

**School of Social Work  
University of Wisconsin-Madison  
1350 University Avenue  
Madison, WI 53706  
SW 612: Psychopathology in Generalist Social Work Practice  
Spring 2019**

**Instructor:** Joe Dooley, MSW, Ph.D., LCSW, Senior Lecturer  
**Class Time:** Thursdays 7:45 – 9:40  
**Location:** Van Hise 394  
**Office Location:** Social Work Room 208  
**Office Hours:** By Appointment  
**Phone:** 608-444-2233  
**Email:** dooley@wisc.edu

**Credits:** 2

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

**Canvas Course URL:** <https://canvas.wisc.edu/courses/142984>

### **I. Course Description**

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

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

**Requisites:** Senior standing and declared in Bachelor of Social Work program or declared in Master of Social Work program

**How Credit Hour is Met:** This class meets for one 115 minute class session each week for the spring semester and carries the expectation that students will work on course learning activities (reading, writing, studying) for about 4 hours out of classroom for every class period. The syllabus includes additional information about meeting times and expectations for student work.

### **II. Course Overview**

This generalist course prepares social work students to recognize major mental health concerns across the lifespan. The course includes an introduction to The Diagnostic and Statistical Manual of Mental Disorders-5 (APA, 2013) as the organizing framework for reviewing major mental disorders and a critique of the current "medical model" approach to mental health in the United

States. The course considers mental health issues from a generalist perspective including the role of the social environment, culture and stigma in mental health services, access and policy.

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

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

This required course is part of the Human Behavior and Social Environment sequence in the Generalist Practice curriculum

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

### **IV. Course Content**

*Discussion regarding specific diagnoses listed weeks 5 through 14 will consist of assessment, intervention and social work considerations.*

**Class 1 January 24rd: Syllabus Review and Course Expectations; Community Building; Social Work Values in Mental Health; The Health and Mental Health Care Systems and Access to Care**

#### **Discussion Questions:**

- **Where and how do people access mental health care? What societal factors influence this?**
- **How will you encounter mental health needs in your social work career?**
- **How do our social work values inform our responses to these parents' situations and other concerns identified in these pieces of assigned media?**

**Required Media:**

1. Mental Health 60 min (14:21)  
~ <https://www.youtube.com/watch?v=tCfL9fW4bEg>
2. Dembrosky, A. (2016, July 25). Single mom's search for therapist hampered by insurance companies, Shots: Health News from NPR. National Public Radio. Retrieved from <http://www.npr.org/sections/health-shots/2016/07/25/481765235/single-mom-s-search-for-therapist-hampered-by-insurance-companies>

**Class 2: January 31<sup>st</sup> Mental Health Stigma and Its Impact on Help-Seeking Behaviors across Diverse Populations; Implications for Increasing Mental Health Care Seeking; Introduction to Mental Health Recovery**

**Discussion Questions:**

- What role does stigma play in your own beliefs about and reactions to mental illness?
- What must we, as social workers, do both personally and politically to address the public health concern of stigma?
- What local efforts in the Recovery Movement are you aware of in Dane County?

**Required Reading and Media:**

1. Singer, J. B. (Producer). (2007, March 15). Interview with Kya Conner: Stigma and Social Work. [Episode 13]. *Social Work Podcast* [Audio podcast (31:13)]. Retrieved from: <http://socialworkpodcast.blogspot.com/2007/03/interview-with-kya-conner-stigma-and.html>
2. Corrigan, P. & Kosyluk, K. (2014). Mental illness stigma: Types, constructs and vehicles for change. In P.W. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices*. (p. 35-56).
3. Jacobson, N. and Greenely, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482- 485.

