

CALIFORNIA STATE UNIVERSITY SAN MARCOS

MSW 602: Clinical Assessment and Evidence Based Treatment (3 Units)

Fall Semester 2017

Instructor:	Days:
Office:	Time:
Hours:	Phone:
E-mail: @csusm.edu	

CATALOG DESCRIPTION

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.

Student Learning Outcomes/Course Objectives

Students successfully completing this course will be able to:

1. Assess and identify the signs and symptoms of mental disorders using DSM-5: assessment instrumentation and differential diagnosis (EPAS 2.1.3, APB--BH 3 and APB--CYF 3; EPAS 2.1.7, APB--BH 7);
2. Articulate and apply the limitations of DSM psychiatric diagnostic labels to relationship formation and to assessment of clients (EPAS 2.1.1, APB—BH 1; EPAS 2.1.2, ABP—BH 2 and APB-CYF 2; EPAS 2.1.3, APB--BH 3 and APB—BH 4; EPAS 2.1.4, APB—BH 7; EPAS 2.1.5, APB—BH 8; EPAS 2.1.7, APB—BH 13);
3. Describe, explain, and apply the evidence based practice process to assess, diagnose, and plan treatment for dysfunctional cognitions, emotions, or behaviors underlying mental functioning (EPAS 2.1.3, APB—BH 3, APB—BH 4 and APB—CYF 3; EPAS 2.1.4, APB—BH 5; EPAS 2.1.6, APB—CYF 9 and APB—BH 10);
4. Apply the DSM-5 Cultural Formulation Interview to assess and understand culturally diverse influences in the manifestation and interpretation of cognitive, emotional, and behavioral disorders (EPAS 2.1.1, APB—BH 1; EPAS 2.1.3, APB—CYF 3; EPAS 2.1.4, APB—BH 5 and APB—BH 7; EPAS 2.1.5, APB—BH 8; EPAS 2.1.7, APB—BH 13 and APB—BH 16);
5. Conduct a Mental Status Examination within the person-in-environment perspective (EPAS 2.1.1, APB—BH 1; EPAS 2.1.3, APB—BH 2.1.3 and ABP—CYF 3; EPAS 2.1.4, APB—BH 5 and APB—BH 7; EPAS 2.1.7, APB—BH 13 and APB—BH 16);
6. Conduct assessments using differential diagnostic skills and multidimensional bio-psychosocial/spiritual perspectives in a culturally competent manner to enable appropriate treatment planning across diverse populations, inclusive of age, disability, ethnicity, gender, race, sexual orientation, socioeconomic status, and/or spirituality (EPAS 2.1.1, APB—BH 1; EPAS 2.1.3, APB--BH 3, APB—BH 4, APB—CYF 3, and APB—CYF 4; EPAS 2.1.4, APB—BH 5 and APB—BH 7; EPAS 2.1.5, APB—BH 8; EPAS 2.1.6, APB—CYF 9 and APB--BH 10; EPAS 2.1.7, APB—BH 13, APB—BH 14, and APB—BH 16);
7. Demonstrate social work values and ethics in assessing and diagnosing clients from various populations at-risk (EPAS 2.1.2, AP--BH 2 and APB--CYF 2; EPAS 2.1.4, APB—BH 7);

8. Recognize the social worker's scope of practice and role within an interdisciplinary team in the use of psychopharmacology, including appropriate consultation with medical professionals re: treatment. (EPAS 2.1.3, APB—BH 3, APB—CYF 3; EPAS 2.1.7, APB--BH 14).

Course Overview:

This advanced course focuses on mental disorders and/or dysfunction for various age groups across the life span, from a bio-psychosocial perspective incorporating contexts of culture, human resilience, and strengths-based approaches in the use of the DSM-5 system. Emphasis is on the application of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as an organizing framework for the differential diagnosis of mental disorders in children, adolescents, and adults within a person-in-the-environment perspective, inclusive of the strengths and weaknesses of the DSM system, and while adhering to social work ethics and values. Also addressed are evidence based treatment approaches with diverse client populations and presenting problems. Evidence-based treatments (EBTs) are interventions which have been proven effective through rigorous research methodologies, evidence-based practice (EBP) refers to a decision-making process which integrates the best available research, clinician expertise, and client characteristics.

