This document does not constitute a contract with the University. It contains guidelines only.

Academic Term and Year: Fall 2012-2013

Course Prefix and Number: SW 630 – HE1

Course Title: Mental Health: Assessment & Intervention

Credit Hours: 3

Days, Time and Location of class: Daily- Online/Hybrid
Tuesday, 6:00-8:40pm
2nd Floor William Sutton Administration
Room 232

Professor: Catherine Singleton-Walker, Ph.D., LMSW

Office Location: Department of Social Work
William Sutton Administration Building, Suite 118

Office Hours: Tuesday 1:-4:30; Wednesday 2-6; Thursday 1:00-430; and other
times by appointments only.

Office Phone Number: (662) 254-3090

Main Office Number (662) 254-3365

Email Address: Bb9 Email

Prerequisite: All Social Work Foundation Courses
including Foundation Field Internship and
Field Seminar I

Required Technology Skills:
Students in the class are expected to be efficient in the use of computers, Basic computer skills, the internet, and
PowerPoint.

CATALOG COURSE DESCRIPTION:

Study of the etiology, symptoms and treatment of mental disorders.

COURSE DESCRIPTION

Students will study the etiology, symptoms, and treatment of mental disorders. The development of
environmental, interpersonal, psychosocial and stress factors in human behavioral dynamics will be explored.
Exploration of counseling techniques and the impact of psychiatric labeling and stigma on individuals and

families will also be undertaken. Students will understand how rural issues impact the delivery of and request for mental health services.

DEPARTMENT OF SOCIAL WORK/MSW PROGRAM MISSION

The mission of the Department of Social Work at Mississippi Valley State University is to prepare graduates to practice with individuals in need and populations-at-risk in rural areas. The Master of Social Work (MSW) Program prepares students for professional social work practice at the micro, mezzo, and macro levels. Through the curriculum, the program instills in students advanced social work knowledge, values and skills in a manner which enables students to work with diverse populations in a wide range of settings. Concurrently, special emphasis is place on social work practice with impoverished minorities living in rural regions, such as the Mississippi Delta where the University is located and committed to serve, as well as rural areas globally. Within the framework of rural social work, the area of concentration is Child and Family Welfare.

PROGRAM GOALS
The goals of the Master of Social Work Program are:
1. Educate students for social work positions for advanced levels of practice with individuals, families, groups, organizations and communities.
2. Provide students with the necessary knowledge and skills for working with diverse populations, including oppressed, minority and rural populations.
3. Instill in students a professional social work identity and the values and ethics of the profession.

COMPETENCIES
1. **EPAS Competency: 2.1.1** Identify as a professional social worker and conduct oneself accordingly.
2. **EPAS Competency: 2.1.2** Apply social work ethical principles to guide professional practice.
3. **EPAS Competency: 2.1.3** Apply critical thinking to inform and communicate professional judgments**.**
4. **EPAS Competency: 2.1.4** Engage diversity and difference in practice.
5. EPAS Competency: 2.1.5 Advance human rights and social and economic justice.
6. **EPAS Competency: 2.1.6** Engage in research-informed practice and practice-informed research.
7. **EPAS Competency: 2.1.7** Apply knowledge of human behavior and the social environment.
8. **EPAS Competency: 2.1.8** Engage in policy practice to advance social and economic well-being and to deliver effective social work practice
9. **EPAS Competency: 2.1.9** Respond to contexts that shape practice
10. **EPAS Competency: 2.1.10(a)–(d)** Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities
11. **Rural Competency: 2.1.11 –** Demonstrate knowledge and skills to apply a bio-psychosocial-cultural-spiritual perspective in advanced social work practice with children and families.
12. **Rural Competency: 2.1.12 –** Integrate knowledge of rural values and customs into autonomous social work practice with children and families.

EXPECTED CORE COMPETENCIES & PRACTICE BEHAVIORS

Course Competencies	Practice Behaviors	Assessment of Practice Behaviors
EPAS Competency: 2.1.1 Identify as a professional social worker and conduct oneself accordingly.	Function within clearly-defined professional roles and boundaries based on the needs of the client, the agency context, the type of services provided, and differential use of self. **(2.1.1b)**	Final Exam: Presentation of Diagnostic Assessment & Treatment Plan Group Therapy Project Mental Health Colloquium
	Demonstrate professional demeanor in behavior, appearance, and communication appropriate for the clinical relationship and setting. **(2.1.1d)**	Final Exam: Presentation of Diagnostic Assessment & Treatment Plan Group Therapy Project
EPAS Competency: 2.1.2 Apply social work ethical principles to guide professional practice.	Integrate the use of complex social work practice knowledge and skills in the application of social work values and ethics with children and families. **(2.1.2a)**	Case Analyses/ Assessment Group Therapy Project
	Apply ethical decision-making skills in working with rural children and families. **(2.1.2b)**	Case Analyses/ Assessment Group Therapy Project
EPAS Competency: 2.1.3 Apply critical thinking to inform and communicate professional judgments**.**	Evaluate, integrate, synthesize, and apply theories, incorporating strengths-based approaches to practice with children and families. **(2.1.3a)**	Final Exam: Presentation of Diagnostic Assessment & Treatment Plan Group Therapy Project Case Analyses/ Assessment
	Critically evaluate, select, and implement evidence-informed assessment, intervention, and evaluation tools and techniques with rural children and families.	Research/ Assessment Paper Assessment Tool Critique Mental Health Colloquium

