, S) Assignments: Discussion Posts, Case Reviews and Quizzes K, S, C/A)

constituencies in the focus area. They value and employ principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals in the focus area.	
2.1.7 Assess Individuals, Families, Groups Advanced Generalist social workers independently engage and apply their understanding of theories of human behavior and the social environment in the ongoing assessment of diverse individuals, families, groups, organizations and communities in a focus area. They engage in inter-professional collaboration and utilize methods of assessment appropriate to a focus area to advance practice effectiveness. Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making.	Lecture, readings, assessment measures, videos, discussion focused on assessment of individuals in mental health practice (K, V, S, C/A) Assignments: Discussion Posts, and Biopsychosocial Report (K, S, C/A)
2.1.8 Intervene with Individuals, Families, Groups Advanced Generalist social workers recognize and understand intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They independently identify, analyze and implement evidence-informed interventions to achieve the goals of clients and constituencies in a focus area. Advanced Generalist social workers incorporate their knowledge of theories of human behavior and the social environment when selecting and implementing interventions in a focus area. They also engage in interdisciplinary, inter-professional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions.	Lecture, reading, videos, and small/large group discussions and case studies focused on evidence-based interventions (K, S, V, C/A) Assignments: Discussion Posts, and Biopsychosocial Report (K, S, C/A)

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

Appendix B

<u>Discussion Posts/Responses</u>

Two Posts: 8 points (4 points each)

Two Responses: 8 points (4 points each)

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. Throughout this course, you are required to provide **two** discussion posts of at least 200 words, as well as **two responses** to classmates' discussion posts of at least

50 words.

- **Your posts (2) are due by the WEDNESDSY of the chosen week (at 11:59pm)**
- **Your responses (2) are due by the THURSDAY of the chosen week (at 11:59pm)**

Starting in week 2, you need to post 2 times and respond 2 different times. Your discussion post should be about **that week's diagnostic focus and/or your reactions to the readings, videos, or lecture material.**

- Consider the following prompts:
    - 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 the diagnosis or group of disorders
    - You might choose to share about personal or professional experiences that are informing your reactions. You might find you are struggling to understand a 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.

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

1. 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.
2. Use full and grammatical sentences for your posts.
3. 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.
4. Use person – first language in your discussion posts.
5. Use a strength – based perspective when discussing people with mental health conditions and in responding to your classmates.

Appendix C

Case Role Plays and Case Presentations

Due: TBD by your small group

Value: 20 points

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

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

Case Role-Play and Presentation Feedback Form

Skill Demonstration	**Assessment Skill Rating (Developing-Strong)**
Interviewer asks questions to assist in determining specific diagnostic criteria	
Interviewer engages the client in a conversational discussion when appropriate	
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 and critical findings	
Interviewer provides reasonable rationale for differential diagnosis	
Interviewer provides logical recommendations treatment targets and interventions	
General Comments:	

Appendix D

Case Description and Differential Diagnosis Activity (2 pages)

Due Date: October 27th, 2018; 11:59 pm CST

Value: 10 points

For this assignment, you will be doing the beginning work for the final Biopsychosocial Report. In preparation for the full report you will identify a client or patient you can work with to complete this assignment and the final report. Using case examples, we review in class as a guide you will write a two page "paper." The first page being a 2-paragraph summary of the presenting issues and symptoms of a client or patient, and the second page using the differential diagnosis template to rule in all possible diagnoses and reasons for their rule – in.

Appendix E

Biopsychosocial Report with Intervention Recommendation
Due Date: December 8th, 2018; 11:59pm CST

Value: 20 points

For this assignment, you are being asked to write a biopsychosocial assessment that includes recommendations for interventions to address identified concerns for a client or patient that you have done some work with, or are beginning to work with during a field placement, work setting, or a volunteer position.

If you are sure you have no client or patient (past or present) to use as a model for this assignment, please contact me immediately.

STEP ONE: Identify an appropriate assessment "target"

- 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 have no client or patient that you are beginning to work with, consider using a prior patient/client that you have encountered in your previous work – or someone a supervisor as worked with and with whom you would have access to their information.

STEP TWO: Identify your assessment model/ tool.

- We have discussed a Biopsychoosical model of Person in the Environment Assessment
- Ensure your framework/approach is capable of 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 a few culturally-neutral, nonthreatening questions in your tool belt to use as you start through the clinical interview is helpful.
- 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.
- 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.

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.
- **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
    - allowing preconceived ideas or early impressions influence your assessment so that you inadvertently find what you are looking for, rather than compiling what is 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.

STEP SIX: Conceptualization of Information and Experiences (your own!)

- Consider the assessment and write down your thoughts ad reflections of the information gathered, and your observations of the intrapersonal and interpersonal interactions
- Consider the environmental components of the person
- 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**: Biopsychosocial Report**

- 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:'

You must include:

- A full biopsychosocial assessment (see examples on CANVAS)
- a quality diagnostic formulation that includes relevant and critical information
- 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)
- A goal related to this target area (i.e., what improvement would look like)
- An objective or task that will build toward the improvement
- Planned intervention to achieve objective

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 measureable 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.

This document should be between 6-8 pages, single spaced, 12-point font. Please Include Sub Headings

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 exact format (there are additional examples on CANVAS).

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.

<u>This assignment will be graded on</u>

- detail in the assessment, including providing a diagnosis and supporting the diagnosis with evidence
- a thoughtful biopsychosocial assessment sensitive to intrapersonal, interpersonal, and environmental considerations, including culture and intersectionality
- a quality diagnostic formulation that includes relevant and critical information
- logic used in the formulation in identifying more than one target, goal, objective and planned intervention.