

The University of Kansas
School of Social Welfare
Master Syllabus

SW 863: Mental Health and Psychopathology: A Biopsychosocial Approach

Semester, Year
Phone #

Instructor Name
Office Hours

I. COURSE RATIONALE

A. *Mission of the School*: Social work has, by far, more professionals working in the field of mental health than any other profession. Social workers are often responsible for the assessment and treatment of individuals and families in this field as well as providing supportive and facilitative services, and acquiring and coordinating environmental resources. These obligations, and the potential devastation of mental illness, as well as inappropriate assessment and treatment, make it imperative that social workers engage in these tasks and responsibilities by making the empowerment and well-being of individuals, families, and communities central to their practice. The four themes of the school—focusing on people’s strengths, celebrating and honoring human diversity, promoting social justice, and engaging a critical, and creative approach to practice—require that social workers in this field extend themselves beyond the narrow medical model toward a model that embraces the biological, social, psychological, and spiritual elements of mental illness and mental health.

B. This course builds on the foundation curriculum by extending the person/environment perspective of *HBSE* in assessment and practice in the field of mental health. *Social policies*, as they pertain to mental health, are extremely important in defining the range and focus of practice in this field. Using and evaluating the *research* in this field is critical to employing the most appropriate and effective practices with people and families experiencing various mental disorders. Finally, understanding and using the resources in a *community* for individuals and families struggling with mental illness is critical for effective, humane social work practice.

C. Most social work practitioners will encounter people suffering with mental illness in their practice. In addition, most practitioners in the field of mental health are social workers. And, in most states, one focus of licensing examinations is on the assessment of and practice with people with mental illness, including an understanding and application of the Diagnostic and Statistical Manual IV (Text Revision) of the American Psychiatric Association. One of the purposes of this course is to help students acquire a sophisticated, humane, and inclusive approach to the biopsychosocial assessment of mental illness that includes the DSM but reaches beyond it.

D. The general purpose of this course is to help students develop a refined and well-developed appreciation and understanding of mental illness that will reflect the latest and evolving biological, clinical, psychosocial knowledge, research, and perspectives on mental illness. Students will be taught to understand the continuing and complex interactions between body, mind, and environment (social and physical) in the appearance and course of mental disorders as well as in the development of mental health. A thorough understanding of major mental disorders and pathways to recovery can help keep families in tact and prevent unnecessary disablement by promoting early recognition, meticulous assessment, and, if necessary, appropriate referral. While the diagnosis of mental disorders is not meant to describe the whole person, a social work appreciation obligates us to understand the mental disorder as fully as we can in the

context of a person's life. Finally, while this is not a course about treatment, as we discuss various mental disorders, we will acknowledge and briefly describe the most effective treatments, and treatment combinations for mental illness, including medication.

The rationale in individual instructors' syllabi should be exactly the same as in the master syllabus.

II. EDUCATIONAL OUTCOMES

Upon completion of this course, students will be expected to demonstrate a basic *understanding of, and knowledge about*:

1. The complexity, elegance, and transformational potential of the body/mind/ environment interaction. (Clinical Concentration Objectives 1, 4)
2. The differences between a biopsychosocial model and the medical model. (CCO 1, 4)
3. The basic neurological, neurochemical substrates of mental disorders as well as the genetic predispositions of certain populations and how these interact with social, cultural, and familial factors. (CCO 1, 2, 4)
4. The major mental disorders (including some childhood disorders, e.g. ADHD) from the standpoint of DSM IV (TR), the best current research, and some other frameworks (constructionist, existential, and ecological). (CCO 2)
5. Making a differential diagnosis (learning to rule out other possibilities), demonstrating in the process the consideration of culture-related explanations for certain behavioral symptoms. (CCO 1, 4)
6. The most effective treatments, including psychopharmacological interventions, for the major mental disorders, as well as the empirically supported and culturally related direct and indirect practices, and environmental strategies, and how social workers should be involved in treatment decisions, especially those involving medication. (CCO 1, 2, 3, 4)
7. How to incorporate the strengths perspective into assessment protocols and treatment plans. (CCO 5, 6)
8. The effects of age, gender, ethnicity, social class, and sexual orientation on the incidence and prevalence, and the experience of mental disorder, as well as assessment, treatment, and recovery. (CCO 5)
9. The effects of social policies on the ability of certain groups of people to access high quality assessment, diagnostic and treatment services. (CC 2, 3, 4, 5)
10. How to incorporate and insure the application of social work values, and ethics in understanding and treating mental disorders, with special focus on ensuring that at-risk populations are served in accord with the principles of social and economic justice. (CCO 3, 6)

