



School of Social Work

Fall 2019

SWK 510: 410 80473 CLINICAL PRACTICE WITH MENTAL HEALTH

Tuesday 6:00-9:00 p.m.

Mesquite Metroplex Campus Room 125

According to State of Texas HB 2504, this course syllabus must be submitted for review prior to the course's scheduled start date. Therefore, the instructor has the right to modify this syllabus and course calendar at any time between submission for publication and the first day of class. Furthermore, the instructor has the right to modify the syllabus as any time during the course provided (1) such changes do not increase expectations or requirements beyond a reasonable equivalent and (2) students must be given ample notice of any changes

Instructor: Dr. Linda Openshaw

Office Location: Henderson Hall 310

Office Hours: Monday 9:00 a.m. -1:00 p.m.

Tuesday: noon – 1:00 p.m. & 4:00 – 6:00 p.m.-Mesquite

Contact Information: (903) 468-6095

Linda.Openshaw@tamuc.edu

Overview of Course

COURSE DESCRIPTION:

The purpose of this course is (1) to present the Diagnostic and Statistical Manual of Mental Disorders ("DSM") as a knowledge base for enhancing social workers' understanding of the individual bio psychosocial function and (2) to expand social workers' ability to use the DSM-V to work with at-risk populations across diverse settings and with diverse mental health professionals. The course is critical for social workers to learn how to perform comprehensive assessments and to devise effective interventions for clinically impaired populations. Additionally, the nomenclature is applicable across diverse contexts and multi-theoretical orientations. Ethical dilemmas inherent in categorizing and labelling will be highlighted along with cultural concerns in using a homogenous system of diagnostic classes.

COURSE OBJECTIVE(S):

1. Students will be able to define mental health, mental illness and mental well-being.
2. Student will be able to compare etiology and treatment options and evidence-based (consumer and developer) practice criteria for various mental disorders.
3. Students will understand the nomenclature, coding and classification system of the DSM-V, a common reference frame across mental health disciplines.
4. Students will be able to articulate the role of DSM-V diagnosis in a comprehensive bio psychosocial assessment and integrated treatment plan.
5. Students will be able to describe the ethical dilemmas in classifying and reporting procedures of the DSM-V, specifically the hazards of labeling.
6. Students will demonstrate awareness of the professional role of social workers in working with multidisciplinary treatment teams.
7. Students will be aware of the empirical validation studies conducted in the ongoing development of the DSM-V.
8. Students will be able to use decision tree tools to enhance critical thinking skills.
9. Students will develop a heightened awareness of their own biases associated with the stigmas against persons with mental disorders.
10. Students will be able to articulate the cultural biases inherent in classification systems designed to assign person to homogenous categories.
11. Students will learn the intake process used by a social worker in a mental health setting.

RELATIONSHIP TO OTHER COURSES:

This course builds upon practice courses. It builds upon exposure to professional values and ethics, particularly the NASW Code of Ethics.

PROGRAM GOALS:

1. Prepare MSW graduates for professional advanced generalist practice that reflects application and integration of critical thinking, theoretical frameworks, and differential interventions.
2. Enable MSW graduates to apply ethical reasoning to advance equality, justice, and social change.
3. Promote leadership and service that is relevant to individual contexts of practice and enhances well-being and quality of life.

CORE COMPETENCIES

Council on Social Work Education (CSWE) requires a competency-based approach to identify and assess what students demonstrate in practice. In social work, this approach involves assessing students' ability to demonstrate the competencies identified in the educational

policy. Students achieve programmatic goals listed above through demonstration of the following competencies for Advanced Generalist Practice (AGP).

Competency AGP 2.1.1 Exemplify professional social work behavior and standards

Competency AGP 2.1.2 Apply social work ethical principles to resolve dilemmas and
create positive change

Competency AGP 2.1.3 Critically analyze practice solutions and
Communicate judgments and reasoning through decision-
making processes

Competency AGP 2.1.4 Demonstrate the ability to build strengths based on mutual
engagement with diverse populations

Competency AGP 2.1.5 Demonstrate commitment to strategies that address
discrimination, reduce disparities, and promote social and
economic justice

Competency AGP 2.1.6 Contribute to evidence-based best practice approaches to
assess and improve effectiveness