	(2.1.3b) Communicate effectively, in oral and written form, with diverse clients and with other professionals. **(2.1.3c)**	Final Exam: Presentation of Diagnostic Assessment & Treatment Plan Group Therapy Project Case Analyses/ Assessment Research/ Assessment Paper
EPAS Competency: 2.1.4 Engage diversity and difference in practice.	Accurately identify and assess issues among diverse client populations in a rural environment **(2.1.4b)**	Case Analyses/ Assessment Research/ Assessment Paper Assessment Tool Critique
	Recognize how factors related to diversity may influence client functioning and help-seeking behaviors. **(2.1.4c)**	Case Analyses/ Assessment Research/ Assessment Paper Assessment Tool Critique
	Implement assessment, develop and implement intervention, and use evaluation tools that are culturally sensitive and appropriate to diverse clients. **(2.1.4d)**	Case Analyses/ Assessment Research/ Assessment Paper Assessment Tool Critique
EPAS Competency: 2.1.6 Engage in research-informed practice and practice-informed research.	Generate and apply research knowledge to critical discussions on best practices for children and families. **(2.1.6b)**	Mental Health Colloquium Research/ Assessment Paper Assessment Tool Critique
EPAS Competency: 2.1.7 Apply knowledge of human behavior and the social environment.	Integrate knowledge of rural values and customs into autonomous social work practice with children and families. **(2.1.7a)**	Case Analyses/ Assessment Research/ Assessment Paper

	Apply appropriate theories, models, and research to diverse client systems and circumstances. **(2.1.7b)**	Assessment Tool Critique Case Analyses/ Assessment Research/ Assessment Paper Group Therapy Project
	Demonstrate the ability to critically evaluate and select from multiple theories when working with children and families. **(2.1.7d)**	Case Analyses/ Assessment Research/ Assessment Paper Group Therapy Project
EPAS Competency: 2.1.10(a)–(d) Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities	Conduct multidimensional assessments on complex issues that include client system and environmental strengths and stressors such as cultural, economic and social/relationship factors. **(2.1.10a)** Apply bio-psycho-social-cultural-spiritual perspective in advanced social work practice with children and their families. **(2.1.10b)**	Case Analyses/ Assessment Final Exam: Presentation of Diagnostic Assessment & Treatment Plan Case Analyses/ Assessment Final Exam: Presentation of Diagnostic Assessment & Treatment Plan
Rural Competency: 2.1.11 – Demonstrate knowledge and skills to apply a bio-psychosocial-cultural-spiritual perspective in advanced social work practice with children and families.	Utilize advanced social work knowledge, value and skills in order to appropriately assess and intervene in the lives of children and families in a rural setting. (**2.1.11a**)	Case Analyses/ Assessment Final Exam: Presentation of Diagnostic Assessment & Treatment Plan
Rural Competency: 2.1.12 – Integrate knowledge of rural values and customs into autonomous social work practice with children and families.	Demonstrate knowledge of local resources in rural settings in order to effectively empower children and families to enhance their capacities. **(2.1.12a)**	Case Analyses/ Assessment Final Exam: Presentation of Diagnostic Assessment & Treatment Plan

COURSE REQUIREMENTS
Required Textbooks:

Cooper, M. G. & Lesser, J. G. (2002). *Clinical social work practice: An integrated approach.* Boston: Allyn and bacon.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (Rev. 4th ed.).* Washington: American Psychiatric Association.

Pomeroy, E., & Wambach, K. (2003). *The clinical assessment workbook: Balancing strengths and differential diagnosis.* California: Brooks/Cole.

Supplemental Text/Materials:

Bentley, K. J., & Walsh, J. F. (2001). *The Social Worker and Psychotropic Medication* (3rd ed.). California: Brooks/Cole.

Boyd-Webb, N. (2003) *Social work practice with children (2nd ed.).* New York: Guilford Press.

Coady, N. & Lehmann, P. (2008). *Theoretical perspectives for Direct Social Work Practice.* New York: Springer Publishing Company, LLC.

Reading may also be assigned from other sources.

Class Attendance Policy:

Each student is required to participate in using Blackboard Communication Tools, taking online exams, and other aspects of Blackboard. You are expected to log in regularly (**daily**, perhaps several times per day) to submit assignments, check grades, personal messages, and view course materials. Student(s) who fail to participate in the online course during a course week will be deemed absent for that week. The absence will be annotated as absent unexcused (AU), unless the instructor has been informed beforehand and deemed the absence as absent excused (AE). The instructor shall report all absences to the main campus as required. A student who has not participated for 7 consecutive days regardless if the absences were deemed AU or AE shall be recommended for administrative withdrawal to the main campus. In a traditional classroom just because a student contacts the instructor and is excused from a scheduled class meeting does not mean the student is given credit for participation or attendance. The student is still annotated as AU or AE**. The online classroom shall be no different in this respect.** It is the instructor's sole discretion as to what he/she shall consider AU or AE.

Policy and Procedure on Cheating and Plagiarism:

Philosophy
Honesty and integrity are essential values of Mississippi Valley State University's mission to pursue truth and knowledge. All persons – administrators, faculty, staff, and students – share the responsibility for achieving high standards of excellence. Academic dishonesty of any kind negates this mission and is antithetical to the development of morally and ethically sound human beings. Therefore, Mississippi Valley State University will not tolerate cheating or plagiarism in any form. Cheating and plagiarism compromise the process of fair and equitable evaluation conferred by the University. Students who engage in such activities deny themselves the opportunity to benefit from accurate assessment and feedback and prevent full academic and personal development.

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Responsibility

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Although the faculty of Mississippi Valley State University is responsible for establishing the standards for moral and academic excellence in teaching and learning, these standards can be reached only with the cooperation and support of students. Each student is expected, therefore, to accept responsibility for maintaining honesty and integrity in all endeavors inside and outside the classroom, studio, or laboratory. Faculty encourages ethical behaviors by: establishing an atmosphere of respect in the classroom; stating clearly on the syllabus their standards and expectations for academic performance, structuring learning situations that encourage honesty and deter cheating and plagiarism; and for presenting and enforcing the University's policy on academic dishonesty.

