Course Title and Number: SW 710
Psychopathology in Social Work Practice

Instructor:

Contact Information:

Credits: 3

Prerequisites: SW 311 / SW 611

Meeting Day / Time:
Location:

Course Description

This course introduces students to the concepts and language of mental health and mental disorders, and the influence of social structural factors on each. Structural inequalities in mental health diagnosis and treatment are covered, particularly among groups that historically have been oppressed and marginalized. In addition, the history of the classification system of the Diagnostic and Statistical Manual is reviewed, as well as the tension between the use of a classification system based on the medical model, and the assumptions and values of the social work profession. Students will learn to distinguish mental health diagnostic categories and gain skills in the diagnostic process. As students deepen their understanding of mental health diagnosis, they will also gain an appreciation for the benefits and limitations of diagnosis as part of the helping process. The primary goals are for students to gain skills in using the DSM for assessment, treatment planning, and for conversing as a member of a multidisciplinary team—while maintaining a person-centered approach to helping clients.

Linkages with Other Courses

This course builds on knowledge, skills, and values introduced either in the BSW program or in the foundation year of the MSW program. In particular, this class builds on the knowledge of human functioning and behavior attained in SW 310/610 and SW 311/611 – (Human Behavior in the Social Environment I and II). Students will apply the multidimensional perspective of human functioning developed in these courses to better understand mental health diagnoses, as well as the complex influences of culture, socioeconomic status, developmental levels, biological systems, power, privilege, personality and temperament on mental and behavioral health. The course also builds CAS 154 or SW 674 (Substance Abuse Intervention and Treatment).

Relevant Competencies

2.1.1 Identify as a social worker and conduct oneself accordingly
Advanced generalist practitioners identify with the human rights values of the social work profession, the centrality of relationships, and the interconnections between client issues and larger social problems. Advanced practitioners in general practice take leadership in ethically and competently working to improve the wellbeing of clients, families, and communities.

- C1 Initiate and facilitate socially responsive and just practices across systems.
- C2 Provide social work leadership within practice contexts and as a member of the profession.
- C3 Cultivate and apply leadership qualities of self-awareness and other-awareness.
2.1.2 **Apply social work ethical principles to guide professional practice**
Advanced generalist practitioners readily recognize the range of complex, multi-dimensional ethical dilemmas that often characterize practice settings. They are adept at utilizing the advanced conceptual frameworks required to explore, navigate and resolve these complex circumstances.

- **C4** Is able to critique ethical issues within complex environments to formulate innovative responses and approaches.
- **C5** Employ strategies of ethical reasoning in practice settings where policies or values conflict with the delivery of social work services, personal values, or professional ethics.

2.1.3 **Apply critical thinking to inform and communicate professional judgments.**
Advanced generalist practitioners synthesize multiple sources of information as they seek to understand “what is” and clarify “what's possible” in addressing issues that arise across system levels. In turn, they effectively communicate this information to diverse client, multidisciplinary team, and stakeholder groups.

- **C6** Question, evaluate, synthesize and apply information from multiple sources in framing ill-defined, ever changing, multifaceted practice issues.
- **C7** Question, evaluate, select and implement appropriate assessment, intervention, and evaluation strategies in complex, fluid, multidimensional practice situations.
- **C8** Produce practice-ready presentations and documents (i.e., case presentations, intervention demonstrations, journal articles, grant applications, legislative briefs).

2.1.4 **Engage diversity and difference in practice**
Advanced generalist practitioners recognize that human diversity includes and goes beyond conventional categories of ethnicity or culture and recognizes the intersectionality of human differences. Cultural humility characterizes their professional interactions across system levels.

- **C10** Effectively navigate conflicts between diverse identities within and among individuals, families, groups and organizations.

2.1.7 **Apply knowledge of human behavior and the social environment**
Advanced generalist practitioners integrate multiple theories about human behavior and the social environment to complete comprehensive assessments and develop and implement intervention plans across system levels. Advanced generalists give equal importance to understanding individual uniqueness and the broader social issues that support or deter well-being.