The educational outcomes in individual instructors' syllabi should be exactly the same as in the master syllabus.

III. CURRICULUM THEMES

The School has a commitment to education that directly and explicitly enhances the connections of theory, concepts, research, and practice to the needs and everyday realities of clients' lives, and the demands of everyday social work practice. This commitment is evident in and enriched by the following themes.

A. *Strengths*: A perspective that recognizes and mobilizes the inherent strengths of individuals, families, groups, neighborhoods, organizations, and communities so that they might discover and develop their own resources, as well as using communal assets in their struggle for a better quality of life. In the field of mental health it is absolutely imperative to acknowledge and extend the strengths and capacities of people with mental illness, and their families as they often strive for health against negative definitions, and limited expectations of them, from the society at large and from some professionals as well.

B. *Diversity*: Promoting and using the understanding and valuing of the range of differences that characterize the human community. These are differences based on culture, ethnicity, race, geography, gender, social class, sexual orientation, age, and physical and mental abilities. The understanding and appreciation of them is especially critical when they are the cause for discrimination and unwarranted differential treatment. In mental health, the symptoms and treatment of various mental disorders often vary, for example, by gender or race. Some of these differences are real and related to biology, genetic predispositions, but many others, often promoting stigma, are related to the social judgments and prejudices of individuals and institutions, including professionals and have little to do with the reality of mental illness.

C. *Social Justice*: A commitment to greater equality based on the understanding of the effects of economic, political, and social structures on people's life chances, particularly as they relate to economic inequality and the availability of necessary social resources. In this course, we will see how, historically, and in contemporary society, that the provisions of the conditions that promote mental health and wellness are differentially and unequally distributed sometimes on the basis of social class, at others on the basis of age and gender, and at still other times on the basis of race, ethnicity, and culture. Likewise, the history of treatments and diagnoses given to peoples is often an effect of social and cultural factors, the poor, for example, being given more severe diagnoses and drastic treatments. Women and people of color, for another example, are often either over- or mis-represented in modern diagnostic usage (including the DSM IV).

D. *Critical Perspective*: The capacity to engage in a deliberate and continuing examination of the assumptions underlying theories, methods, and approaches used by social work in understanding and responding to human need. In this course, for example, we will undertake a critical analysis of the DSM IV (TR): how it was developed, how it is marketed, how it is maintained, what its assumptions about human nature and mental health are, what its weaknesses as well as its virtues are (especially when compared to other diagnostic protocols). For example, the DSM blithely ignores the strengths, or even accounting for the strengths, of individuals and communities in assessing mental illness and prognosis.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

IV. THE LIBERAL ARTS PERSPECTIVE

The purpose of a liberal education is the liberation of the human spirit and the freeing up of human action, intellect, and energy. In like manner, we could suggest that the original purpose of social work was to

liberate. We have been, at times, committed to one extent or another to assist in the long standing difficult process of helping those who are oppressed by others, by the political economy, and by the fear, loathing, and ignorance of individuals and institutions.

In all of our efforts, in the spirit of liberal arts education, we are committed to understanding the *universal* elements of the human condition and human nature as well as the *unique* aspects of each individual, group, family, and community's experience. An understanding of the history of social work, its intellectual and moral roots is part of our commitment, as well as bringing to bear the most current and generative knowledge in the biological, psychological, and social sciences to the nature of social work practice.