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Definitions

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Cheating is the actual or attempted practice of fraudulent or deceptive acts for the purpose of improving one's grade or obtaining course credit. Such behavior also includes assisting another student in such practice. Although cheating is often associated with examinations, it is the intent of this definition that the term "cheating" not be limited to examination situations only, but also that it includes any and all actions by a student that are intended to gain an unearned academic advantage by fraudulent or deceptive means.

Plagiarism is a specific type of cheating which consist of the misuse of the published and/or unpublished works of others by misrepresenting the intellectual property of others as one's own ideas or works.

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Academic Sanctions for Cheating or Plagiarism

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When a faculty member responsible for a course has reason to believe that an action of a student falls within one or both of the aforementioned definitions, the faculty member should initiate a conference with the student to present the student with the charge and the evidence. If the student admits to the wrong doing, the instructor shall impose an academic sanction. The instructor has the prerogative of lowering the grade, assigning a grade of "0" or "F" for the work submitted, assigning an "F" for the entire course, or recommending another penalty, including dismissal from the University. In the advent that the student does not admit wrong doing or that no mutually agreeable settlement is reached as a result of the faculty-student conference, the faculty member will consult the department chair. (See page 33 for examples).

Make-Up Examination Policy:
It is the responsibility of the student to request to make up an examination within one week following the missed examination. The decision rests with the class instructor as to whether a student will be allowed to make up the test. The decision will be based on whether the instructor considers the reason for missing the examination to be justifiable.

Teaching/Learning Strategies:
Various teaching methods will be used to meet the core competencies and to stimulate discussions in the classroom. Students are expected to participate in discussion and share their thoughts regarding issues being discussed. This class will be formatted to accommodate the use of videos, assigned readings, presentations, and lectures. Guest speakers will also be invited to share knowledge and experiences in policy development and advocacy to help students to understand better about macro practice.

Submission of Work:
Scheduled assignments MUST be completed and successfully submitted through the MVSU Blackboard Upload Assignment Page by due date and time. Assignments automatically become unavailable after the due date/time expires. Every assignment should have a cover page, and the cover page and the assignment should be in the same electronic file in the right order. All assignments MUST be keyed using MS Word (saved as a .doc file); and no multiple submissions will be allowed.

Course Drops/Incompletes:
Students not completing the course for any reason are required to submit official drop notices to the Registrar's Office prior to the deadline date. **This is your responsibility**. Failure to comply with the procedure <u>WILL</u> result in your receiving a letter grade of "**F**".
Not officially withdrawing from the university may impact your financial aid and result in you owing the university.

Online Communication Observation of "Netiquette"
Students MUST use Blackboard mail for contact with the instructor and other members of the class. All your online communications should be composed with fairness, honesty and tact. What you put into an online course reflects on your level of professionalism.

Technology Infusion:

Hardware: **Operating System:**	Windows 98, 2000, NT, XP or a Macintosh System 8.1 or higher
Processor:	200 MHz or higher
Memory:	32 MB of RAM
H Drive Space:	100 MB free disk space
Modem:	28.8 kbps or higher
Monitor:	800x600 resolution

Software: **Internet Access:**	Any Internet Service Provider
Browser:	Internet Explorer, Netscape r 4.7 or higher*, AOL 5.0 or higher**
Application	Recommend Microsoft Word or application file name **.doc**
Audio & Video:	RealPlayer, Quick Time

Technical Problems:
If you experience technical/computer difficulties (need help downloading browsers or plug-in, logging into your course, using your course web site tools, or experience errors or problems while in your online course), contact **MR. MACK PENDLETON** at 662.254.3114 as well as your instructor.

Americans with Disabilities Act (Special Needs Policy)

Students who believe that they may need accommodations in this class are encouraged to contact the Americans with Disabilities (ADA) Coordinator at 662-254-3446. It is the policy of the Department of Social Work to accommodate students with disabilities pursuant to federal and state law. Students, however, must self-identify with the ADA Coordinator at MVSU. Any student registered at the University with a disability and who needs special accommodations should inform the instructor at the beginning of the course.

Required Tasks/Activities:

1. **Two case analyses/assessments (September 11 & 25, 2012):** A case scenario will be provided for students to complete a comprehensive assessment, diagnose according to the DSM - IV-TR using the information provided by the case scenario on the signs and symptoms, etc. In addition to the assessment students will develop a treatment plan addressing the client's problem(s), making use of the strength perspective. Student must take in consideration of diversity (i.e. age, gender, culture, and rural environment, etc.). **(Submit assignments online)**

2. **Classroom Group therapy project (Due October 7, 2012):** Two to three groups of five (determined based on class size) will conduct a therapeutic group session to address a diagnosis from the DSM IV-TR.   The strength and empowerment perspective will be used to address the diagnosis and the efficacy of group intervention, based on current literature. Each group member will write a brief overview of the intervention process including an annotated bibliography on the treatment intervention and treatment modality used to address the diagnosis presented. Students must take in consideration of diversity (i.e. age, gender, culture, and rural environment, etc.).

3. **Mid-Semester Examination (October 16, 2012)**

4. **Assessment tool critique (Due October 30, 2012):** Each student will be required to choose an assessment tool (scale) for adults or elders and use that tool in assessing a member of their chosen population. Students will:
   a. Critically analyze the instrument for validity and reliability (20 pts)
   b. Submit a written clinical assessment on the client's result from the instrument (25 pts)
   c. Provide a written review of their experience and offer suggestions regarding how the instrument could be modified to better gather needed information (if needed) for that particular population. Discuss if the evaluation tool is culturally sensitive and appropriate to diverse clients. (15 pts)
   d. Students will be required to present their findings in a Power point presentation not to exceed 12 minutes. (15 pts)
   e. Power point handouts are expected to be given to each class member. (5 pts)
   f. Student must use APA including proper grammar and clinical social work jargon (20 pts) **(Submit assignment online)**