Evaluation Matrix:

Learning Outcome	EPAS Competencies	Practice Behaviors	Measurement/ Assignment
1	2.1.3, 2.1.7	APB--BH 3 and APB-CYF 3, APB--BH 7	1, 2, 3, 4
2	2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.7	APB--BH 1 APB--BH 2 and APB-CYF 2 APB--BH 3 and 4 APB--BH 7 APB--BH 8 APB--BH 13	1, 4
3	2.1.3, 2.1.4, 2.1.6	APB--BH 3 and 4 APB--CYF 3 APB--BH 5 APB--CYF 9 and APB--BH 10	1, 4
4	2.1.1, 2.1.3, 2.1.4, 2.1.4, 2.1.7	APB--BH 1 APB--CYF 3 APB--BH 5 and 7 APB--BH 8 APB--BH 13 and 16	1, 2
5	2.1.1, 2.1.3, 2.1.4, 2.1.7	APB--BH 1 APB--BH 3 and APB-CYF 3 APB--BH 5 and 7 APB--BH 13 and 16	3
6	2.1.1, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7	APB--BH 1 APB--BH 3 and 4, APB-CYF 3 and 4 APB--BH 5 and 7 APB--BH 8 APB--CYF 9 and APB-BH 10 APB--BH 13, 14, and 16	3, 4
7	2.1.2, 2.1.4	APB--BH 2 and APB-CYF 2 APB--BH 7	2, 4

8	2.1.3, 2.1.7	APB--BH 3 and APB-CYF 3 APB--BH 14	2, 4
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Department of Social Work Classroom Conduct Policy

1. Classroom attendance and active participation are essential for achieving the student learning outcomes for courses. Students are expected to be present and prepared for every class meeting to promote effective learning of the course content. Unexcused absences, frequent tardy arrivals and/or leaving class early will affect a student's final grade. Petitioning for an excused absence is subject to the instructor's discretion.
2. Graduate students are expected to be active participants in class meetings. Lack of contribution to in-class discussions (and/or role play exercises) will adversely affect the student's grade. Conversely, attempts to dominate class discussions (and/or role play exercises) will also result in lower grades.
3. Cell phones, laptops, or tablets should only be used at breaks or as approved by instructor. Laptop/tablet use unrelated to class activities, texting, and frequent side conversations are not behaviors that show investment in the learning process and distract from student learning.
4. Students are expected to spend a minimum of two hours outside of the classroom each week for each unit of course credit (i.e. a minimum of 6 hours of outside of class weekly effort for a 3 credit hour class).
5. All assignments are to be turned in at the beginning of class on the due date **at the class meeting** per the class schedule. Assignments turned in after the time established by the instructor are considered late, with point deductions taken at the discretion of the instructor.
6. Information shared in class about practicum agency, staff and clients will be de-identified, in classroom discussion and in assigned papers. Personal material of students shared in the classroom as part of participating in class exercises and practice will not be shared with others outside of the classroom.
7. As a social work graduate student, you are expected to know and adhere to the NASW Code of Ethics. This is essential to becoming a professional social worker. See: <http://socialworkers.org/pubs/code/default.asp>

CSUSM Academic Honesty Policy

**Please refer to the CSUSM University Catalog section on Academic Honesty. Please consult with the instructor if you have any questions concerning the completion of course requirements. Students are expected to adhere to the standards of academic honesty and integrity outlined in the CSUSM University Catalog section on Academic Honesty. All written assignments and oral presentations must be original work. All ideas/materials borrowed from other sources must have appropriate citations/references to the original sources, according to APA style format. Any quoted material should give credit to the source and be punctuated accordingly.

Academic Honesty and Integrity: Students are responsible for honest completion and representation of their work. The CSUSM University Catalog details the ethical standards and penalties for infractions. There will be zero tolerance for infractions. If you believe there has been an infraction by someone in the class, please bring this to the instructor's attention. I reserve the right to apply the academic honesty policy in accordance with the general rules and regulations of CSUSM. Disciplinary action may include the lowering of grades and/or the assignment of a failing grade for an assignment or the entire course. Incidents of Academic Dishonesty will be reported to the Dean of Students. Sanctions at the University level may include suspension or expulsion from the University.

http://www.csusm.edu/policies/active/documents/Academic_Honesty_Policy.html

Plagiarism

Plagiarism or cheating is unacceptable under any circumstances. If you are in doubt about whether your work is paraphrased or plagiarized see the Plagiarism Prevention for Students Web site:

<https://biblio.csusm.edu/research-help/plagiarism-how-to-avoid-it>. If there are questions about academic honesty, please consult the department chair.