Finally, the liberal arts perspective commits us to understanding the importance of values and moral purpose in the development, accumulation, and employment of knowledge. What we seek are bodies of knowledge which allow us to understand the forces that restrain and restrict human energy, and that allow us to come to grips with moral and social problems, problems that demean or debase the human condition and human possibility. In the field of mental health, for example, at long last, there is a liberatory movement, begun by those who suffer from mental illness themselves, called the recovery movement. This is meant to emphasize, the extraordinary healing powers found in those who suffer mental illness, and in their environments, and marshalling those toward the "recovery" of a better quality of life, a life, not defined by one's diagnosis but by one's possibilities, what Paulo Freire called, "the untested feasible."

Individual instructors' syllabi should be exactly the same as in the master syllabus.

V. PROFESSIONAL PURPOSES AND VALUES

This course is meant to challenge students to think critically about the interaction of values and ideas as they work to achieve social work's purpose of enhancing the transactions between people and their environments. We will examine how social work values and ethics guide our practice from biopsychosocial assessment to intervention to resource acquisition to evaluation. It is also imperative that we examine the tensions sometimes inherent in certain practices in various fields of practice with certain populations and the requisites of social work ethics.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

VI. PREPARATION FOR PRACTICE WITH DIVERSE POPULATIONS

The history of psychiatric/mental health treatment of women, people of color, elders, gays and lesbians is not a happy one. In this course we want to be very much aware of the cultural, racial, gender, stereotypes that have persisted in the field as well as the absence of the voices of the oppressed in standard theory, nomenclature and protocols. Furthermore, it is important to view the struggles, and difficulties of various peoples through asocial and cultural lens. One example: Conduct disorder (usually thought to be the precursor of antisocial personality disorder) is more commonly given to adolescents (usually males) from the working or poverty classes, and Latinos and African Americans are over-represented here. On the other hand, ADHD (eminently more treatable) is more likely to be given to middle class children and adolescents (usually boys) even though it is often thought to be a precursor of conduct disorder in maybe 20-30% of instances.

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VII. REQUIRED TOPICS

1. The biological revolution in mental health and health.
2. A tour of the brain and the environment of mental disorders
3. Introduction to DSM IV and the process of culturally sensitive assessment and diagnosis.
4. Schizophrenia
5. Mood disorders
6. Anxiety disorders
7. Attention Deficit Hyperactivity Disorder
8. Personality disorders
9. Substance – related disorders
10. The assessment and treatment of mental disorders
11. Social Work ethics with particular emphasis on the principles of social and economic justice

Additional topics may be included at the individual instructors' discretion

Individual instructors' syllabi should provide a topical outline for the course and provide adequate information to determine where and when the required topics are being covered.

VIII. RECOMMENDED TEXTS

- Andreasen, N. & Black, D., (1995). *Introductory Textbook of Psychiatry*. 2nd Edition. Washington, DC: American Psychiatric Association.
- Austrian, S.G. (2000). *Mental Disorders, Medications and Clinical Social Work*. New York: Columbia University Press.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (Text Revision)*. Washington, DC.
- Gitlin, M.J. (1997). *The Psychotherapist's Guide to Psychopharmacology*. 2nd.edition. New York: Free Press.
- Johnson, H. (1999). *Psyche, Synapse, and Substance*. Greenfield, MA: Deerfield Publishing.
- Karls, J. & Wandrei, K. (1997). *Person-In-Environment Manual*. Washington, DC. NASW Press.
- Kutchins, H. & Kirk, S.A. (1997). *Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders*. New York: Free Press.
- Lucas, S. (1993), *Where to Start and What to Ask: An Assessment Handbook*, New York: W.W. Norton & Co.
- Preston, J., O'Neal, J., and Talaga, M. (2003), *Handbook of Clinical Psychopharmacology for Therapists*, Fourth Edition, New Harbinger Press.