5. **Research Assessment Paper (Due November 13, 2012):** Each student will be required to complete a paper that addresses a particular diagnosis and suggest appropriate assessment tools and interventions that include issues of race, class, gender, culture, sexuality and spirituality. **(Submit assignment online)**Your paper must be edited before turning in. The following should also be included in the paper:
   ➢ Historical and theoretical origin of the treatment approach.
   ➢ Rationale for using a particular intervention(s).
   ➢ Guidelines used for determining the diagnosis.
   ➢ Evidence of effectiveness of the intervention (s).
   ➢ Diversity issues toward treatment.
   ➢ Discuss the relationship of mental health services and intervention in a rural environment.
   ➢ Discuss the relevancy of the ecosystems perspective as it relates to mental health services and intervention
   ➢ Assessment Scales or Instruments

6. **Mental Health Colloquium (Tentatively November 27, 2012):** Students are expected to present their final research project to faculty, students and the community to increase awareness of mental health issues. Date and time will be presented for approval of administration. Discussion and planning for the colloquium will be ongoing to help assure students are well prepared for presentation.

7. **In class Presentation of diagnostic assessment & treatment plan (Final Exam: December 4, 2012)** Students will present assessment to the class as if they are at a treatment team meeting. The class will behave in the manner of a treatment team member as the presenter lead the treatment team or staffing meeting. Students who are not presenting should be prepared to critique, challenged, and support the

discussion about the client, to assure that treatment is appropriate and in line with cutting edge interventions and evidence-based practice. Assessment and treatment plan must be uploaded into Bb9 for grading. A brief report must be prepared to be given to classmates based on treatment team presentation.

Evaluation Procedures:

Performance Standards/Grading Policy

Assessments

	Value	Points
Case Analyses/Assessments	**2@50**	**100**
Group Therapy Project	**1@100**	**100**
Assessment Tool Critique	**1@100**	**100**
Research/Assessment Paper	**1@100**	**100**
Mental Health Colloquium	**1@ 100**	**100**
Mid-Term Examination	**1@100**	**100**
Final Examination: Presentation of Diagnostic Assessment & Treatment Plan	**1@100**	**100**
Total		**700**

Grading Scale:

A	≥ 630	90% and above
B	560-629	80% to 89%
C	490-559	70% to 79%
D	420-489	60% to 69%
F	≤ 419	59% and below

*While a grade of "C" is passing, a student may not make more than two C's in the Program.
* A grade of "D" is failing

COURSE ACTIVITIES

Week 1 **August 21, 2012** **Meet in class** **NOTE:** **Students must read chapters prior to attending class**	Introduction of Course Syllabus; Overview of Course Expectations and Activities **Video - Behind Closed Doors:** *The Story of Four Women struggling to reconcile violence within the psychiatric system*
Week 2 **August 28, 2012** **Meet in class**	Abnormal Behavior in Historical Context • Chapters 1 & 2 of Cooper/Lesser Text • Chapter 1 & 2, Durand & Barlow on reserve in the library. • DSM- IV –TR: Introduction, Cautionary Statement and pages 1-37. • Pomeroy and Wamback Workbook; Chapter 1 **Required Article Reading:** Barrio, C. A. (January/2007). Assessing suicide risk in children: Guidelines for developmentally appropriate interviewing. *Journal of Mental Health Counseling, 29(1),* 50-66. Wright, E. R., Gronfein, W. P., & Owens, T. J. (2000). Deinstitutionalization, social rejection, and self-esteem of former mental patients. *Journal of Health and Social Behavior,* 41, 68-90. **Video – Adult Psychiatric Diagnosis using the DSM – IV – TR:** *Seminar Introduction and Overview To DSM- IV – TR.*

Week 3
September 4, 2012
 	
Meet in classroom
	Discussion of Reading Materials
	and Rural mental health issues
	
	Assigned Readings:
	   • Chapters 3 & 4 of Cooper/Lesser Text
	   • Pomeroy and Wamback Workbook; Chapter 2,
	   • DSM- IV-TR pp 135-190
	
	Richards, K. E., & Molina, Irma, A. (2007). The relationship between childhood abuse
	and adult suicidal behavior among rural former mental health patients. *Journal of Evidence-Based Social Work,* 4(1/2), 61-78.
	
	World Health Survey Consortium (2004). Prevalence, severity, and unmet needs for treatment of mental disorders in the World Health Organization world mental health surveys. Journal of American Medical Association, 291(21), 2581-2590.
	
	Video - Cognitive-Behavior Therapy

Week 4
September 11, 2012
 	
**Case Analyses/
Assessments I
Due September 11,
2012 (Submit
assignment online)**
	Assigned Readings
	   • Clinical Interview: The Process of Assessment
	   • Chapter 5 of Cooper/Lesser;
	   • DSM-IV-TR pp191-295
	   • Chapter 1 & 3 of Combrinck-Graham volume "Guidelines for a Family Assessment Protocol"
	     discuss article
	   • Students will also select an articles on "Rural Mental Health Research" and "Mental Health in Rural America" to discuss in class.
	Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and
	evidence. *American Journal of Public Health,* 93(2), 239-243.
	
	Quist, R. M., & Matshazi, D. G. M. (2000). The child and adolescent functional assessment scale (CAFAS): A dynamic predictor of juvenile recidivism. *Adolescence,* 35(137), 181-193.
	
	Mair, H., & Bradshaw, T. (2005). Modernising psychosocial intervention education: the new COPE programme. Mental Health Practice, 9(3), 28-30.