**Class 3: February 7<sup>th</sup> Biopsychosocial and Societal Risk and Protective Factors in Mental Health; Diagnosis and the Social Work Profession; Introduction to the DSM and its Limitations**

**Assignment #1 Due by 11:59pm****Discussion Questions and Activity:**

- What are the implications of the current ideology that mental illnesses are medical disorders, meaning they are the result of an internal dysfunction? Are all

**mental health disorders brain disorders? How does social work's ecological model contrast with this ideology?**

- **In-class Debate: Should DSM be the basis for teaching social work practice in mental health?**

Required Reading and Media:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapters 1 and 2
2. Williams, J.B.W. and Spitzer, R.L. (1995). Should DSM be the basis for teaching social work practice in mental health? Yes! *Journal of Social Work Education*, 95(31), 148-153.
3. Kutchins, H. and Kirk, S.A. (1995). Should DSM be the basis for teaching social work practice in mental health? No! *Journal of Social Work Education*, 95(31), 159-165.
4. What DSM-5 Means for Diagnosing Mental Health Patients (8:29)  
<https://www.youtube.com/watch?v=j67-uC8icNE>

**Class 4: February 14<sup>th</sup> Cultural Considerations in Mental Health; The Cultural Formulation Interview**

**Mental Health in the Media #1**

**Flipped Class**

**Discussion Questions and Activity:**

- **What are your thoughts about the cultural formulation interview after seeing it utilized in the demonstration video? How might we incorporate some of these questions into broader social work practice with individuals, families and groups?**
- **In small groups, student will discuss their responses to Assignment 2 in preparation to complete that assignment**

Required Reading and Media:

1. American Psychiatric Association (2013). *The Diagnostic and Statistical Manual—5th edition*. Washington, DC: APA.
  - Pages 749 – 760
2. Demonstration of Cultural Formulation Interview (1:06:02)  
<https://www.youtube.com/watch?v=IqFrSzJ6iP8>  
**\*\*\*I strongly recommend you follow along using the interview questions found in the DSM, and watch the Q&A portion at the end.**

3. Mizock, L. and Russinova, Z. (2016). *Acceptance of Mental Illness: Promoting Recovery Among Culturally Diverse Groups*. New York: Oxford University Press.  
~ Chapter 8, pages 115-129

**Class 5: February 21<sup>th</sup> Neurodevelopmental Disorders across the Lifespan: Autism Spectrum Disorder and ADHD; Racial and Ethnic Disparities in the Identification of ASD**

**Discussion Questions:**

- **Prior to preparing for today's topic, what were your beliefs about the causes of ADHD? Did the BBC documentary impact your beliefs in some way? If so, how?**
- **What are your reactions to the Bryony article? Were you aware of the co-occurrence between gender variance and autism spectrum disorder? In what ways is the gender binary problematic for people with ASD?**

Required Reading and Media:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapters 3 and 4
2. Early Signs of Autism Video Tutorial (9:02)  
<https://www.youtube.com/watch?v=YtvP5A5OHpU>
3. Living with ADHD – BBC Documentary (48:58)  
[http://www.dailymotion.com/video/x22698p\\_bbc-horizon-2005-living-with-adhd\\_shortfilms](http://www.dailymotion.com/video/x22698p_bbc-horizon-2005-living-with-adhd_shortfilms)
4. White, Bryony (2016, November). The link between autism and trans identity. The Atlantic. Retrieved from: <http://www.theatlantic.com/health/archive/2016/11/the-link-between-autism-and-trans-identity/507509/>
5. Kendall, K., & Owen, M. J. (2015). Intellectual disability and psychiatric comorbidity: Challenges and clinical issues. Retrieved from: <http://www.psychiatrytimes.com/comorbidity-psychiatry/intellectual-disability-and-psychiatric-comorbidity-challenges-and-clinical-issues/page/0/2>

**Class 6: February 28<sup>th</sup> Disruptive, Impulse Control and Conduct Disorders:  
Oppositional Defiant Disorder and Conduct Disorder**

**Discussion Question and Activity:**

- **Children with ODD and CD are at increased risk for being labeled as delinquent or “bad”. In what ways do social workers have important and unique roles in helping these children?**

Required Reading:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapter 10

**Class 7: March 6<sup>th</sup> Schizophrenia Spectrum and Other Psychotic Disorders across the Lifespan; Racial Disparities in the Diagnosis of Schizophrenia;**