- **C16** Integrate understandings from a variety of theoretical perspectives in formulating comprehensive, multidimensional assessments and interventions.
- **C17** Identify and question underlying theoretical and ontological assumptions about human behavior guiding agency practices, programs and policies.

2.1.10 **Engage, assess intervene, and evaluate with individuals, families, groups, organizations, and communities.**
Advanced generalist practitioners are ethical, competent leaders who are able to practice reflectively and autonomously in complex environments across system levels with diverse groups. Advanced practitioners integrate the systems, person-in-environment, and strengths perspectives with an array of theoretical models and intervention approaches to collaboratively frame and address complex issues, questions and problems. Thus, advanced practice involves the continuous, dynamic interplay of engagement, multidimensional assessment, intervention and evaluation processes—across system levels.

2.1.10a **Engagement**

- **C23** Attend to the interpersonal dynamics, cultural and contextual factors that support or threaten client-worker relationships.
- **C24** Establish a relationally based process that encourages clients to be equal participants in the establishment of intervention goals and expected outcomes.
2.1.10b  Assessment

•  C25  Adapt, modify and use multidimensional tools in conducting comprehensive, culturally effective, integrative case assessments.
•  C26  Identify client system strengths and coping capacities.
•  C27  Assess client system readiness for change.
•  C28  Select and modify intervention strategies based on continuous evaluation and assessment.

2.1.10c  Intervention

•  C29  Critically evaluate, select and apply best practices and evidence-informed interventions.
•  C30  Capable of autonomous practice, in competently applying appropriate intervention techniques for a range of presenting issues, problems, or questions.
•  C31  Develop and implement collaborative multidisciplinary interventions.

Course Objectives/Educational Outcomes

Upon completion of this course students will be able to:

710.1  Articulate the development of the DSM and other diagnostic tools and distinguish underlying assumptions of the medical model.
710.2  Identify signs and symptoms that are used to differentiate diagnostic groups.
710.3  Identify medications that are commonly used to treat each major diagnosis and common side effects.
710.4  Discuss cultural factors that impact the signs and symptoms that can lead to misdiagnosis of mental illness.
710.5  Articulate potential structural and oppressive factors in diagnosing and treating clients.
710.6  Integrate understandings from multiple sources of information and research to inform assessments and problem setting.
710.7  Conduct mental status exams as part of a multi-disciplinary diagnostic process.
710.8  Critically evaluate the risks of “misdiagnosing” clients.
710.9  Complete a comprehensive full-five axis diagnosis, which includes bio-psychosocial elements, of a client and connect this assessment with a treatment plan.
710.10 Assess and develop treatment plans for clients with dual diagnosis and co-morbid conditions.
710.11 Negotiate the social worker role as part of a multidisciplinary team, including physicians, psychiatrists, nurses, social workers, therapists, etc.
710.12 Analyze agency policies that impact the assessment and treatment of individuals who are diagnosed with behavioral and/or addiction problems.
710.13 Apply strategies of ethical reasoning to explore and resolve dilemmas encountered.

Instructional Methods

In addition to in class lectures and readings, this course will implement a variety of experiential/collaborative learning techniques. A sampling of these techniques includes: in-class and online discussions, role playing, small group activities, and videos.

Course Policies

•  Class Attendance and Participation: As much of the learning in this class is dependent upon class member contributions, you will be expected to come prepared and ready to actively participate in every class meeting. Each class will be a combination of lecture and experiential learning so active involvement will be a pivotal part of your learning and your final grade. Active participation will include: involvement in class activities and discussions, timeliness to class, and collegial conduct. Finally, you are expected to conduct yourself with the professionalism befitting the field of social work.
Absences from class will be excused only due to extreme personal or family emergencies. If you are experiencing such an emergency, please contact the instructor by telephone or e-mail prior to or immediately following the missed class meeting. Each missed class will result in a deduction from your total points. Missing more than two (2) classes may result in a failing grade for the course.

- **Disabilities:** Students who have documented disabilities that may affect their learning or performance in this class should contact the UNR Disability Services Office (Thompson Student Services Building, room 101). The instructor will make those accommodations that are requested in writing by the aforementioned office.