Week 5
September 18, 2012
 	
Meet in classroom
	Lecture on Cognitive Disorders and Neurological Disorders Due to a Medical Condition
	Required Article Reading:
	   • Chapter 6 of Cooper/Lesser;
	   • Chapter 3 of Pomeroy and Wamback Workbook; and pages 297-344 of

	the DSM IV-TR; also select and read an article on cognitive and neurological disorders. Tashiro, M. (2004). Impact of neuroimaging on psycho-oncology. *Psycho-Oncology,* 13, 486-489. Fossella, J. A., Bishop, S., & Casey, B. J. (2003). Exploring genetic influences on cognition: Emerging strategies for target validation and treatment optimization. *Current Drug Targets-CNS & Neurological Disorders,* 2, 357-362. Leventhal, H., Musumeci, T. J., & Leventhal, E. A. (2006). Psychological approaches to the connection of health and behaviour. *South Africa Journal of Psychology,* 36(4), 666-682. **Video- Systems of Psychotherapy**
Week 6 **September 25, 2012** **Case Analyses/** **Assessments II** **Due September 25,** **2012 (Submit** **assignment online)**	Assigned Readings: • Chapter 7 of Cooper/Lesser; • Chapter 4 of Pomeroy and Wamback Workbook; DSM IV-TR pages 345-428 Booth, B. M., Kirchner, J. Fortney, J., et al. (2000). Rural at-risk drinkers: Correlates and one-year use of alcoholism treatment services. *Journal of Studies on Alcohol,* 61(2), 267-277. McDermott, F. (2003). Group work in the mental health field: researching outcome. *Australian Social Work,* 56(4), 352-363.
Week 7 **October 2, 2012** **Meet in classroom** **Group Therapy** **Project Due** **Oct. 2 (In classroom)**	Discuss and lecture on assigned readings: Schizophrenia and Other Psychotic Disorders Assigned Readings: • Chapter 5 of Pomeroy and Wamback Workbook and Chapter 8 of Cooper/Lesser Text. • Read pages 429-534 in DSM-IV-TR • Read, "Toward Rural Cultural Competence" Evren, C., & Evren, B. (2004). Characteristics of schizophrenic patients with a history of suicide attempt. *International Journal of Psychiatry in Clinical Practice,* 8, 227-234.
Week 8 **October 9, 2012**	Assigned Readings: • Disorders Related To Emotional State or Mood • Chapter 9 of Cooper/Lesser; • Chapter 6 of Pomeroy and Wamback. • DSM-IV TR pp 535-595 Petrila, J. (2004). Emerging issues in forensic mental health. *Psychiatric Quarterly,*

	75(1), 3-19.
Week 9 **October 16, 2012** **Meet in classroom**	**MID-TERM EXAMINATION**

Week 10
October 23, 2012
	Assigned Readings:
	   • Chapter 10 of Cooper/Lesser;
	   • Pomeroy and Wamback Workbook; Chapter 7
	   • DSM-IV-TR pp 597-661
	
	Advanced Multi-Systemic (AMS) approaches to practice:
	   1. similarities/differences with ecosystems perspective
	   2. Use of Strengths and Empowerment Perspectives within AMS framework
	Eco-Developmental Perspectives;
	Nancy Boyd Webb and moving beyond the DSM IV-TR

Week 11
October 30, 2012
 	
Meet in classroom
 	
Assessment Tool Critique Due October 30, 2012
(Submit assignment online)
	Assigned Readings:
	   • Chapter 11 of Cooper/Lesser Text
	   • Pomeroy and Wamback Workbook; Chapter 8 & 9
	   • DSM-IV-TR pp.663-683
	"So When is it a breakdown in mental health and when is it a clever survival ruse?" – Students will watch oral history of Anji – an African-American woman who grew up in foster care. Students will discuss ramifications of her story.
	
	Mohr, W. K. (2006). Spiritual issues in psychiatric care. *Perspectives in Psychiatric Care,* 42(3), 174-183.
	
	Video – Healing Neen: *This story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration.*

Week 12
November 6, 2012
	Psychopharmacological Interventions
	
	Assigned Readings:
	   • Chapter 12 of Cooper/Lesser;
	   • Chapters 1 – 3 of Bentley Text
	   • Students should fully immerse themselves in this text.
	   • Pomeroy and Wamback Workbook; Chapter 13
	   • DSM-IV-TR pp. 685-743

Week 13 **November 13, 2012** **Meet in classroom**	Continuation of Psychopharmacological Interventions Assigned Readings: • Chapter 13 & 14 of Cooper/Lesser;

Research Assessment Paper Due November 13, 2012 (Submit assignment online)	• Chapter 11, 12,14 & 15 of Pomeroy and Wamback Workbook Kaut, K. P., & Dickinson, J. A. (2007). The mental health practitioner and psychopharmacology. *Journal of Mental Health Counseling,* 29(3), 204-225. Bland, R., & Renouf, N. (2001). Social Work and the mental health team. *Austrlasian Psychiatry,* 9(3), 238-241. **Video – Recognizing The DSM – IV – TR: Personality Disorders**
Week 14 November 20, 2012	**THANKSGIVING HOLIDAY**
Week 15 November 27, 2012	**Mental Health Colloquium**
Week 16 December 4, 2012 Meet in classroom	**Final Examination In class: Presentation of Diagnostic Assessment & Treatment Plan**