**Mental Health in the Media #2**

**Discussion Questions and Activity:**

- **How were you impacted by the video “A Look into Auditory Hallucinations”? Did you make any new discoveries?**
- **How do we make sense of the racial disparities in the diagnosis of schizophrenia, particularly among African American males? How is this a social justice issue?**
- **Mental Health in the Media #2**

Required Reading and Media:

1. A Look into Auditory Hallucinations (6:39) <https://www.youtube.com/watch?v=uPkOyPZdKhg>
2. Singer, J. B. (Producer). (2008, November 17). Schizophrenia and social work: Interview with Shaun Eack, Ph.D. [Episode 45]. *Social Work Podcast* [Audio podcast (33:22)]. Retrieved from <http://socialworkpodcast.com/2008/11/schizophrenia-and-social-work-interview.html>
3. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapter 5
4. Vedantam, S. (2005, June 28). Racial disparities found in pinpointing mental illness. *The Washington Post*. Retrieved from [http://www.washingtonpost.com/wpdyn/content/article/2005/06/27/AR2005062701496\\_pf.html](http://www.washingtonpost.com/wpdyn/content/article/2005/06/27/AR2005062701496_pf.html)

**Class 8: March 14<sup>th</sup> Guest Speaker: Social Work with Persons with Severe Mental Illness/Forensic Social Work**  
**Papp Fall, LCSW, Mendota Mental Health Institute**

Required Reading:

Maschi, T. & Killian, M. L. (2011) The evolution of forensic social work in the United States: Implications for 21<sup>st</sup> century practice. *Journal of Forensic Social Work*, 1, 8–36.

**Spring Break! March 21<sup>th</sup> Enjoy!**

**Class 9: March 28<sup>th</sup> Depressive Disorders across the Lifespan; Suicide Risk among Marginalized Populations**

**Mental Health in the Media #3**

**Discussion Questions and Activity:**

- **Your text acknowledges that many older adults view depression as a normal part of aging and offers a case example highlighting this. What are your beliefs about depression and aging? Do you agree with this assumption?**
- **What are the alarming trends discussed in the Uchegbu and Tannehill articles? Were you aware of these trends? How might we explain these trends and what can social workers do to respond to this problem?**
- **The podcast interview with Mark Meier identifies risks for depression among social workers. In small groups, we will discuss your reactions to this podcast.**

Required Reading:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapter 7
2. Singer, J. B. (Producer). (2009, April 13). Social workers and depression: Interview with Mark Meier, MSW, LICSW. [Episode 49]. *Social Work Podcast* [Audio podcast (34:36)]. Retrieved from: <http://socialworkpodcast.blogspot.com/2009/04/social-workers-and-depression-interview.html>
3. Uchegbu, A. (2015, May 27). Suicide rates increase sharply among African-American children. *Pittsburgh Post-Gazette*. Retrieved from post-gazette.com
4. Tannehill, B. (2015, November). The Truth About Transgender Suicide. *The Huffington Post*. Retrieved from: [http://www.huffingtonpost.com/brynn-tannehill/the-truth-about-transgend\\_b\\_8564834.html](http://www.huffingtonpost.com/brynn-tannehill/the-truth-about-transgend_b_8564834.html)

**Class 10: April 4<sup>rd</sup> Bipolar and Related Disorders; Psychopharmacotherapy and Classes of Medications; Ethics of Social Work and Psychopharmacotherapy**

**Discussion Questions:**

- **Bipolar Disorder is considered a severe and persistent mental illness along with schizophrenia, yet there are many high functioning (and famous) people living with bipolar disorder. How is this possible given the severity of the illness?**
- **What are the five classes of medications discussed in the Bentley and Walsh chapter? What else do social workers need to know about psychopharmacotherapy to best serve our consumers?**
- **What are the main points Kia Bentley argues in her interview about psychopharmacotherapy and social worker? Do you agree with these points?**