- **Academic Success Services:** Your student fees cover usage of the Math Center (784-4433) or www.unr.edu/mathcenter/), Tutoring Center (784-6801 or www.unr.edu/tutoring/), and University Writing Center (784-6030 or www.unr.edu/writing_center/). These centers support your classroom learning; it is your responsibility to take advantage of their services. Keep in mind that seeking help outside of class is the sign of a responsible and successful student.

- **Academic Dishonesty:** “Cheating, plagiarism or otherwise obtaining grades under false pretenses” constitute academic dishonesty according to the code of this university. Academic dishonesty will not be tolerated and penalties can include canceling a student’s enrollment without a grade giving an F for the course of for the assignment. For more details, see the UNR General Catalog.

- **Audio or Video Recordings:** Surreptitious or covert video-taping of class or unauthorized audio recording of class is prohibited by law and by Board of Regents policy. This class may be videotaped or audio recorded only with the written permission of the instructor. In order to accommodate students with disabilities, some students may have been given permission to record class lectures and discussions. Therefore, students should understand that their comments during class may be recorded.

- **Cell Phone and Electronic Equipment:** You are expected to turn your cell phone, and other electronic devices, **off** during class. If you use a computer to take notes, discovery that you are using this computer to engage in activities not specifically associated with this class will impact your grade. Unauthorized use or misuse of cell phones and other electronic devices will result in consequences that may include a reduction in participation points, public confrontation by faculty, a request that you leave the classroom, and/or a failing grade on a test or other assignment.

**Course Requirements**

**Required Texts:**

*Diagnostic and Statistical Manual of the American Psychiatric Association – Fifth Edition*

**Additional Readings:** In addition to the assigned text reading, Students will be expected to complete additional readings as listed below. Articles will be identified in the proposed course schedule.

Video Documentaries: You will be expected to view assigned documentaries prior to the class. Video links will be provided.
1. The New Asylums. Fewer than 55,000 Americans currently receive treatment in psychiatric hospitals. Meanwhile, almost 10 times that number -- nearly 500,000 -- mentally ill men and women are serving time in U.S. jails and prisons. This documentary explores America's jails and prisons as the "new asylums."
   http://www.pbs.org/wgbh/pages/frontline/shows/asylums/view/
2. The Untold Story of Psychotrop ic Drugging. Psychotropic drugs. It's the story of big money-drugs that fuel a $330 billion psychiatric industry, without a single cure. The cost in human terms is even greater-these drugs now kill an estimated 42,000 people every year. And the death count keeps rising. Containing more than 175 interviews with lawyers, mental health experts, the families of victims and the survivors themselves, this riveting documentary rips the mask off psychotropic drugging and exposes a brutal but well-entrenched money-making machine. Before these drugs were introduced in the market, people who had these conditions would not have been given any drugs at all. So it is the branding of a disease and it is the branding of a drug for a treatment of a disease that did not exist before the industry made the disease.
7. The Medicated Child. In recent years, there's been a dramatic increase in the number of children being diagnosed with serious psychiatric disorders and prescribed medications that are just beginning to be tested in children. This documentary addresses implications of prescribing medications when very little is known about their long-term impact.
   http://www.pbs.org/wgbh/pages/frontline/medicatedchild/view/

Assignments:
You are expected to participate in experiential activities during class. These exercises are designed to enhance your knowledge, skills and self-awareness as related to assessment, diagnosis and treatment of individuals with behavioral and / or addiction disorders.
- Written Assessment: Using the assessment tools provided, you will conduct clinical interview and mental status evaluation with a fellow student based on a diagnostic “scenario.” Each “client” will research the diagnosis provided within the “scenario” to support a realistic portrayal of the symptom constellation. The “interview” will then write up the assessment, mental status exam and diagnosis.
- Videotaped Assessment: Students will interview a “standardized patient” that has been provided information about both a case scenario as well as the diagnoses they must portray. The student will have twenty (20) minutes to interview the client, completing an Axis I and Axis IV diagnosis. Please see specific assignment instructions.
  - You will submit the videotaped recording on a DVD (which you will need to supply) along with your paper. If the instructor is unable to access the interview, no credit for the assignment will be given.
- Exam: There is one exam. It is a take home final.
Grading:

Final grades will be based on the following -

- Class attendance and participation 20%
- Written clinical assessment (including MSE and diagnosis) 25%
- Videotaped Assessment 30%
- Exam 25%

Letter grades will be based on the following cumulative percentages -

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<td>“C”</td>
<td>79 - 75</td>
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<td>“A-”</td>
<td>94 - 90</td>
<td>“C-”</td>
<td>74 - 70</td>
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Sample Proposed Class Schedule

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<thead>
<tr>
<th>Date</th>
<th>Week</th>
<th>Topic</th>
<th>DSM 5</th>
<th>Other Readings / Documentaries</th>
<th>Assign.</th>
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<tr>
<td>August 30th</td>
<td>One</td>
<td>Class requirements</td>
<td>Use of Manual</td>
<td>Reading One Reading Two</td>
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<td>Introduction to psychopathology</td>
<td>Pgs. 5 - 24</td>
<td>Documentary One</td>
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<td></td>
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<td>History and overview of the DSM</td>
<td>Pgs. 809 - 816</td>
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<td>Overview of differences between IV-TR and 5</td>
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<td>September 6th</td>
<td>Two</td>
<td>Suicide assessment</td>
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<td>Reading Three Reading Four</td>
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<td>Mental status exams (MSE)</td>
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<td>Reading Five</td>
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<td>September 13th</td>
<td>Three</td>
<td>Overview of Substance-Related Disorders</td>
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<td>Neurobiology and Psychotropic Medications</td>
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<td>September 20th</td>
<td>Four</td>
<td>Overview of Substance-Related Disorders</td>
<td>Introduction to Substance-Related Disorders: Pgs. 481 - 490</td>
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<td>September 27th</td>
<td>Five</td>
<td>Mood Disorders</td>
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<td>Reading Seven Documentary Two</td>
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<td>October 4th</td>
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<td>Documentary Three</td>
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<td>October 11th</td>
<td>Seven</td>
<td>Thought disorders</td>
<td>Schizophrenia Spectrum and Other Psychotic Disorders</td>
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<td>October 18th</td>
<td>Eight</td>
<td>Personality disorders</td>
<td>Alternative DSM-V Model for Personality Disorders (Pgs. 761 - 781)</td>
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<td>October 25th</td>
<td>Nine</td>
<td>No Class - Nevada Day</td>
<td>Personality Disorders</td>
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<td>November 1st</td>
<td>Ten</td>
<td>Personality disorders</td>
<td>Anxiety Disorders</td>
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<td>Obsessive-Compulsive and Related Disorders</td>
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<td>Trauma and Stressor-Related Disorders</td>
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<td>Dissociative Disorders</td>
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<td>November 8th</td>
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<td>PTSD</td>
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<td>Documentary Six</td>
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<td>Panic and anxiety disorders</td>
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<td>Medications (see list provided)</td>
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<td>November 15th</td>
<td>Twelve</td>
<td>Selected child and adolescent disorders</td>
<td>Neurodevelopmental Disorders (Introduction: Pgs. 31 – 33) Autism Spectrum Disorders (Pgs. 50 – 59) ADHD (Pgs. 59 – 66) Documentary Seven Medications (see list provided)</td>
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<td>November 22nd</td>
<td>Thirteen</td>
<td>Selected child and adolescent disorders</td>
<td>Disruptive, Impulse-Control and Conduct Disorders (Pgs. 461 – 475) Tic Disorders (Pgs. 81 – 85) Reactive Attachment Disorder (Pgs. 265 – 270)</td>
<td>Videotaped assessment</td>
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<td>December 6th</td>
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<td>Delirium and Dementia Miscellaneous disorders</td>
<td>Neurocognitive Disorders Other Conditions that may be a Focus of Clinical Attention Documentary Nine Medications (see list provided) Final will be available</td>
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Reference List for SW 710