Competency AGP 2.1.7 Differentially apply theories and frameworks of HBSE

Competency AGP 2.1.8 Promote social policies to improve service delivery systems

Competency AGP 2.1.9 Use leadership skills to respond, influence, and shape
changing contexts

Competency AGP 2.1.10 Demonstrate autonomy in dynamic practice situations that involve:

2.1.10.1 Relationship-building at all levels of systems

2.1.10.2 Evidence-based assessment tools and intervention approaches

2.1.10.3 Effective intervention with complex problems and prevention strategies

2.1.10.4 Response to the feedback process from interventions

Competency AGP 2.1.11: Develop leadership skills as advanced generalist practitioners to
enhance organizations and communities

Competency AGP 2.1.12: Demonstrate innovative problem-solving in social and
organizational systems

Practice Behaviors

Each competency (outlined above) describes the knowledge, values, skills and cognitive and affective processes that comprise competency at the Advanced Generalist Practice (AGP) level. While content and activities of each course in the MSW curriculum covertly or overtly addresses each of the nine competencies, identified within each course is a set of specific practice behaviors representing observable components of one or more competencies. Course content and assessment are reflected in the following practice behaviors:

AGP 2.1.2a Articulates and advocates social work values and ethics among interdisciplinary situations and settings

AGP 2.1.10c Collects, organizes and interprets clients data

AGP 2.1.10e Select appropriate intervention strategies

AGP 2.1.10f demonstrates one's ability to move a client system through the practice intervention process

AGP 2.1.10i Facilitates transitions and endings

Course Structure

Texts and Associated Materials

Required Texts:

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders 5* Washington, D.C.: American Psychiatric Association. (May bring from agency or borrow one)

Additional Readings Suggested:

Bentley, K.J. (2002). *Social Work Practice in Mental Health: Contemporary Roles, Tasks, and Techniques*. Pacific Grove, CA: Brooks/Cole.

Bentley, K.J., & Walsh, J.W. (2001). *The Social Worker and Psychotropic Medication*.

Toward Effective Collaboration with Mental Health Clients, Families, and Providers (2nd ed). Belmont, CA:Wadsworth.

Wedding, D., Boyd, M.A., Niemic, R.M. (2005). *Movies & Mental Illness. Using Films to Understand Psychopathology* (2nd ed). Hogrefe & Huber Publishing.

Walsh, J. (2000). *Clinical Case Management with Persons Having Mental Illness. A Relationship-Based Perspective*. Belmont, CA: Brooks/Cole-Thomson Learning.

OVERVIEW OF ASSIGNMENTS

1. **Administering an Assessment** – Write a complete intake assessment on a client with a DSM diagnosis. Develop a treatment plan that would last 6 sessions with this client and discuss the types of interventions that would be most useful to help the client during each of the 6 sessions. Develop a termination plan.
2. **Exams** – There are 2 exams in this course. The midterm is worth 20 points and the final examination is worth 60 points (80 points total). In class prior to the final examination there will be a brief review for the test.
3. **Case Studies** – You will have two written assignments throughout the course on an assigned case. Two papers are worth 70 points (35 each). An outline for the case studies will be given to you. The outline includes: Diagnosis you considered. What diagnosed you ruled out and why. Your final diagnosis. You also need to include a 6 session treatment and termination plan that could benefit the client—be specific to match the diagnosis.
4. **In Class Demonstration** – There are two of these in the course. Some will be asked to demonstrate how you would collect data for a Bio-psychosocial history. An outline will be given to you. The other class members will provide feedback to you and point out opportunities for improvement. These are participatory assignments and there is no make-up if you are absent. Basically, if you participate in your groups assignment and discussion for that day, you get the 10 points. (20 points total for the course.)

Grading Scale

1. Intake Assessment & Treatment Plan on DSM Diagnosis = 30 points total
 2. Exams (2 throughout the course) = 80 points total
 3. Case Studies (2 throughout course) = 70 points
 4. In-class case analysis (2 throughout course) = 20 points
- Total 200 points

Grading and evaluation - Grades will be determined according to the following percentagepoints earned against possible points.