**Required Reading and Media:**

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapter 6
2. Bentley, K. J and Walsh, J. (2013). Nonmedical Roles in Psychopharmacotherapy. In Vandiver, V. L. (Ed.). *Best Practices in Community Mental Health: A Pocket Guide*. (pp. 15-28). Chicago: Lyceum Books Inc.
3. Treatments for bipolar disorder – Kay Redfield Jamison (2:52)  
[https://www.youtube.com/watch?v=pAVU2aH\\_f7Q](https://www.youtube.com/watch?v=pAVU2aH_f7Q)
4. Singer, J. B. (Producer). (2008, June 1). Psychopharmacotherapy and social work: Interview with Kia J. Bentley, Ph.D. [Episode 40]. *Social Work Podcast* [Audio podcast (23:31)]. Retrieved from:  
<http://socialworkpodcast.com/2008/06/psychopharmacotherapy-and-social-work.html>

**Class 11: April 11<sup>th</sup> Anxiety Disorders across the Lifespan; Obsessive-Compulsive Disorders**

**Assignment #2 due by 11:59PM**

**Discussion Questions:**

- **We sometimes hear someone referred to as being “so OCD”. After viewing today’s media, how can this be harmful and grossly inaccurate in the face of legitimate OCD?**



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

Required Reading and Media:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2nd Ed). New Jersey: Pearson Education.
  - Chapter 8
2. OCD & Anxiety Disorders: Crash Course Psychology #29 (11:31)  
<https://www.youtube.com/watch?v=aX7jnVXXG5o>
3. Obsessive compulsive disorder (5:09)  
<http://www.nhs.uk/video/pages/ocd.aspx>

**Class 12: April 18<sup>th</sup> Trauma and Stressor-Related Disorders across the Lifespan; Historical Trauma**

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

**Discussion Questions and Activity:**

- **Students will spend some time in small groups discussing their reactions to the five pieces assigned for this topic. Students will select their own groups.**
- **While many people will experience a traumatic event, most of them will not go on to develop PTSD. What do you make of this? Why is it that two people can experience the same traumatic event and one may develop PTSD while the other does not?**

Required Reading and Media:

1. Van der Kolk, B., Najavits, L.M., (2013) Interview: What is PTSD really? Surprises, twists of history, and the politics of diagnosis and treatment. *Journal of Clinical Psychology*, Vol.69(5), 516–522.
2. Trauma, Brain and Relationship: Helping Children Heal (25:02)  
<https://www.youtube.com/watch?v=jYyEEMIMMb0>
3. **\*\*\* Please note, this video contains graphic imagery.** Now, After (PTSD From A Soldier's POV) (13:45) <https://www.youtube.com/watch?v=NkWwZ9ZtPEI>
4. Episode 11 - Dr. Shelly Wiechelt: Cultural and Historical Trauma: Affecting Lives for

Generations. (2009, January 12). in *SocialWork*<sup>®</sup> Podcast Series. [Audio Podcast] Retrieved from <http://www.insocialwork.org/episode.asp?ep=11> (15:23)

5. Helms, J. E., Nicolas, G. and Green, C. E. (2010). Racism and ethnoviolence as trauma:  
Enhancing professional training. *Traumatology*, 16(4), 53-62.

**Class 13: April 25<sup>th</sup> Substance-Related and Addictive Disorders across the Lifespan; Racial and Class Disparities in America's Response to Addiction**

**Discussion Questions:**

- **How does Johann Hari's TED talk push us to reconsider the causes and treatment of addiction?**
- **What are the pros and cons of no longer distinguishing between substance abuse and substance dependence?**
- **Why is there a link between prescription drug abuse and heroin? What is different about society's current responses to heroin addiction compared to the heroin epidemic of the 1970s and 1980s? How is this a social justice issue?**

Required Reading and Media:

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2<sup>nd</sup> Ed). New Jersey: Pearson Education.  
Chapter 11
2. Everything You Think You Know about Addiction is Wrong – Johann Hari – TED Talks (14:42)  
<https://www.youtube.com/watch?v=PY9DcIMGxMs>
3. Volkow, N. D. (2014, May). America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Presentation to the Senate Caucus on International Narcotics Control. Retrieved from <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>
4. Cohen, A. (2015, August 12). How white users made heroin a public-health problem. *The Atlantic*. Retrieved from <http://www.theatlantic.com/politics/archive/2015/08/crack-heroin-and-race/401015/>