SW630 MENTAL HEALTH: ASSESSMENT & INTERVENTION
RUBRIC: MENTAL HEALTH COLLOQUIUM

CATEGORY	12 – 14.28	10 – 11	8 – 9	0 – 7
Preparedness	Student is completely prepared and has obviously rehearsed.	Student seems pretty prepared but might have needed a couple more rehearsals.	The student is somewhat prepared, but it is clear that rehearsal was lacking.	Student does not seem at all prepared to present.
Comprehension	Student is able to accurately answer almost all questions posed by the audience about the topic.	Student is able to accurately answer most questions posed by the audience about the topic.	Student is able to accurately answer a few questions posed by the audience about the topic.	Student is unable to accurately answer questions posed by the audience about the topic.
Organization	Presentation well organized, well prepared and easy to follow.	The presentation had organizing ideas but could have been much stronger with better preparation.	There were minimal signs of organization or preparation.	The presentation lacked organization and had little evidence of preparation.
Content	Presentation had an exceptional amount of valuable material and was extremely beneficial. Student presented all necessary component of presentation. Information is evidenced-based.	Presentation had a good amount of material and befitted the audience. Student presented all necessary component of presentation. Most information is evidence-based.	Presentation had moments where valuable material was present but a whole content was lacking. Student presented most of the necessary component of presentation. Information is questionable and not supported by scholarly literature.	Presentation contained little to no valuable material. Student does not seem to understand the topic very well. Student presented some of the necessary component of presentation. Information is not factual or based on refereed journals.
Posture and Eye Contact	Stands up straight, looks relaxed and confident. Establishes eye contact with the audience during the presentation.	Stands up straight and establishes eye contact with the audience during the presentation.	Sometimes stands up straight and establishes eye contact with the audience.	Slouches and/or does not look at the audience during the presentation.
Volume	Volume is loud enough to be heard by all audience members throughout the presentation.	Volume is loud enough to be heard by all audience members at least 90% of the time.	Volume is loud enough to be heard by all audience members at least 80% of the time.	Volume often too soft to be heard by all audience members.
Stays on Topic	Stays on topic all (100%) of the time.	Stays on topic most (99-90%) of the time.	Stays on topic some (89%-75%) of the time.	It was hard to tell what the topic was.

STUDENT: SCORE:

Identifying Information (5 points)	5	4	3	2	1
	The majority of the identifying information components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such **Identifying Information** Name, date of birth, age, school, religion, address, telephone number, employment & salary, household membership, referral date & source of referral, date of assessment, & clinician's name.	Identifying information is missing three to four of the required components. Areas not applicable to the client are indicated.	Identifying information is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Identifying information is missing five to six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Identifying information is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Presenting Problem (3 points)	3	2	1	0	0
	The presenting problem is clearly stated in the client's own words.	Presenting problem is listed but not in client's own words.	Presenting problem is listed but is not clearly stated.	Presenting problem is incorrectly listed.	Presenting problem is missing.
Assessment (14 points)	12-14	9-11	6-8	3-5	0-2

	The majority of the Case Analysis/Assessment components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Assessment Summary Name, age, overall description, appearance, behavior, interpersonal observation, mental state, social, suicidal/homicidal, spirituality, environment, & strengths. Assessment supported by information from case & other sources. Development, education, medical, legal, & psychiatric history.	Case Analysis/Assessment is missing three to four of the required components. Areas not applicable to the client are indicated as such.	Case Analysis/Assessment is missing four to five of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Case Analysis/Assessment is missing six to seven of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Case Analysis/Assessment is missing more than seven of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Clinical Impression (12 points)	**10-12**	**7-9**	**5-6**	**3-4**	**0-2**
	The majority of the Case Analysis/Assessment components are	Case Analysis/Assessment is missing three to four of the required	Case Analysis/Assessment is missing five to six of the	Case Analysis/Assessment is missing seven of the required	Case Analysis/Assessment is missing more than seven of

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	present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Clinical Impression/Diagnosis Summary of your impression of the client, motivation for treatment, barriers to treatment, barriers to treatment, mental status (mood & affect) and cognitive aspects, scales used, rule outs, rationale for clinical diagnosis, prognosis, etc. Axis I-IV.	components. Areas not applicable to the client are indicated as such	required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Treatment Plan (10 points)	**8-10**	**5-7**	**3-4**	**1-2**	**0**
	The majority of the components are present with no more than one to two components missing. Goal(s) & objective(s) are clearly defined. Client's Identifying information, diagnosis (Axis I-V), Provide a specific theoretical model for intervention, provide rationale for intervention,	Treatment Plan is missing three to four of the required components. Goal(s) and objective(s) are not specific for treatment. Did not distinguish between problems, goals, and objectives.	Treatment Plan is missing four to five of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Treatment Plan is missing six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Treatment Plan is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as

	treatment utilizes client's strengths, consider the client as a whole person rather than a walking pathology (includes interventions which address aspects of the client's life other than the psychological status), includes referrals (if appropriate), etc.				such.
Organization & Written Expression (6 points)	5-6	3-4	2	1	0
	Case Analysis/Assessment is organized into logical sections, formatted so that information is easily found, professional in appearance, free of spelling and grammatical errors and summary is professionally stated using clinical language.	**Case Analysis/Assessment is organized but in a format different from the one suggested. The narrative summary is well organized, missing sectional headings but pages are still professional in appearance. One to two grammatical errors are present and summary is professionally stated.**	**Case Analysis/ Assessment is not well organized and data is difficult to locate or the narrative summary is disorganized. Document is missing the sectional headings and pages appear unprofessional in design. Three to four spelling or grammatical errors are**	**Case Analysis/ Assessment narrative or summary is disorganized. Document is unprofessional in appearance. Five or more spelling or grammatical errors present and or summary is not professional stated.**	**Case Analysis/ Assessment is incomplete and or fragmented. Five or more spelling or grammatical errors present.**

			present and summary is professional stated.		
Total Possible Points (50 points)					

SW630 MENTAL HEALTH: ASSESSMENT & INTERVENTION
RUBRIC: ANNOTATED BIBLIOGRAPHY
GROUP THERAPY PROJECT

	7.1	6	4	2	Comments
Annotations	All annotations include summaries, relevance and usefulness of understanding the subject. All information is logically and clearly written and understandable	Most of the annotations include summaries, relevance and usefulness of understanding the subject. Most of the information is logically and clearly written and understandable	Most of the annotations lack summaries, relevance and usefulness of source to understanding the subject isn't apparent. Most of the information is not logically and clearly written and understandable	All of the annotations lack summaries, relevance and usefulness of source to understanding the subject. Information is not logically and clearly written and understandable	
Quality of Annotations	All sources demonstrate careful consideration of scientific validity and sources do not repeat same information	Several sources are credible but others are not current or have questionable validity	Sources meet guidelines for types selected but there is no consideration of validity	Sources do not meet guidelines for types of sources used	
Accuracy	Includes the complete and accurate bibliographic citation for each source and is organized according to citation method used	Makes 1-5 errors on citations	Makes 6-10 errors on citations	Makes more than 10 errors on citations	
Annotation Content	Accurate examples detail and support the subject. (all components of the annotation are detailed) Information	Examples are mostly accurate and support the subject (One component of the annotation is missing or very limited in	Examples are not accurate and do not support the subject (One or more component of the annotation is missing in many	Little or no information specific to the source is included	