Evaluation for the course grade will be computed according to the following formula: Possible Points Grade
200 to 180 – A

179 to 160 – B
159 to 140 – C
139 to 120 – D

Student Rights and Responsibilities

"Civility in face-to-face classrooms, online courses and in labs, internships, practicum and all other academic settings necessitate respect for the opinions of others and is very important in all academic settings. It is likely you may not agree with everything that happens or discussed in the academic setting; however, courteous behavior and responses are expected. To create a civil and preserve learning environment that optimizes teaching and learning, all participants share a responsibility in creating a civil and non-disruptive forum" (Student Guide Book, p 35). To create an optimum learning environment, students have rights and responsibilities.

Student Rights

As set forth in Texas A&M University System Policy 13.02

The rights of students are to be respected. These rights include respect for personal feelings; freedom from indignity of any type, freedom from control by any person except as may be in accord with published rules of the system academic institutions, and conditions allowing them to make the best use of their time and talents toward the objectives, which brought them to the system academic institutions. No officer [university faculty, employee] or student, regardless of position in rank, shall violate those rights, any custom, tradition or rule in conflict will be allowed to prevail.

Students are expected at all times to recognize constituted authority, to conform to the ordinary rules of good conduct, to be truthful, to respect the rights of others, to protect private and public property, and to make the best use of their time toward an education.

Students with Disabilities

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

Office of Student Disability Resources and Services

Texas A&M University-Commerce

Gee Library - Room 162

Phone (903) 886-5150 or (903) 886-5853

Fax 9903) 468-8148

StudentDisabilityServices@tamuc.edu

Students Responsibilities

Class Attendance and Participation Policy

- Class participation has three components: (1) appropriate interactions with classmates; (2) active involvement in class activities and (3) attentiveness
- Students will attend class, reflecting responsibility, inherent in the development as a social work professional. Being on time and prepared when class begins and remaining present throughout the entire class meeting demonstrates emerging professional behavior expected in social work graduates. Roll is taken in each class to document students' attendance.
- Classroom exercises, discussions, role-plays, guest speakers and other in-class experimental exercises are essential for a student's professional learning and continued development of self-awareness. Tardiness (or early departure) of more than 15 minutes will count as one-half absence and two (2) times being late to class or two (2) early departures culminating into one absence.
- A student is absent if he/she arrives more than 30 minutes late to class, leaves 30 minutes early or does not come to class.
- The following penalties for absences (unexcused, or excused, according to university policy) will be administered:

<u>Weekly</u> <u>(class meets</u> <u>1X week)</u>	<u>Up to 2</u> <u>absences: No</u> <u>Penalty</u>	<u>3 absences: 1</u> <u>letter grade drop</u>	<u>4 absences: Class grade of "F"</u>	
<i>Bi-Weekly</i> <i>(class meets</i> <i>2X week)</i>	<i>Up to 3</i> <i>absences: No</i> <i>Penalty</i>	<i>4 absences: 1</i> <i>Letter grade drop</i>	<i>5 absences: 1</i> <i>Letter grade</i> <i>drop</i>	<i>6 absences:</i> <i>Class grade of</i> <i>"F"</i>
<i>Summer 10-</i> <i>week</i>	<i>Up to 1</i> <i>absence: No</i> <i>Penalty</i>	<i>2 Absences: 1</i> <i>Letter grade drop</i>	<i>3 absences: Class grade of "F"</i>	

COURSE SCHEDULE- SWK 510 Week

COURSE SCHEDULE SWK 510	Reading(s) (All readings are from the DSM-V)	Assignment/Activities
8/27	Syllabus Overview Assess, Diagnose and Treat (Clinical Practice)	Review Syllabus
9/3	No Class	Find someone to interview with a DSM diagnosis
9/10	Neurodevelopmental Neurocognitive	Read DSM topics each week
9/17	Schizophrenia & Psychosis	#1 IN CLASS DEMONSTRATION
9/24	Bipolar & Depressive Disorders	CASE STUDY #1 DUE
10/1	Writing Treatment Plans & Writing Behavior Management Plans	
10/8	An PTSD; Dissociative Disorders Anxiety Disorders, OCD	EXAM #1
10/15	Substance Abuse	ASSESSMENT & TREATMENT PLAN DUE
10/22	Psychopharmacology & Defense Mechanisms	#2 IN CLASS DEMONSTRATION
10/29	Personality Disorders & Other Mental/Movement/Other Conditions	
11/5	Somatic, Feeding, Elimination, Sleep-wake	CASE STUDY #2 DUE
11/12	Conduct and Behavior Disorders	
11/19	Sexual & Gender Issues	
11/26	IN CLASS EXAM	EXAM #2

Bibliography

To be added throughout the course: Students will be asked to bring Journal articles to class for critical thinking and discussion.