Individual instructors must either select one of the texts listed or obtain approval from the faculty mentor for an alternative text

Additional Recommended Readings

- Alexandra, C., & Brady, J. P. (2000). *Five lost years: A personal exploration of schizophrenia, second edition*. New York: Dry Bones Press. [paranoid schizophrenia]

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, text revision: DSM-IV-TR*. Washington, DC: Author.
- Barron, J.W. (1998). *Making diagnosis meaningful: Enhancing evaluation and treatment of psychological disorders*. Washington, DC: American Psychological Association.
- Bayley, J. (1999). *Elegy for Iris*. New York, NY: St. Martin's Press. [Alzheimer's disease]
- Costello, C.G. (Ed.) (1996). *Personality characteristics of the personality disordered*. New York, NY: John Wiley & Sons, Inc.
- First, M.B., Frances, A. & Pincus, H.A. (1995). *DSM-IV handbook of differential diagnosis*. Washington, D.C.: American Psychiatric Press, Inc.
- Frances, A., First, M.B., & Pincus, H.A. (1995). *DSM-IV guidebook*. Washington, D.C.: American Psychiatric Press, Inc.
- Halgin, R.P. (Ed.) (1997). *A casebook in abnormal psychology: Growth through the therapeutic process*. New York, NY: Oxford University Press.
- Harris, T. L. (2002). *The music of madness*. New York, NY: Writers Club Press. [schizoaffective disorder]
- Hemley, R. (1998). *Nola: A memoir of faith, art & madness*. New York, NY: Graywolf Press. [paranoid schizophrenia]
- Jamison, K. R. (1997). *An unquiet mind*. New York, NY: Random House. [bipolar disorder]
- Kettlewell, C. (2000). *Skin game*. New York, NY: Griffin. [compulsive self-mutilation]
- Jaspers, K., Hoenig, J. & Hamilton M.W. (1998). *General psychopathology, volume 1*. Baltimore, MD: Johns Hopkins University Press.
- Jaspers, K., Hoenig, J. & Hamilton, M.W. (1998). *General psychopathology, volume 2*. Baltimore, MD: Johns Hopkins University Press.
- Kytle, E. (1987). *The voices of Robby Wilde*. Washington, DC: Seven Locks Press. [paranoid schizophrenia]
- Lewis, M. (Ed.) (1996). *Child and adolescent psychiatry: A comprehensive textbook, 2nd edition*. Philadelphia, PA: Williams & Wilkins.
- Mezzich, J.E., Kleinman, A., & Fabrega, H. Jr. (Eds.) (1996). *Culture and psychiatric diagnosis: A DSM-IV perspective*. Washington, DC: American Psychiatric Press.
- Millon, T. & Davis, R. (1996). *Disorders of personality: DSM-IV and beyond*. New York, NY: John Wiley & Sons.
- Nasar, S. (2001). *A beautiful mind: The life of mathematical genius and Nobel laureate John Nash*. New York, NY: Simon & Schuster. [paranoid schizophrenia]
- Putnam, F.W. (1997). *Dissociation in children and adolescents: A developmental approach*. New York, NY: The Guilford Press.
- Schiller, L., & Bennett, A. (1994). *The quiet room: A journey out of the torment of madness*. New York, NY: Warner Books. [paranoid schizophrenia]