Students with Special Needs

Students with disabilities who require reasonable accommodations must be approved for services by providing appropriate and recent documentation to the Office of Disabled Student Services (DSS). This office is located in Craven Hall 4300, and can be contacted by phone at (760) 750-4905, or TTY (760) 750-4909, and by email at dss@csusm.edu. Students authorized by DSS to receive reasonable accommodations should meet with their instructor during office hours in order to ensure confidentiality.¹

COURSE REQUIREMENTS

REQUIRED TEXTS AND READINGS

Required Texts:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Washington, DC: American Psychiatric Association.

Corcoran, J., & Walsh, J. (2015). *Mental health in social work: A casebook on diagnosis and strengths based assessment* (2nd Ed.). Boston, Massachusetts: Pearson Education, Inc.

Recommended Texts

Zimmerman, Mark, M.D. (2013). *Interview guide for evaluating DSM-5 psychiatric disorders and the mental status examination*. East Greenwich, RI: Psych Products Press.

Library Reserve:

Dziegielewski, S.F. (2010). *Social work practice and psychopharmacology: A person-in-environment approach* (2nd Ed.). New York, NY: Springer.

Garcia, B., & Petrovich, A. (2011). *Strengthening the DSM: Incorporating resilience and cultural competence*. New York, NY: Springer.

Supplemental Readings:

Additional supplemental reading materials are available on Cougar Courses. Please be advised that these reading assignments are subject to change. Please consult Cougar Courses often to keep up.

Required Material and Equipment:

Students will be expected to have access to a personal computer with Internet and Web browsing capabilities. Access to Cougar Courses is required. There are many computing resources available on campus for students to utilize. Please make yourself aware of these.

COURSE REQUIREMENTS

Course Format:

Material will be presented in a variety of formats including lectures, videos, discussions, role-plays, peer reviews, and group/ individual in-class assignments. The instructor will help students engage with the material and practice new skills. Students are required to prepare for class by completing readings and other assignments.

¹ CSUSM Senate Resolution GEC 277-04 04/06/2005

Writing Criteria:

All writing assignments will be completed and submitted in APA style, unless otherwise specified. See Grading section concerning grading that pertains to the use of APA format in papers. The written assignments meet the All-University Writing Requirement as described in the CSUSM University Catalog.

Course Assignments:

- 1. Mid-Term Examination:** This examination covers the course material from the first half of the Term, and will be administered as listed in the class schedule. This examination will cover the content of class lectures, PowerPoints, discussion, videos, and the required reading materials. Format will include true-false, multiple choice, and short-answer questions, diagnostic formulations, and brief essay questions. During the examination, you will be allowed to use the DSM-5 manual. This assignment measures Student Learning Outcomes 1 - 4.
- 2. Exam 2:** This examination will focus on the content of class lectures, discussions, videos, and the required reading materials from the second half of the term, but assumes familiarity with and competence in using information from the first half of the semester as well. Format will include true-false, multiple choice, and short-answer questions, diagnostic formulations, and brief essay questions. During the examination, you will be allowed to use the DSM-5 manual. This assignment measures Student Learning Outcomes 1, 4, 7, and 8.
- 3. Clinical Role Play Exercises:** These Role Play exercises will be arranged during class meeting times to practice and develop diagnostic evaluation skills, and are designed to help prepare you for working in children, youth, and families, or behavioral health settings, depending on your concentration. You will practice roles as both interviewer and interviewee via mock bio-psychosocial diagnostic interviews and mental status examinations. For each of these diagnostic interviews, you will submit a diagnostic assessment summarizing a bio-psychosocial assessment, mental status examination, and a complete DSM-5 differential diagnosis (one role play as an interviewer, one role play as an interviewee, and one role play as an observer). A detailed handout outlining the writing assignment is available in Appendix A. This assignment measures Student Learning Outcomes 1, 4, 5, and 6.

NOTE: These role plays involve teams of 3 people and are scheduled in class; it will not be possible to schedule in-class make-ups.