**Class 14: May 2<sup>st</sup> Personality Disorders; Borderline Personality Disorders; Gender Dysphoria; The Pathologization of Diverse Gender Identities and Expressions**

**Participation Self-Evaluation due by 11:59PM**

**Discussion Questions and Activity:**

- **What are your reactions to the diagnosis of personality disorder? Do you think personality disorders are a legitimate diagnosis? What are your reactions to people who have been diagnosed with a borderline personality disorder?**
- **Do you see Gender Dysphoria as a valid, necessary and/or helpful diagnosis? Why or why not?**
- **After reading the article by Cretella, what is your opinion of the use of GnRH agonist and cross-sex hormones for treatment with children with gender dysphoria?**

**Required Reading and Media:**

1. Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2<sup>nd</sup> Ed). New Jersey: Pearson Education.
  - Chapter 13
2. American Psychiatric Association (2018). What is gender dysphoria? Retrieved from: <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>
3. Istar Lev, A. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, 41, 288-296.
4. Jones, Z. (2017). Being transgender is a mental illness”: What does the DSM really say?  
Retrieved from: <https://genderanalysis.net/2017/08/being-transgender-is-a-mental-illness-what-does-the-dsm-really-say/>

Cretella, M. (2017). Gender dysphoria in children. Retrieved from: <https://www.acped.org/the-college-speaks/position-statements/gender-dysphoria-in-children>

**Class 15: Exam Week: Final Exam, Course Evaluation**

Date, Time and Place to be announced

**V. TEXT AND READING MATERIALS FOR THE COURSE**

The required text for this course is available in the University Bookstore and on reserve at the social work library.

Corcoran, J. & Walsh, J. (2015). *Mental health in Social Work: A Casebook in Diagnosis and Strengths-based Assessment* (2<sup>nd</sup> Ed). New Jersey: Pearson Education

Other readings will be available via Canvas <https://canvas.wisc.edu/courses/142984>

and the internet. More readings and videos may be added throughout the semester

## VI. Evaluation: Assignments, Grading and Methods

### A Word About Grades

My goal for this and other courses should be to make the most of your learning experience, and not to simply earn an 'A'. Your expectations about the grades you receive on assignments should be wholly based on (1) the extent to which you respond to assignment objectives, (2) the quality of your writing (to include grammar and spelling, organization, and clarity), and (3) your ability to demonstrate critical thinking and write with depth. If there are assignment instructions that are unclear to you, please note that it is your responsibility to bring this to my attention and do so in a timely manner. If you have an issue with a grade on an assignment, please document your reasons in writing with specific attention to the three points above. Next, email the document to me, and I will give your concerns fair and careful attention.

### 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

*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).*

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

Grading criteria will be assigned in the following ways:

<u>Assignments</u>	<u>Points</u>
<b>Class Attendance and Professional Participation</b>	<b>10</b>
<b>Assignment #1</b>	<b>20</b>
<b>Assignment #2</b>	<b>30</b>
<b>Assignment #3</b>	<b>10</b>
<b>Exam</b>	<b>30</b>
<b>Total</b>	<b>100</b>

## Assignments

### **Participation**

Students are required to submit a self-evaluation of their participation in the class. The evaluation should pertain to the rubric below and **be no longer than three paragraphs double-spaced**. You should not assign yourself points but must indicate which **category** (not points) you feel is appropriate for you. **One cannot claim to be an Outstanding Contributor unless you have a steady pattern of commenting throughout the semester in the large classroom setting. Speaking in front of a large group is a skill that social workers will need in practice. The classroom is a setting to develop and practice this skill.**

### **Guidelines for Evaluating Participation**

**Preparation:** Effective preparation consists of having completed readings, media and other assignments **Substantive:** Substantive participation is 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).

**Additionally:** Professional participation also includes arriving to class on time, consistent attendance, and **displaying your name tent at every class (even if it seems like I know your name)**. 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 readings and class discussions.