- Schreiber, F. R. (1973). *Sybil: The true story of a woman possessed by 16 separate personalities*. Chicago, IL: Henry Regnery. [dissociative identity disorder]
- Seeman, M.V. (1995). *Gender and psychopathology*. Washington, DC: American Psychiatric Press.
- Sheehan, S. (1983). *Is there no place on earth for me?* New York, NY: Random House. [paranoid schizophrenia]
- Shneidman, E.S. (1998). *The suicidal mind*. New York, NY: Oxford University Press.
- Sperry, L. (1995). *Handbook of diagnosis and treatment of the DSM-IV personality disorders*. New York, NY: Brunner/Mazel.
- Steele, K., & Berman, C. (2001). *The day the voices stopped: A memoir of madness and hope*. New York, NY: Basic Books. [paranoid schizophrenia]
- Styron, W. (1990). *Darkness visible: A memoir of madness*. New York, NY: Random House. [depression]
- Thompson, T. (1995). *The beast: A reckoning with depression*. New York, NY: G. P. Putnam's Sons. [depression]
- Vaillant, G.E. (1995). *The natural history of alcoholism revisited*. Cambridge, MA: Harvard University Press.
- Wender, P.H. (1998). *Attention-deficit hyperactivity disorder in adults*. New York, NY: Oxford University Press.
- West, C. (1999). *First person plural*. New York, NY: Hyperion. [dissociative identity disorder]
- World Health Organization. (1994) *Pocket guide to the ICD-10 classification of mental and behavioral disorders*. Washington, D.C.: American Psychiatric Press.
- World Health Organization (1992). *International classification of diseases, 10th edition (ICD-10): Classification of mental and behavioral disorders*. Geneva, Switzerland: Author.
- Zimmerman, M. (1994). Interview guide for evaluating DSM-IV psychiatric disorders and the mental status examination. East Greenwich, RI: Psychiatric Product

Internet Resources

Violence:

- National Domestic Violence Hotline – www.ndvh.org
- Family Violence Prevention Fund – www.endabuse.org
- National Center for Injury and Violence Prevention and Control – www.cdc.gov/ncips
- National Coalition against Domestic Violence – www.ncadv.org
- National Resource Center on Domestic Violence – www.nrcdv.org
- Grief and Loss-www.griefandloss.com
- Suicide Prevention-www.preventsuicidenow.com

Children's Mental Health

- American Academy of Child and Adolescent Psychiatry – www.aacap.org
- Federation of Families for Children's Mental Health – www.ffcmh.org
- Children and Adults with Attention-Deficit/Hyperactivity Disorder – www.chadd.org
- Autism Asperger Resource Center- www.autismasperger.org

The Association for Retarded Citizens- www.thearc.org
Information on Autistic Disorder and treatment- www.autism-society.org
Information on Tic and Tourette's Disorders- www.mhsource.com/disorders/tic.html
ADHD research- www.nimh.nih.gov/publicat/adhd.cfm
Conduct Disorder- www.mentalhealth.com/dis/p20-ch02.html
Separation Anxiety Disorder- www.mentalhealth.com/dis/p20-ch03.html
Theraplay- www.theraplay.org

Major Mental Disorders

Depression and Bipolar Support Alliance – www.dbsalliance.org
National Family Caregivers Association – www.nfcacares.org
The National Depressive and Manic Depressive Association; provides screening questionnaires for depression and bipolar disorder- www.ndmda.org
Mazure CM, et al. Summit on Women & Depression: Proceedings and Recommendations. American Psychological Association, 2002. www.apa.org/pi/wpo/women&depression.pdf
National Women's Health Information Center – www.4women.gov
Postpartum Support International – www.chss.iu0.edu/postpartum; www.depression.org
Information and resources- www.mentalhelp.net
Information and treatment issues including link to Surgeon General's report on children and adolescents- www.mentalhealth.com/fr20.html
Electro-convulsive treatment- www.ect.org
Lighttherapy-www.psychologytoday.com/search/search
www.pschoeducation.org/depressionlighttherapy.htm
Treatment- www.adepressiontreatment.org
Assessment and treatment- www.beckinstitute.org
Research on schizophrenia- www.schizophrenia.com/research/research.html