- 4. Learning Quizzes/exercises:** Throughout the semester, both on-line and in-class quizzes/exercises worth 1-2 points each will be used as a learning strategy. These will usually NOT be announced ahead of time, but you will be able to use your DSM and class notes when you complete the quizzes.
- 5. Clinical Assessment / Treatment Presentation:** This assignment focuses on gaining a deeper understanding of a client with a particular cognitive, emotional, or behavioral disorder, and on accurate assessment, diagnosis, and beginning intervention planning. You will present your case, and answer questions from the class, in a 10 minute presentation accompanied by a summary paper for the instructor.

In consultation with your Field Instructor, choose a client from your field placement internship. This may be a client with whom you are actively working, or a client suggested by your Field Instructor who represents a client group or illustrates a particular cognitive, emotional, or behavioral disorder you wish to learn more about. Be sure to safeguard client and agency confidentiality.

- 1 Provide a brief social history and identify presenting concerns, and why you chose to learn more about this particular client/problem
2. DSM 5 diagnosis and brief discussion of the diagnosis (may need to provide more information if the diagnosis you choose is not one of the major categories we discussed in class...you become the "expert")
3. Brief rationale and differential diagnosis (es)
4. Culturally relevant variables and how these were/should be addressed

5. If this client were assigned to your caseload, which strength (choose one) would you build upon and how would you do this? Be specific.
6. What 1 treatment goal would you suggest to address the most pressing problem? Make sure the goal meets the MAPS (measurable, attainable, positive, & specific) guidelines.
7. What practice intervention(s) would you consider to be the most appropriate for your client for previously identified goal? Why? Be specific and provide the evidence-base for your choice.

Before beginning your class presentation, submit to the instructor a hard-copy summary (approximately 2 pages plus reference page, non-APA but with the reference page in correct APA format) of the presentation organized by the 7 questions above.

*If you are in an internship that does not afford you a client, identify a case study or literary character who interests you greatly for this presentation. **You must get the instructor's permission for the case/character/diagnosis if not using a client from field.**

The DSM-5 must be used (and cited) as a primary reference source, and you must include citations from at least 2 journal articles.

Outcomes 1, 2, 3, 6, 7, and 8.

Grading for Assignments: (Percentage weight for each assignment)

Mid-Term Examination	25%
Final Examination	25%
Clinical Role Play Exercises and written assessments (3)	30%
On-line/ in-class quizzes / exercises	10%
Oral Presentation and summary	10%
Total	100%

Grading Policy for the Course

A final letter grade for this course and grades for course requirements will adhere to letter grade standards as specified in the CSUSM University Catalog section on Grading System and Policies. Your papers will be evaluated for conceptualization, conciseness, and organization, as well as proper grammar, word usage, punctuation, spelling, and APA style.

Grading Scale

The following plus/minus grading system will be used, based on a 100 point scale:

A =	93% -100%	C =	73% - 76%
A- =	90% - 92%	C- =	70% - 72%
B+ =	87% - 89%	D+ =	67% - 69%
B =	83% - 86%	D =	63% - 66%
B- =	80% - 82%	D- =	60% - 62%
C+ =	77% - 79%	F =	<59%

A grade of C or better is required for satisfactory completion of the course.

COURSE CALENDAR

Week	Topic(s)	Assigned Readings & Assignments Due <i>(Readings outside the texts are available on Cougar Courses unless otherwise noted.)</i>
1	<p>Introduction and overview of course</p> <p>The dangers of “bad” theory</p> <p>Introduction to DSM-5 system</p> <p>Video: Refrigerator Mothers</p>	<p>DSM-5</p> <ul style="list-style-type: none"> • Preface (xli-xliv) • Intro (pp 12-16) • Use of Manual (pp. 19-25) • SKIM- Other conditions that may be the focus of attention (715-727) <p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 1, (pp. 1-7) • Ch. 2, (pp. 8-22)
2	<p>Alternate views of DSM 5</p> <p>What is a “mental disorder”? What goes wrong? Genetic and environmental influences</p> <p>Affect regulation and its role in psychopathology</p> <p>Introduction and discussion of psychopharmacology for social work practice</p> <p>Essential information on pharmacodynamics and social work practice with clients taking medications</p> <p>In class: Videos: How the brain works; Bruce Perry’s 7-Slide Series #1, The brain</p>	<p>Basic psychopharmacology, pp. 53-67, from: Bentley, K.J. & Walsh, J. (2014). <i>The social worker and psychotropic medication</i>, Brooks-Cole, Belmont, CA</p> <p>Lacasse, J.R., & Leo, J. (2015). Challenging the narrative of chemical imbalance: A look at the evidence (pp. 275-282). In B. Probst (Ed.), <i>Critical Thinking in Clinical Diagnosis and Assessment</i>. New York: Springer.</p> <p>DSM 5, Cultural formulation (pp. 749-759)</p> <p>Recommended:</p> <p>Shapiro, J., & Applegate, J. S. (2000). Cognitive neuroscience, neurobiology, and affect regulation: Implications for clinical social workers. <i>Clinical Social Work Journal</i>, 28(1), 9-21.</p> <p>Wakefield, J. (2013). DSM-5: An overview of changes and controversies. <i>Clinical Social Work Journal</i>, 41(2), 139-154. doi:10.1007/s10615-013-0445-2</p>