Bekker, M.H.J., Belt,U. (2006). The role of autonomy in depression and anxiety. *Depression and Anxiety*, 23(5), 274-280.

Bentley, K.J., Walsh, J., Farmer, R.L. (2005). Social work roles and activities regarding psychiatric medication: Results of a national survey. *Social Work*, 50(4), 295-303.

Boyer, F., Novella, J.-L., Morrone, I., Jolly, D., Blanchard, F. (2004). The feasibility and effectiveness of brief interventions to prevent depression in older subjects: A systematic review. *International Journal of Geriatric Psychology*, 19(11), 1019-1034.

Chaudron, L.H. (2007). Treating pregnant women with antidepressants : The gray zone. *Journal of Women's Health*, 16(4), 551-553.

Courbasson, C.M.A., de Sorkin, A.A., Dullerud, B., Van Wyk, L. (2007). Acupuncture treatment for women with concurrent substance use and anxiety/depression. *Family & Community Health*, 30(2), 112-120.

Duffy, A. (2007). Does bipolar disorder exist in children? A selected review. *Canadian Journal of Psychiatry*, 52(7), 409-417.

Forsell, Y., Winblad, B. (1998). Feelings of anxiety and associated variables in a very elderly population. *International Journal of Geriatric Psychiatry*, 13(7), 454-458.

Fournier, R.R. (2002). A trauma education workshop on posttraumatic stress. *Health & Social Work*, 27(2), 113.

Hinrichsen, H., Morrison, T., Waller, G., Schmidt, V. (2007). Triggers of self induced vomiting in bulimic disorders: The roles of core beliefs and imagery. *Journal of Cognitive Psychotherapy*, 21(3), 261-272.

- Hopcroft, R.L., Bradley, D.B. (2007). The sex difference in depression across 29 countries. *Social Forces*, 85(4), 1483-1507.
- Linhorst, D.M., Hamilton, G., Young, E., Eckert, A. (2002). Opportunities and barriers to empowering people with severe mental illness through participation in treatment planning. *Social Work*, 47(4), 425-434.
- McCrae, R.R., Jian Yang, Costa Jr., P.T., Xiaoang Dai, Shuqiao Yao, Taisheng Cai, Beiling Gao, (2001). Personality profiles and the prediction of categorical personality disorders. *Journal of Personality*, 69(2), 155-174.
- Power, M.J, Tarisia, M. (2007). Basic and complex emotions in depression and anxiety. *Clinical Psychology&Psychotherapy*, 14(1), 19-31.
- Raikes, J. (2003). Splitting hairs. *Psychology Today*, 36(3), 38.
- Rieher-Roller, A., Gschwandtner, U., Borgwardt, S., Aston, J., Pfluger, M., Rossler, W. (2006). Early detection and treatment of schizophrenia: How early? *Acta Psychiatrica Scandinavica*, 429(113), 73-80.
- Thompson, S., Herrmann, N., Rapoport, M.J., Lanctot, K.L. (2007). Efficacy and safety of antidepressants for treatment of depression in Alzheimer's disease. *Journal of Psychiatry*, 52(4), 248-255.
- Vogt, D.S., Tanner, L.R. (2007). Risk and resilience factors for posttraumatic stress symptomatology in Gulf War I veterans. *Journal of Traumatic Stress*, 20(1), 27- 38.
- Walsh, J., Green, R., Matthews, J., Bonucelli-Puerto, B. (2005). Social workers' views of the etiology of mental disorders: Results of a national study. *Social Work*, 50(1) 43- 52.
- Walsh, J. (2002). Shyness and social phobia. *Health&Social Work*, 27(2), 113
- Williams, D.R., Haile, R., Neighbors, H., Gonzalez, H.M., Baser, R., Jackson, J.S. (2007). The mental health of black Caribbean immigrants: Results from the national survey of American life. *American Journal of Public Health*, 97(1), 52-59.