Anxiety Disorders

Anxiety Disorders Association of America – www.adaa.org
Social Phobia/Social Anxiety Association – www.socialphobia.org
Description of generalized anxiety- www.anxietynetwork.com/gahome.html
Medication issues for OCD- www.ocfoundation.org/ocf1050a.htm
Research on PTSD- www.trauma-pages.com/articles.htm
Assessment and treatment- www.athealth.com/Practitioners/newsletter/FPN_4_13.html
Diagnosis and treatment for somatoform disorders- www.psyweb.com/Mdisord/somatd.html
Factitious disorder and Munchausen- www.shpm.com/articles/chronic/factit.html
Diagnosis and treatment of dissociative disorders- www.voiceofwomen.com/VOW2

Chemical Use and Dependency

American Society of Addiction Medicine – www.asam.org
Buprenorphine Information Center – www.buprenorphine.samhsa.gov
Narcotics Anonymous World Services – www.na.org
National Institute on Drug Abuse – www.drugabuse.gov
Smart Recovery – www.smartrecovery.org
Substance Abuse and Mental Health Services Administration (SAMHSA) <http://findtreatment.samhsa.gov>
National Organization on Fetal Alcohol Syndrome – www.nofas.org
Substance Abuse and Mental Health Services Administration, Fetal Alcohol Spectrum Disorders Center

for Excellence – www.fascenter.samhsa.gov
Alcoholics Anonymous- www.alcoholics-anonymous.org
National Institute on Alcohol Abuse and Alcoholism- www.niaaa.nih.gov/publications/assinstr.htm
National Association for Children of Alcoholics- www.nacoa.net
Johnson Institute- www.jifoundation.org/index.html
Information on referral sources for eating disorders- www.eating-disorders.com
Sleep disorders information- www.mentalhealthhelp.net/guide/sleep.htm
Evidence-based programs- www.drugabuse.gov/pdf/prevention/RedBook.pdf
Substance Abuse Subtle Screening Inventory- www.sassi.com

Definitions and treatment of impulse disorders- www.psychnet-uk.com/clinical
Resources on personality disorders- www.psychcentral.com/resources/Personality

Organizational Resources

National Institute of Mental Health – www.nimn.nih.gov/anxiety
National Alliance for the Mentally Ill – www.nami.org
Consumer information- www.mentalwellness.com
Handbook for family members- www.mentalhealth.com/book/p40-sc01.html
Alzheimer’s Association – www.alz.org
Alzheimer’s disease Education and Referral Center, National Institute on Aging – www.alzheimers.org
Department of Health and Human Services, Administration on Aging – *Older Adults and Mental Health: Issues and Opportunities* – www.aoa.dhhs.gov/mh/report2001/default.htm
American Academy of Pain Management – www.aapainmanage.org
National Foundation for the Treatment of Pain – www.paincare.org
The Clinical Dementia Rating Scale and questionnaire can be found at <http://biostat.wustl.edu/adrc>
American Chronic Pain Association – www.theacpa.org
American Pain Foundation – www.painfoundation.org
The National Institute on Aging- www.nih.gov/nia

For individual syllabus, remove the word “RECOMMENDED.” In addition individual syllabi need to specify which readings are required and which are recommended. The entire list of “additional resources” does not need to be included in individual syllabi.

IX. RECOMMENDED ASSIGNMENTS

Please Note: All written work should be completed according to the style found in the most recent APA Manual. Where applicable to the assignment, you should use headings and subheadings; double-space; 1” margins all around; paginate; proofread for grammatical and spelling errors.

CASE VIGNETTES: Periodically - in class or for take home (depending on timing) - I will provide you with up to 4 vignettes and you will be asked to put forth a (however tentative) a biopsychosocial assessment/diagnosis of the individual with a rationale for selecting the particular diagnosis and emphasizing particular elements of the assessment; as well as a rationale for excluding other possibilities; and a brief statement of the most effective treatment protocol available, if appropriate. You should indicate how your assessment and plan reflect social work values and ethical requisites.

Grading Criteria: Grading is based on the clarity of your assessment and rationale for a particular diagnosis and against others. It is not important that you come up with the same answer I have ... it is important that you articulate *clearly* the reasons for your choices. (This assignment is designed to measure progress in course outcomes 1-8.)