3	<p>The Recovery Philosophy in mental health treatment</p> <p>Bio-psychosocial assessment and the clinical interview</p> <p>Evidence Based Practice Process in Social Work MAPS goals</p> <p>Use of DSM 5 assessment measures (and others)</p> <p>http://www.nimh.nih.gov/about/updates/2013/mental-disorders-as-brain-disorders-thomas-insel-at-tedxcaltech.shtml</p> <p>Video & practice: Mental Status Exams</p>	<p>DSM 5: Assessment measures (pp. 733-748)</p> <p>Mental Status Exam: http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf</p> <p>Van Voorhis, R., Bennett, R., & Chang, V. (2006). Educating Social Workers to Establish Well-Formed Goals. <i>Journal of Teaching in Social Work, 26</i> (1/2), 147-161.</p> <p>How drugs work in the body, pp. 67-72, from: Bentley, K.J. & Walsh, J. (2014). <i>The social worker and psychotropic medication</i>, Brooks-Cole, Belmont, CA</p>
4	<p>Risk and resilience vs. individual pathology perspectives</p> <p>Interviewing parents and collateral informants</p> <p>Neurodevelopmental Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Practice: Role Play #1</p>	<p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 3, Autism, pp. 23-34 • Ch. 4, Neurodevelopmental. Disorders, 39-48 <p>DSM 5:</p> <ul style="list-style-type: none"> • 31-40, skim 41-50 • 50-59 (autism spectrum disorders) • 59-66 (ADHD) <p>Basic psychopharmacology, pp. 73-79, from: Bentley, K.J. & Walsh, J. (2014). <i>The social worker and psychotropic medication</i>, Brooks-Cole, Belmont, CA</p>
5	<p>Schizophrenia Spectrum and Other Psychotic Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Understanding anti-psychotic medications</p> <p>Access to mental health assessment and treatment: Health disparities</p> <p>Video: Psychotic disorders</p>	<p>DUE: ROLE PLAY CASE NOTES #1</p> <p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 5, Schizophrenia spectrum pp. 52-64 <p>DSM 5: 587-122</p> <p>Basic psychopharmacology, pp. 79-84, from: Bentley, K.J. & Walsh, J. (2014). <i>The social worker and psychotropic medication</i>, Brooks-Cole, Belmont, CA.</p> <p>Shean, G. (2008). Evidence Based Psychosocial Practices and Recovery from Schizophrenia. <i>Current Psychiatry Reviews, 4</i>(1), 1-9.</p>

6	<p>Depressive Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Stigma in mental illness</p> <p>Practice: Role Play 2</p>	<p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 6, Bipolar disorders pp. 68-79 • Ch. 7 Depressive disorders 85-96 <p>DSM 5:</p> <ul style="list-style-type: none"> • 155-188 • 123-154
7	Mid-term exam	No readings
8	<p>Anxiety Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches 	<p>DUE: ROLE PLAY CASE NOTES #2</p> <p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 8, Anxiety pp. 100-110 <p>DSM 5: 189-234</p>
9	<p>Anxiety disorders, cont.</p> <p>Trauma and Stressor Related Disorders</p> <p>Trauma assessment</p> <p>Dissociative Disorders</p> <p>Role Play #3</p> <p>Videos: Bruce Perry's 7-Slide Series # 2, Sensitization and tolerance</p>	<p>DSM 5</p> <ul style="list-style-type: none"> • 265-290 • 291-307
10	<p>Substance Related and Addictive Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Understanding medications used in substance abuse treatment</p> <p>Strengths-based approaches to substance abuse assessment</p>	<p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 11 Substance-related, pp. 142-155. <p>DSM 5</p> <ul style="list-style-type: none"> • 481-503 • 509-519 • 520-539 • 541-560 • 561-589