	provides reader essential knowledge of the subject. Use of content area vocabulary is consistently precise and accurate	several citations) Information provides basic knowledge on most aspects of the topic Use of content area vocabulary is usually accurate	citations) Information provides minimal coverage of the topic. Use of content area vocabulary contains significant errors.		
Annotation Structure	Well-written, unique to the source, avoids vague statements. Appropriate length	Well written but contain some generic statements OR not appropriate length	Poorly written, many generic statements, too short	Annotations are missing or are not coherent.	
Sources	Citations represent various journals. All cited resources come from scholarly (referred) journals. All resources are appropriate for target audience.	Citations represent various journals. Most of the cited resources come from scholarly (referred) journals. Most of the resources are appropriate for target audience	Citations represent limited range of journals. Most of the cited resources do not come from scholarly (referred) journals. Most of the resources are not appropriate for target audience	Cited resources do not come from scholarly (referred) journals. Resources are not appropriate for target audience	
Overall Quality	All resources are annotated. All resources are correctly cited in APA format. Bibliography could be used to generate a comprehensive research paper with excellent sources	Most of the resources are annotated. Most of the resources are correctly cited in APA format. Bibliography provides sources to create a paper on the topic but is missing some key information	Few resources are annotated. Most of the resources are not correctly cited in APA format. Sources miss key topics required by presentation assignment.	Sources used would not create an informative paper	
ASSESSMENT	45 – 50 = A	40 – 44 = B	35 – 39 = C	30 – 34 = D	

SW630 MENTAL HEALTH: ASSESSMENT & INTERVENTION
GROUP THERAPY SIMULATION RUBRIC (50 points)

GROUP: SCORE:

CATEGORY	7 – 8.34	5 – 6	3 – 4	0 – 2
Preparedness	Students are completely prepared and have obviously rehearsed.	Students seems pretty prepared but might have needed a couple more rehearsals.	Students are somewhat prepared, but it is clear that rehearsal was lacking.	Students do not seem at all prepared to present.
Comprehension	All of the students are clear about their diagnosis and are able to articulate correct information regarding the diagnosis.	Most of the students are clear about their diagnosis and can articulate correct information about the diagnosis.	Most of the students are clear about their diagnosis and can articulate some information about the diagnosis.	Most of the students are not clear about their diagnosis and cannot articulate information about the diagnosis.
Content	Shows full understanding of the group discussion.	Shows a good understanding of the group discussion.	Shows a good understanding of parts of the group discussion.	Does not seem to understand the group discussion very well.
Collaboration with group members	Almost always listens to, shares with, and supports the efforts of others in the group. Tries to keep people working well together.	Usually listens to, shares with, and supports the efforts of others in the group. Does not cause "waves" in the group.	Often listens to, shares with, and supports the efforts of others in the group but sometimes is not a good group member.	Rarely listens to, shares with, and supports the efforts of others in the group. Often is not a good group member.
Volume	Volume is loud enough to be heard by all audience members throughout the presentation.	Volume is loud enough to be heard by all audience members at least 90% of the time.	Volume is loud enough to be heard by all audience members at least 80% of the time.	Volume often too soft to be heard by all audience members.
Stays on Topic	Stays on topic and presented according to assigned diagnosis all (100%) of the time.	Stays on topic and presented according to assigned diagnosis most (90-99%) of the time.	Stays on topic presented according to assigned diagnosis some (75%-89%) of the time.	It was hard to tell what the diagnosis was for most of the participants.

SW630 MENTAL HEALTH: ASSESSMENT & INTERVENTION
RUBRIC: RESEARCH ASSESSMENT PAPER

NAME: SCORE

Requirements	Excellent 95-100 Points	Good 80-94 Points	Fair 65-79 Points	Poor Below 65 Points
Quality of Research	All information included in research. Sufficient information provided to support all element of the topic. Research in-depth and beyond the obvious, revealing new insights gained. Cited 10 or more peer reviewed articles.	Cited 7-10 resources. Sources mostly reliable. Citation errors minor. Most information included. Sufficient information provided. Research of sufficient depth.	Cited 3-6 sources. Source reliability questionable. Information does not interfere with ability of reader to find the source. Some information relevant to topic. Information provided to support some elements of topic. Surface research.	Failed to cite even 3 sources. Sources unreliable. Information interferes with ability of reader to understand paper. Irrelevant to topic. Information does not support the topic. Surface research.
Content 1. Introduction & Conclusion 2. Historical and theoretical origin of the treatment approach. 3. Rationale for using a particular intervention(s). 4. Guidelines used for determining the diagnosis. 5. Evidence of effectiveness of the intervention (s). 6. Diversity issues toward treatment. 7. Discuss the relationship of mental health services and	Topic includes all aspects of the topic. Contains clear and concise abstract, subtitles, and citations (10 or more), 7 reference page. Clear and appropriate organization, with effective transitions, introduction, and conclusion.	Topic includes most aspects of the research topic, of appropriate breadth for length of paper. Contains somewhat clear and concise abstract, subtitles, and reference page. Support for the topic is sufficient, but lacking in depth or complexity. Less than 7 in text citations are used to support the research. Organization,	Topic includes some aspects of the research topic, of semi appropriate breadth for length of paper & topic is partially clear. Only 3-4 in text citations used to support the topic. Missing abstract, but includes subtitles, and reference page. Organization, transitions, introduction, and conclusion lacking clarity and/or	Topic unclear and includes no aspects of the research topic, of inappropriate paper. Missing abstract, subtitles, and reference page. Support for topic insufficient. No organization, transitions, introduction, and no conclusion.