CRITICAL COMMENTARIES/ESSAYS: Choose **two** crucial and contemporary issues in the field of mental health and the assessment and treatment of mental disorders, and write two separate commentaries fully and critically analyzing the issues, the assumptions behind them, the key value / ethical questions the issues raise, what is at stake and who the stakeholders are, and what are the most propitious outcomes. You may choose issues that are of most interest to you (you do not need my okay to choose – the issues must be under discussion in the common discourse) ... so I encourage you to be and think creatively ... but here are some ideas as well (This assignment is designed to measure progress in course outcomes 2; 7-10)

1. Should the DSM IV be at the heart of the assessment process?
2. What should the role of the social worker be in treatment plans that require medication?
3. What are the strengths and weaknesses of the DSM IV-TR?
4. What are the elements of a biopsychosocial assessment and how does such an assessment differ from diagnosis?
5. Should social workers be responsible for making a DSM IV-TR diagnosis?
6. Contrast the medical model with an ecological (person/environment model) of practice. What difference do their differences make to clients?
7. What is the role of the strengths perspective in the assessment process? What are the elements of the strengths that are important? How would you incorporate such a perspective within the confines of a DSM IV-TR diagnostic assessment?
8. Should the number of inpatient psychiatric beds be expanded?
9. Has mental health reform in Kansas “worked”?
10. Should all social workers be trained in diagnosing and treating co-occurring disorders?
11. Following in the footsteps of nurse practitioners and psychologists, should social workers have prescriptive authority?

Grading Criteria: Grades are based on the inclusion of the following in your papers: a clear statement of the issue being critiqued, what makes it important – why does it even merit a critique? What are the underpinnings of the “sides” to the issue – the assumptions, values, special interests involved? Organization, grammar and spelling should be commensurate with your graduate student status. (Note: Students have found it helpful to look at the styles of good newspaper/periodical columnists. Read Leonard Pitts, Ellen Goodman, Molly Ivins, Anna Quinlan, etc. on the editorial pages of the Star, Lawrence Journal World, NY Times, Newsweek

BIOPSYCHOSOCIAL ASSESSMENT: Select a person with a mental disorder. It may be a client, friend, relative, or someone from fiction or biography. (Be forewarned: Diagnosing a friend can lead to certain changes in your perceptions of this friend and consequently, in his/her perceptions of you and of him/herself that may alter the relationship in unwanted ways). Being sure to protect the anonymity of the

individual, conduct a thorough assessment, including DSM IV criteria, PIE criteria, and other elements of assessment that we have talked or that you have read about. Be certain to cover: a) identifying information and the presenting problem (from the person's point of view); b) relevant history – the history of the presenting problem and previous difficulties (including psychiatric disorders and treatment — present and past); c) medical history: results of complete physical and lab work (if available—you should always have this if possible); d) personal and social history (include relevant information on development, current roles and responsibilities, employment, marital and family status, social context, culture); e) family history of psychiatric or medical problems—and treatment history for the individual or the family (this helps tell you what works); f) mental status and signs and symptoms as you see them; g) DSM IV Axes; h) strengths assessment (to be pursued with the same vigor and rigor as all the other elements of the assessment); i) treatment goal(s) and plan and k) access issues – whether there are barriers that prevent or forestall this person from receiving the treatment agreed upon – which requires a consideration of the client's social and economic circumstances within a justice context. You should indicate how this plan and process reflect core social work values and ethics (This assignment is designed to measure progress in course outcomes 1-8; 10.)

Grading Criteria: Grades will be assigned on the basis of your having covered all of the required elements listed above ((a) through (i) and, of course, the organization, grammar, spelling commensurate with your status as a graduate student.

X. GRADING

A. What Grades Mean (plus and minuses are assigned at instructors' discretion)

A = Exceptional work: outstanding: this grade will be assigned to work that shows extensive use of the literature as well as wide use of concrete examples from practice.