11	<p>Neurocognitive Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Medication use and abuse with the elderly and persons with neurocognitive disorders</p> <p>Practice: Multi-cultural case studies</p> <p>Video: Assessment of neurocognitive disorders</p>	<p>DUE: ROLE PLAY CASE NOTES #3</p> <p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 12, Neurocognitive disorders, p. 159-168 <p>DSM 5</p> <ul style="list-style-type: none"> • 591-614 • 621-627 • 627-634 • 636-638 <p>Presentations</p>
12	<p>Personality Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Disruptive, Impulse-Control, and Conduct Disorders</p> <p>Interviewing challenging clients</p> <p>Video: Personality disorders</p>	<p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 13, Personality disorders, p. 174-186 <p>DSM 5:</p> <ul style="list-style-type: none"> • 645-684 • 461-480 <p>Presentations</p>
13	<p>Eating Disorders</p> <ul style="list-style-type: none"> • Prevalence and Comorbidity • Assessment and diagnosis • Risk and resilience perspectives • Course • EBP/ treatment approaches <p>Videos: Bruce Perry's 7-Slide Series # 3, Threat response patterns</p>	<p>Corcoran & Walsh,</p> <ul style="list-style-type: none"> • Ch. 9, Eating disorders, p. 174-186 <p>DSM 5:</p> <ul style="list-style-type: none"> • 329-354 • 355-360 • 361-362 • 423-424 • 451 • 685-705 <p>Presentations</p>
14	Exam 2	Exam 2 No Readings
15	Presentations	Presentations

Schedule may be modified as necessary to meet needs of class and instructor..

BIBLIOGRAPHY

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Washington, DC: American Psychiatric Association.
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- Corcoran, J., & Walsh, J. (2015). *Mental health in social work: A casebook on diagnosis and strengths based assessment* (2nd Ed.). Boston, Massachusetts: Pearson Education, Inc.
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- Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: the National Academies Press.
- Kartemquin Films. (2003) *Bruno Bettelheim attacks: Refrigerator mothers and autism*. <http://m.bhojpurinama.com/trendsplay/TQY2oB3Rqdg/Bruno-Bettelheim-Attacks%253A-REFRIGERATOR-MOTHERS-and-AUTISM>
- Lacasse, J.R., & Leo, J. (2015). Challenging the narrative of chemical imbalance: A look at the evidence (pp. 275-282). In B. Probst (Ed.), *Critical Thinking in Clinical Diagnosis and Assessment*. New York: Springer.
- Myers, J. E. B. (Ed.). (2012). *Child maltreatment: A collection of readings*. Thousand Oaks, CA: Sage.
- Roberts, A.R., and Yeager, K.R., (eds.) (2006). *Foundations of evidence-based social work practice*. New York, NY: Oxford.
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- Wakefield, J. (2013). DSM-5: An overview of changes and controversies. *Clinical Social Work Journal*, 41(2), 139-154.

APPENDIX A

Assignment 3: Clinical Role Play Exercises Writing Assignments

These three role plays give you an opportunity to: 1) practice clinical interviewing, assessment, and differential diagnostic skills; 2) practice stepping into the client role, fleshing out a basic case description and trying to be true to character; and, 3) being an observer of the assessment process, and noting both social worker and client interactions. Parts 1-3 below are performance tasks for the “social worker”, but regardless of the role you play, you will complete parts 4 and 5 for *each* interview, writing a summary assessment and diagnostic formulation for the case, and briefly reflecting on the process. Please note the role you played below your name.

- 1. Engagement:** Welcome your client and listen carefully and empathically, using reflection and open-ended questions. Emphasize *understanding* initially, rather than problem solving. (The sequence is empathy, information gathering, and THEN treatment planning, and in some of these role plays you are even not going to get all the way to treatment planning!)

Inquire about the circumstances of the referral and the presenting problem as defined by the client. Explain that you will explore the presenting problem in more detail together, but that you also have to gather some background information to best help. Conduct an interview (probably about 45 minutes).

