

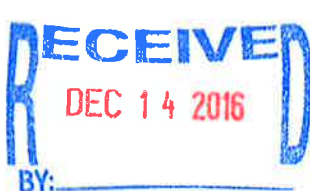
<b>ORIGINATOR'S SECTION:</b>		
1. College: <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input checked="" type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Fall 2017	
2. Current Course abbreviation and Number: MSW 602		

TYPE OF CHANGE(S). Check ☒ all that apply.

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input checked="" type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input checked="" type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input checked="" type="checkbox"/>	Add Consent for Enrollment	<input type="checkbox"/>	Consider for G.E. If yes, also fill out appropriate GE form.	<input type="checkbox"/>
Add Prerequisite	<input type="checkbox"/>	Delete Consent for Enrollment	<input type="checkbox"/>	Cross-list	<input type="checkbox"/>

Information in this section– both current and new – is required only for items checked (☒) above.

## NEW INFORMATION:

<b>CURRENT INFORMATION:</b>			Course abbreviation and Number: MSW 602		
3. Title: <b>Clinical Assessment and Diagnostic Formulation</b>			Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) <b>Clinical Assessment and Evidence Based Treatment</b>		
4. Abbreviated Title for Banner (no more than 25 characters): <b>Clinical Assessment &amp; DSM</b>			Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces) <b>Clinical Assessment &amp; EBT</b>		
5. Number of Units:			Number of Units:		
6. Catalog Description:  Assessment of psychopathology across the life span. Developing diagnostic skills with the DMS-5 system. Understanding DSM-5 criteria within a culturally relevant, resiliency, and strengths-based social work perspective. Social worker's role in the use of psychopharmacology. Focus varies by CYF or BH concentration.  			Catalog Description: (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)  Explores the most common mental disorders and evidence-informed treatments encountered in social work practice. Applies the Diagnostic and Statistical Manual of Mental Disorders and examines evidence-informed treatments with diverse populations. Emphasizes strengths and ecological systems perspectives, risk and resiliency factors, and the impact of biological, psychological, cultural and other factors.		
7. Mode of Instruction* (See pages 17-23 at <a href="http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf">http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf</a> for definitions of the Course Classification Numbers)					
Type of Instruction		Number of Credit Units	Instructional Mode (Course Classification Number)		
Lecture					
Activity					
Lab					
8. Grading Method:*			Grading Method:*		
<input type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)			<input type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)		
<input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)			<input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)		

\*If Originator is uncertain of this entry, please consult with Program Director/Chair.

## CURRENT INFORMATION:

## NEW INFORMATION:

<input type="checkbox"/> Credit/No Credit Only (C)	<input type="checkbox"/> Credit/No Credit Only (C)
<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)	<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)
9. If the NP or CP grading system was selected, please explain the need for this grade option.	
10. Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair	Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair
11. Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)	Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)
12. Is Course Cross Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course	Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.
13. Prerequisite(s): Admission to MSW Program, MSW 501	Prerequisite(s): none- remove prerequisites
14. Corequisite(s):	Corequisite(s):
15. Documentation attached: <input type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline	

## PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:

(Mandatory information – all items in this section must be completed.)

16. Does this course fulfill a requirement for any major (i.e. core course or elective for a major, majors in other departments, minors in other departments)? ☒ Yes ☐ No

If yes, please specify:

Required course for MSW program only.

17. Does this course change impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.) Check "yes" if the course is cross-listed. ☐ Yes ☒ No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

18. Reason(s) for changing this course:

## SIGNATURES : (COLLEGE LEVEL) :

## (UNIVERSITY LEVEL)

Blake Beecher 9/19/2016  
1. Originator (Please Print) Date

5. UCC Committee Chair Date

9/19/2016  
2. Program Director/Chair Date

6. Vice President for Academic Affairs (or Designee) Date

3. College Curriculum Committee Date

7. President (or Designee) Date

4. College Dean (or Designee) Date