B = Fully meets graduate standards: this grade will be assigned to work in which all aspects of assignments are completed satisfactorily, showing a combination of accurate use of theory and principles, and precise descriptions of practice.

C = Overall performance is unsatisfactory, below graduate standards, although all aspects of assignments were completed.

F = Failure: overall quality of work is unsatisfactory, or some aspect of assignments not done.

Incomplete grades. A temporary grade of Incomplete may be assigned to a student who, for a reason beyond the student's control, has been unable to complete the required work in a course on time. It is the student's responsibility to request an Incomplete from the instructor. A request signed by the student and the faculty member must be on file when grades are submitted. A student may not enroll in a course sequential to one in which he or she has an I or F letter grade. An incomplete not removed by the end of the next semester will be changed to an F.

ATTENDANCE POLICY

In order to pass the course, students cannot miss more than three classes during the semester. If a student misses three classes they will be referred to the Academic Planning Committee. Any additional policies regarding class attendance will be determined by individual instructors.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

Individual instructors' syllabi should specify the following:

- A. The weighting of each assignment in the course and the dates by which they are done.
- B. For every assignment, explain the standards used for grading.
- C. If class participation is part of the grade indicate what this means. For example, if 10 points are awarded for class participation, one point will be deducted for every class missed.
- D. Indicate the policy on late assignments, e.g., they are not accepted and treated as an "F" grade or the grade is reduced by ___ for each day, week, etc.
- E. Indicate how final grades will be determined

XI. SPECIAL CONSIDERATIONS

Students who have special educational needs of any kind, including those related to learning disabilities, other disabilities, English as a second language should discuss necessary accommodations with the instructor within the first two sessions of the course. The university and School of Social Welfare are committed to provide supportive programs and accommodations to assist students who have special learning needs to successfully meet course expectations. In particular, students who feel that they have a disability that may require accommodation should advise the instructor of such disability and desired accommodation as soon as one obtains written documentation of the disability. The instructor will work with the student and the office of Services for Students with Disabilities to provide reasonable accommodations.

Please notify the instructor if your religious observances conflict with class or due dates for class assignments so we can make appropriate arrangements.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

XII. RECORDING AND SHARING RECORDINGS OF LECTURES

Course materials prepared by the instructor, together with the content of all lectures and review sessions presented by the instructor are the property of the instructor. Video and audio recording of lectures and review sessions without the consent of the instructor is prohibited. On request, the instructor will usually grant permission for students to audio tape lectures, on the condition that these audio tapes are only used as a study aid by the individual making the recording. Unless explicit permission is obtained from the instructor, recordings of lectures and review sessions may not be modified and must not be transferred or transmitted to any other person, whether or not that individual is enrolled in the course.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

XIII. HIPAA REGULATIONS

The Health Insurance Portability and Accountability Act (HIPAA) requires that any personal information that may identify a person must be removed to protect confidentiality. Confidentiality applies to both classroom discussions and to written work. Please follow these simple, yet essential guidelines:

- Always disguise the name and other personal identifying information when you speak and

write about a person, following the guidelines established by HIPAA.

- If writing in great detail about a client, ask permission from the client.
- Share nothing about specific clients, agencies or other students outside of the classroom.

Any information shared with the class/instructor will be confidential, within the limits defined by the Code of Ethics and state guidelines.

Individual instructors' syllabi should be exactly the same as in the master syllabus.

XIV. INSTRUCTOR AVAILABILITY

Provide students with information on how to see and/or reach you.

XV. INCLEMENT WEATHER POLICY

In the event of inclement weather students should call

Lawrence: the University (785) 864-SNOW, or if hearing impaired and have TTY/TDD equipment, (800) 766-3777

Edwards Campus: (913) 897-8499

KCKCC Campus: (913) 334-1100

to determine if classes have been cancelled. If classes are being held, students should contact the instructor if weather or driving conditions make it impossible for them to get to attend.