### **Rubric**

**Outstanding Contributor:** Contributions in class reflect exceptional preparation. Ideas offered are always substantive, provide one or more major insights as well as direction for the class.

**Consistent** (around 80% of classes) comment and questions are evident in the large group **throughout the semester**. The student responds to colleagues' ideas, and assists in further development and clarification of these ideas. If this person were not a member of the class, the quality of discussion would be diminished markedly. (8-10 points)

**Good Contributor:** Contributions in class reflect thorough preparation. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Contributes to the larger group discussion **sometimes** (around 50% of classes) throughout the semester. If this person were not a member of the class, the quality of discussion would be diminished. (7-5 points)

**Adequate Contributor:** Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, provide generally useful insights but seldom offer a new direction for the discussion. **Very Rarely** (around 20% or less of classes) offers comments or questions in the larger group. Occasionally responds to colleagues' comments in ways that are useful. If this person were not a member of the class, the quality of discussion would be diminished somewhat. (4-2 points)

**Non-Participant:** This person says little or nothing in class, nor does s/he clearly encourage others through active listening. **Rarely** speaks in small group discussions, **never** speaks in the larger group. **Hence, there is not an adequate basis for evaluation**. If this person were not a member of the class, the quality of discussion would not be changed. (1-0 points)

**Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. **Comments do not acknowledge colleagues' contributions, or worse, are disrespectful of them.** (0 points, student will be asked to meet with the instructor)

**Due: May 3<sup>rd</sup> by 11:59pm**

**Assignment #1:** Reflection Paper on Personal and Professional Beliefs, Values and Reactions Surrounding Mental Health

**Due: February 7<sup>th</sup> by 11:59pm**

**Value:** 20 points

**Length:** 3-4 pages (does not include title page and reference page)

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

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

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

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

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

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

### **Grading Rubric**

**Critical reflection on own beliefs, values, experiences and (4 points)**

**Critical reflection on the influence of stigma in your beliefs (3 points)**

**Critical reflection on affective and cognitive reactions when encountering people with mental illness (4 points)**

**Exploration of ways to address beliefs and reactions, including stigma (3 points)**

**Correct grammar, spelling and APA formatting (2 points)**

**Correct citations and reference list (2 points)**

**Overall writing, including an introduction and conclusion, paper organization and sophisticated integration of required material into a cohesive discussion (2 points)**

**Total Points Possible: 20**

**Assignment #2: Critical Thinking Paper: Identity and Cultural Considerations in Mental Health**

**Due: April 11<sup>th</sup> by 11:59PM**

**Value: 30**

**Length: 5-6 pages (does not include title page and reference page)**

The purpose of this paper is to deepen learning and understanding of the ways in which culture and a person's various identities impact their experience with and response to mental illness. The paper also asks you to consider the roles oppression and discrimination play in accessing and receiving mental health care. You are expected to integrate information from at least three of the required materials into a cohesive discussion.

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

Using the **video of the cultural formulation interview**, you are asked to write a brief paper about this client responding to the following questions:

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



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

### **Grading Rubric**

**Introduction to the client and presenting problem (7 points)**

**Clear discussion of how the cultural formulation interview was utilized in talking with this client about their mental illness and most relevant and effective questions (7 points)**

**In-depth discussion of the impact of various identities on her beliefs about and responses to mental illness (6 points)**

**Critical reflection on the role of oppression, poverty, marginalization, privilege and power in accessing support and mental health care (5 points)**

**Correct grammar, spelling and APA formatting (1 point)**

**Correct citations, reference list and sophisticated integration of required material into a cohesive discussion (2 points)**

**Overall writing, including an introduction and conclusion, and paper organization (2 points)**

**Total Points Possible: 30**

### **Assignment #3: Mental Health in the Media**

**Due: TBD by Sign-Up**

**(Students should email the names their three group members by week 3, February 7th<sup>st</sup>. Failure to do so will result in a decrease of 3 points for the whole group)**