intervention in a rural environment. 8. Discuss the relevancy of the ecosystems perspective as it relates to mental health services and intervention 9. Assessment Scales or Instruments 10. A minimum of 10 peer reviewed journals within the last five years and no more than 10 years unless it has some historical value. 11. 6-8 pages excluding cover page and reference page.		transitions, introduction, and conclusion slightly lacking clarity and/or appropriateness	appropriateness.	
Organization & Written Expression	Consistent and appropriate voice. Sophisticated and precise word choice. No spelling errors. No errors in agreement, pronouns/antecedents, or tense. No punctuation or capitalization errors. Met all style and min/max page requirements.	Voice mostly consistent and appropriate. Fairly effective word choice. No more than 2 spelling errors. Fewer than 1 errors in agreement, pronouns/antecedents or tense. Fewer than 2 punctuation or capitalization errors. Met most style and min/max page requirements.	Voice somewhat consistent and appropriate. Correct word choice. More than 3 spelling errors. More than 2 errors in agreement, pronouns/antecedents or tense. More than 3 punctuation or capitalization errors. Attempted to meet style and/or min/max page requirements.	Voice inconsistent and inappropriate. Incorrect word choices. More than 5 spelling errors. More than 5 errors in agreement, pronouns/antecedents or tense. More than 5 punctuation or capitalization errors. Does not meet style and/or min/max page requirements.
References	All sources properly cited in both paper and reference page. No	All sources properly cited in both paper and reference page. Very few errors	Not all sources properly cited in both paper and reference page. Errors in	Not all sources properly cited in both paper and reference page. Errors in

	errors in format or punctuation.	in format or punctuation.	format or punctuation do not compromise the ideas of the paper.	format or punctuation make ideas unclear.

STUDENT: SCORE:

Critically analyze the instrument for validity and reliability (20 pts)	17-20 **All information included in critique of instrument. Sufficient information provided to support all element of the critique. Critique in-depth and beyond the obvious, revealing new insights gained. Cited 5 or more peer reviewed articles.**	14-17 **Cited 3-4 references. Sources mostly reliable. Citation errors minor. Most information included. Sufficient information provided. Critique of sufficient depth.**	11-13 **Cited 2-3 sources. Source reliability questionable. Information does not interfere with ability of reader to find the source. Some information relevant to topic. Information provided to support some elements of critique. Surface research.**	0-10 **Failed to cite even 2 sources. Sources are unreliable. Information interferes with ability of reader to understand paper. Irrelevant to critique.**
Submit a written clinical assessment on the client's result from the instrument (25 pts)	20-25 **Paper includes all aspects of the assessment. Contains clear and concise narrative, subtitles, and citations (5 or more), Clear and appropriate organization, with effective transitions, introduction, and conclusion.**	14-19 **Topic includes most aspects of the assessment. Contains somewhat clear and concise narrative, subtitles, Support for the topic is sufficient, but lacking in depth or complexity. Less than 3 in text citations are used to support the research. Organization, transitions, introduction, and conclusion slightly lacking clarity and/or appropriateness**	8-13 **Topic includes some aspects of the assessment, of semi appropriate breadth for length of paper & topic is partially clear. Only 1-2 in text citations used to support the topic. Organization, transitions, introduction and conclusion lacking clarity and/or appropriateness.**	0-7 **Assessment is unclear and includes no aspects of the tool. Inappropriate assessment. Missing assessment. Support for topic insufficient. No organization, transitions, introduction, and no conclusion.**
Provide a written review of their experience and offer suggestions regarding how the instrument could be modified to better gather needed information (if needed) for that particular population. Discuss if the evaluation tool is culturally sensitive and appropriate to diverse clients. (15 pts)	12-15 **Student provided a comprehensive review of the client's experience and carefully thought out explanation for changes to be made as necessary to the instrument. All components of the evaluation are considered.**	9-11 **Review is well written with some great points but is not comprehensive and is missing two to three of the required components.**	6-8 **Review is missing four to five of the required components. The area of specialty is not comprehensive**	3-5 **Review is limited and not clearly articulated components and /or information is not comprehensive**
Students will be required to present their findings in a Power point presentation not to exceed 12 minutes. Power point handouts are expected to be given to each class member. (20 pts)	17-20 **Presentation had an exceptional amount of valuable material and was extremely beneficial. Student presented all necessary component of presentation. Information is evidenced-based.**	14-17 **Presentation had a good amount of material and befitted the audience. Student presented all necessary component of presentation. Most information is evidence-based. Handouts were available and supported the presentation.**	11-13 **Presentation had moments where valuable material was present but a whole content was lacking. Student presented most of the necessary component of presentation. Information is questionable and not supported by scholarly**	0-10 **Presentation contained little to no valuable material. Student does not seem to understand the topic very well. Student presented some of the necessary component of presentation. Information is not**

			literature. Handouts	factual or based on refereed journals.
	Handouts were available and supported the presentation.			
Organization & Written Expression: Student must use APA including proper grammar and clinical social work jargon (20 pts)	17-20

Critique is organized into logical sections, formatted so that information is easily found, professional in appearance, free of spelling and grammatical errors and summary is professionally stated using clinical language | 14-17

Critique is organized but in a format different from the one suggested. The narrative summary is well organized, missing sectional headings but pages are still professional in appearance. One to two grammatical errors are present and summary is professionally stated. | 11-13

Critique is not well organized and data is difficult to locate or the narrative summary is disorganized. Document is missing the sectional headings and pages appear unprofessional in design. Three to four spelling or grammatical errors are present and summary is professional stated. | 8-10

Critique summary is disorganized. Document is unprofessional in appearance. Five or more spelling or grammatical errors present and or summary is not professional stated. |
| Total Possible Points

(100 points) | | | | |

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