- 2. Psychosocial Assessment:** Use one of the psychosocial history formats you prefer as a guide to gather the needed information. (Examples are included in Cougar Courses. You may also use a format used in your field agency.) Some of these formats are quite lengthy and you may not be able to cover all of the information mentioned in the time allotted for the interview.

Remember that the flow of the interview is from general questions to more specific ones as needed, with care and attention to cultivating/ maintaining a positive therapeutic relationship. Try to incorporate relevant questions/ concepts from the DSM-5 Cultural Formulation Interview. Remember to look for, and note, strengths, protective factors, and resources. Generally, include:

- a. Client Identifying/Demographic information
 - b. Presenting Problem (and reason for seeking treatment NOW)
 - c. Description and development of presenting problem(s). Onset, duration, frequency, severity? How has the client attempted to cope with the problem up till now?
 - d. Family and personal social history: E.g., ask about developmental issues including mother’s health during pregnancy, and client’s health at birth. Ask about traumatic experiences and any history of head injury. Explore for attachment relationships, early losses, history of family violence, general rules and values in the family, and strengths and resources in the family. Explore pre-school, elementary school and adolescent adjustment in school and social environments. Attend to cultural and social factors affecting family. Mention significant members of family, including any mental health and substance abuse issues they experienced that may have affected the client growing up.
 - e. Current Situation: Include medical concerns, current medications (psychotropic and other), substance use/abuse/ dependency issues, current living arrangements, relationships (spouses, partners, children, close friends, etc.), and frequency and quality of contact with family members/ friends. Mention current level of education, employment, finances, social supports, legal involvement, current personal or environmental stressors, religion, general self-care (diet, exercise, sleep, stress management, etc.). Again, be sure to address strengths and assets.
 - f. Brief Mental Status Exam: Depending on your “client”, this can be done informally in the course of the interview, or more formally as discussed in class.
- 3. Pause! Reflect! Research!** After gathering the psychosocial and mental status information, take a brief (5 minutes or so) break so that you can refer to your DSM 5 and begin to form tentative

hypotheses about possible relevant diagnoses, and to review additional information you may have missed in your assessment and need to go back and gather. For example, many diagnoses depend on the onset, frequency, or duration of the symptoms, and you may have neglected to gather that information. Or, you may realize that you haven't carefully looked at alternate/ differential diagnoses, and need to ask questions to rule them in or out. *This is your chance* to refer to your texts or notes to formulate the questions you need to ask to be able to do your differential diagnoses.

Remember, you aren't expected to KNOW all of this at this point, but you are expected to 1) be able to access the information you need to make the best differential diagnosis, and 2) be conscientious about seeking the information you need. The "social worker" is in charge of this process, but the "observer" can help raise questions or research potential diagnostic information. However, the "client" should not assist or provide suggestions re: diagnosis. This assignment is about *learning to explore, investigate, and assess*.

Then return to your client and complete your data gathering by asking for any of the missing information or relevant diagnostic questions you forgot to address before. Always remember to ask your client whether there is any other relevant information you may have neglected to ask about that he/she thinks might be helpful.

- 4. Summary assessment and diagnostic formulation.** Using the information gathered in the interview, briefly (no more than 2 pages double spaced) summarize the bio-psychosocial assessment/ mental status examination. It's ok if you are unable to address all of the information obtained in the interview, but try to succinctly summarize the important elements of the bio-psychosocial interview and the mental status exam. Be sure to explicitly include statements addressing client strengths and resources.

On a separate page, write out the DSM 5 Diagnostic Formulation (single-spaced), as reviewed in class, including relevant qualifiers or severity ratings (these vary by diagnosis, and can be found in your DSM-5).

- 5. Reflection.** Comment on any notable strengths or difficulties with the interview and/ or with the differential diagnostic process. Note differences between the background/ life experiences/ values of the "social worker" and the "client", and address how these differences were used, or might have been used, to enhance the therapeutic relationship. You may write this section from the perspective of the role you took in the interview. For example, as the social worker, you might address confusing aspects of the interview or questions you wish you had asked. As the client, you might mention questions you wanted the social worker to ask; or as the observer, you might talk about the quality of non-verbal interaction, etc. Please be specific and honest (don't just say the interview was fine or the social worker did a good job, etc.)

Please note: these assessments are **not** written in APA style format, and no cover page is needed. Do include the names of all group members.