**Value: 10 points**

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

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

Be prepared to provide a brief overview of your article to your small group followed by facilitating a critical discussion of the article. Students will have a total of 15 minutes to present the article and engage in discussion. You will need to generate three critical thinking questions to use during your discussion. You will need to provide a hard copy of a one page paper to your group members and the instructor that includes:

- 1) A reference for the article so students and the instructor can know where to find it
- 2) A two to three paragraph summary of the article's main points, as well as why you selected this article
- 3) Three critical thinking questions for use during small group discussion

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

### **Final Exam**

#### **Value: 30 points**

This exam will evaluate knowledge of the mental health diagnoses and treatment discussed in the course, with particular emphasis on the most common signs and symptoms with which all social workers should be familiar. The exam will have 60 objective questions worth .5 points per question. A study guide will be provided two weeks before the exam.

## **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. 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 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, safe 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 will be held accountable for what they are expressing verbally and nonverbally. Students are expected to keep confidential all issues of a personal or professional nature discussed in class.

### **Student Wellness**

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

### **Out-of-Class Contact with Instructor**

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

### **Electronics:**

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

### **Americans with Disabilities Act:**

Students requiring accommodations pursuant to the Americans with Disability Act should disclose their needs to their instructor at the beginning of the course. Information regarding participation by students with disabilities, accommodations for religious observances, academic conduct, complaint procedure, grade appeals procedures, sexual harassment policy, safety policy and other standing policies/procedures is available in the student handbook.

The McBurney Center provides services and classroom accommodations to students with disabilities. These might include vision and hearing difficulties, learning difficulties and mental health disorders. McBurney is located at 701 W Johnson Street suite 2104. Call for an appointment at 608-263-2741. <http://mcburney.wisc.edu>

**Attendance Policy:**

Students are expected to attend all scheduled classes and to arrive on time.

- **Promptness**

Prompt arrival to all classes is required. This means you are ready to begin class at 7:45AM. 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 for two classes must have supporting documentation (i.e., doctor or other excuse) for the second and following absences. 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.

Being absent without notifying the instructor is unacceptable. To do so once will reap a deduction of 5 points from a student's final score for the class missed. A second unexcused absence will result in a lowered grade level, and a third will result in a failing grade.

**It is important that students sign the attendance roster each class, the instructor cannot remember if you attended and may perceive your lack of signing to an unexcused absence.**

**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 24 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.” Acceptable reasons for requesting an extension are illness, illness in the family or other types of family or personal emergencies. **Computer issues are not a reason to request an extension. Any assignment not submitted before the assignment portal closes is considered late (even minutes after the portal closes).**

Unapproved late assignments will be marked down **5 points** 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. 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.
3. Students must format assignments using **one-inch margins, double-spacing, and a Times New Roman 12-point font.**
4. Headings should not be placed in the body of the paper unless indicated.
5. 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>).
6. Reference pages must be on a separate sheet from the paper (not counted as one of the required pages).
7. Papers should be placed in the Learn@UW Dropbox by 11:59pm of the due date. You will receive a confirmation e-mail when your paper is successfully downloaded to the dropbox. It is your responsibility to be sure your paper has been downloaded properly. The instructor will adhere to the policy on late assignments if an assignment is not received in the dropbox by the time it is due.

### **Appealing a Grade:**

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

### **Academic Writing Criteria**

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

1. Each paper should have a logical flow from the introduction, to a coherent and in-depth discussion of the questions in the body of your paper, to the conclusion.

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

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

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

### **Plagiarism Policy:**

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

The School of Social Work defines plagiarism as:

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

There are two major forms of plagiarism:

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

Process:

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

**Sanction:**

- Based on the seriousness of the sanction, the instructor may inform the Dean of Student's Office. The only sanctions that can be imposed without notifying the Dean of Students Office are: 1) oral reprimand; 2) written reprimand presented only to the student; and 3) an assignment to repeat the work on its merits.
- More serious sanctions may include a zero on the assignment or exam, a lower grade in the course or failure in the course. The School of Social Work will inform the Dean of Student's Office when imposing any of these sanctions. This action is taken so the Dean of Student's Office can decide whether to seek additional sanctions.
- Repeated acts of academic misconduct may result in more serious actions such as removal from the course in progress, disciplinary probation or suspension, or expulsion (<http://www.students.wisc.edu/doso/acadintegrity.html>).
- Note: Students can appeal any sanctions.

For more information:

Academic misconduct rules procedures can be found in UWS 14:

<http://www.students.wisc.edu/doso/docs/UWS14.pdf>

For guidelines on quoting and paraphrasing:

UW-Madison Writing Center <http://writing.wisc.edu/Handbook/QuotingSources.html>

**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

## Course Competencies and Practice Behaviors and Assignments

Competencies Addressed in this Course	Course Content Addressing the Competency Dimension(s) Addressed*	Week Covered
<p><b>2.2.1: Demonstrate Ethical and Professional Behavior</b> Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior.</p>	<ul style="list-style-type: none"> <li>• Stigma in Mental Health (readings, lecture, discussion) V, C&amp;A</li> <li>• Assignment #1:</li> <li>• Social Work and Psychopharmacotherapy (readings, lecture, discussion) K,V</li> <li>•</li> </ul>	<p>2</p> <p>9</p>
<p><b>2.1.2: Engage in Diversity and Difference in Practice</b> Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<ul style="list-style-type: none"> <li>• The Health and Mental Health Care Systems and Access to Care (Lecture, discussion) K</li> <li>• Biopsychosocial Risk and Protective Factors in Mental Health (Readings, Lecture, Discussion) K</li> <li>• Cultural Considerations in Mental Health (Readings, Lecture, Discussion, Flipped Class) K, C&amp;A</li> <li>• Intellectual Disability and Mental Illness (Readings, Lecture, Discussion) K,</li> <li>• Racial and Ethnic Disparities in the Identification of ASD (Lecture, Discussion, Video) K, V</li> <li>• Racial Disparities in the Diagnosis of Schizophrenia (Lecture, Video, Discussion) K,V</li> <li>• Assignment #1 V, C&amp;A</li> <li>• Assignment #2: K, V, C&amp;A</li> <li>• Suicide Risk Among Marginalized Populations (Lecture) K, V</li> <li>• Depression in Person-in-Environment Context (Readings, Lecture, Discussion) K</li> <li>• The Trauma of Racism (Lecture, Discussion) K, V, C&amp;A</li> <li>• The Pathologization of Diverse Gender Identities and Expressions (Readings, Lecture, Discussion) K,V, C&amp;A</li> </ul>	<p>1</p> <p>3</p> <p>4</p> <p>5</p> <p>5</p> <p>7</p> <p>9</p> <p>9</p> <p>12</p> <p>14</p>



<p><b>2.1.3: Advance Human Rights and Social, Economic, and Environmental Justice</b></p> <p>Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.</p>	<ul style="list-style-type: none"> <li>• Assignment #1</li> <li>• Racial and Class Disparities in America’s Response to Addiction (Readings, Lecture) K, V, C&amp;A</li> <li>• Racial Disparities in the Diagnosis of Schizophrenia (Lecture, Video, Discussion) K, V, C&amp;A</li> </ul>	<p>13</p> <p>7</p>
<p><b>2.1.6: Engage with Individuals, Families, Groups and Organizations and Communities</b></p> <p>Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies.</p>	<ul style="list-style-type: none"> <li>• Cultural Formulation Interview (Reading, Video) K, S</li> <li>• Flipped Class (Small Group Discussion) K, S</li> <li>• Assignment #2 K</li> </ul>	<p>4</p> <p>4</p>
<p><b>2.1.7 Assess Individuals, Families, Groups, Organizations, and Communities</b></p> <p>Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups,</p>	<ul style="list-style-type: none"> <li>• Assessment of Specific Conditions in generalist social work practice in mental health (Readings, Lecture, Discussion) K, V, C &amp; A</li> <li>• Assignment #2: K, V, C&amp;A</li> <li>• Final Exam K</li> </ul>	<p>3-14</p>

<p>organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>		
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\*K=Knowledge; V=Values; C&A=Cognitive and Affective Processes; S=Skills