Course Statement

1. Course Description
This course will present the state-of-the-art knowledge and research of mental disorders of adults and the elderly, as well as factors that promote mental health and prevent mental disorders in adults and the elderly. Biopsychosocial theories of coping, trauma, and etiology, the impact of mental health disorders on individuals and family members, and the relationship of ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation to mental health will be presented. Classification systems of adult mental functioning and mental disorders will be presented, such as the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) and Person-in-Environment (PIE). Students will be taught to critically understand both the strengths and limitations of these classification systems.

2. Course Content
The DSM-5 system of classifying behavior will be compared with other classification systems, such as PIE. DSM-5 will be examined in light of various conceptualizations of mental health and in the context of broader social work and social science approaches to assessment, particularly those focusing on socio-ecological functioning rather than disorder. The reliability of the DSM-5 system, the utility of the system for the purposes of promotion, prevention, treatment or rehabilitation, and the connections between the system and social work and social science constructs will be discussed.

Disorders that will be discussed include: schizophrenia and other psychotic disorders, mood disorders, personality disorders, anxiety disorders, impulse-control disorders, dissociative disorders, somatoform disorders, substance use disorders, and mental disorders of aging such as Alzheimer’s disease and other dementias. The prevalence and incidence of each of these disorders will be reviewed, including their relationship to socio-economic status, race, ethnicity, gender, sexual orientation, and physical disability. Studies investigating the role of biological factors in the development of these disorders will be examined, as well as the response of these disorders to a variety of medications and other somatic treatments (e.g., light therapy and electroconvulsive therapy). Similarly, studies of environmental factors implicated in the development of these disorders will be reviewed. Moreover, each of the disorders will be discussed in terms of the appropriateness of various psychosocial services, including
psychotherapy/counseling, residential, vocational, social, educational, and self-help and mutual aid programs. The role of families and community caregivers in supporting individuals with these disorders will be addressed.

Similar attention will be given to identifying family and environmental factors that may be amenable to modification, thus preventing a relapse. Special attention will be given to understanding the processes by which stigma arises and is perpetuated and to the consequences of stigma. The potential of the mental disorder classification system to generate deviance will be examined. Misuses of the system and their negative consequences will be discussed, especially as they disproportionately affect persons who are not members of the dominant cultural group, including women, racial and ethnic minorities, gay/lesbian/bisexual/transgendered persons, persons with other primary medical conditions, and persons of low socio-economic status. Courses of action available to minimize these misuses will be discussed. Concerns about the unethical and inappropriate use of the DSM-V system to influence eligibility for services or reimbursement will also be discussed.

Prevention will be addressed in relation to each of the disorders. For example, birth difficulties will be discussed in relation to schizophrenia, race in relation to bipolar disorder, loss in relation to depression and dysthymia, and violence in relation to post-traumatic stress syndrome. Internet resources will be used to obtain information about the social justice and change goals and activities of family advocacy and consumer support and empowerment groups.

3. Course Objectives
Upon completion of the course, students will be able to:

1. Assess and diagnose mental health problems in adults and the elderly using DSM-IV, PIE, and other widely applied nosological systems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

2. Compare and contrast the utility of the mental disorders diagnostic system with broader social work and behavioral science frameworks focusing on social functioning. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

3. Discuss the biopsychosocial aspects of the disorders below in terms of clinical presentation, prognosis, etiology, prevention, treatment, and rehabilitation. a) schizophrenia and other psychotic disorders b) mood disorders (including major depression, bipolar disorder, and dysthymia) c) personality disorders (including anti-social and borderline personality disorders) d) anxiety disorders (including obsessive-compulsive, panic and post traumatic stress disorders, and phobias) e) mental disorders of aging (including Alzheimer's and other dementias). f) substance abuse disorders (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

4. Discuss the impact of culture, race, and the other diversity dimensions described above on the disorder and the person diagnosed with the disorder. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS)

5. Discuss the potential of the mental disorder classification system to generate deviance, and discuss strategies to minimize those risks and combat stigma. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS)

6. Discuss the appropriate use of diagnostic/classification systems and the ethical questions surrounding the use of these systems. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS)
7. Distinguish empirically-based generalizations related to mental disorders from what is sometimes described as clinical wisdom, often promulgated by prominent figures, and be able to use the scientifically-based literature to search for solutions to problems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

8. Discuss typical value and ethical concerns related to mental health and mental disorders of adults and elderly. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS)

9. Demonstrate knowledge of important theories, research findings, and core concepts related to mental health etiology, epidemiology, assessment, and service delivery to adults and the elderly with mental health problems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

10. Evidence an awareness of current evidence-based treatments for mental health problems afflicting adults and the elderly. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

4. Course Design
This course will include lectures, audiovisual materials, internet resources, and written assignments.

4.1 Theme Relation to Multiculturalism & Diversity
This will be addressed through discussions of different patterns of health promotion opportunities and diagnostic practices affecting diverse cultural groups, including persons differing in ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation, health status, and SES.

4.2 Theme Relation to Social Justice
This will be addressed through examination of the discrimination experienced by people with mental illness, particularly those from disadvantaged groups. The social justice and social change agenda of family advocacy and consumer support and empowerment groups will be examined as a source of information about needed social changes.

4.3 Theme Relation to Promotion, Prevention, Treatment & Rehabilitation
This will be addressed through the following means: 1) epidemiological studies of the influence of different factors (e.g., poverty) on the prevalence and incidence of particular disorders and their promotion and prevention implications, 2) prevention will also be addressed by an examination of the avoidable negative social consequences of severe mental illness (e.g. homelessness, joblessness, and disrupted educational careers), 3) prevention, still further, will be considered from the point of view of averting the occurrence of disorders through early intervention, 4) treatment will be discussed in terms of the clinical efficacy and service effectiveness of various interventions, and 5) rehabilitation will be considered in the context of the effectiveness of various residential, vocational, social, and educational services for people with mental disorders.

4.4 Theme Relation to Behavioral and Social Science Research
This will be addressed through the review of epidemiological studies dealing with: the frequency and distinguishing characteristics of those who experience particular disorders; controlled trials of various interventions including medication, intensive outreach services, social skills training and psychoeducational services; and follow-up surveys of persons affected by the disorders.
4.5 Relationship to SW Ethics and Values
This course will emphasize working on behalf of the most disadvantaged persons with mental disorders. Special emphasis will be placed on advocacy and environmental modifications. The potential harm associated with classification will be discussed as will ethically questionable practices that have arisen as the DSM-5 has been embedded in insurance reimbursement and service eligibility policies. Issues related to person-centered mental health practice, client self-determination, confidentiality, dignity, HIPPA, duty to warn, and associated legal, ethical, and value concerns will also be addressed.

4.6 Intensive Focus on Privilege, Oppression, Diversity, and Social Justice (PODS) 
This course integrates PODS content and skills with a special emphasis on the identification of theories, practice, and/or policies that promote social justice, illuminate social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

Relevant Policies

1. Attendance
As an advanced practice course, it is important that you attend each class session. Participation and class attendance are professional responsibilities. The class sessions involve skill development experiences that go beyond course readings. It is important to be prepared to discuss assigned readings and to share experiential knowledge. To maximize individual and group learning, attendance and participation are expected. It is especially helpful when we share examples from our experiences (field and others). Also, feel free to draw on current events and literature related to course topics in order to promote our learning.

If for any reason you miss more than two sessions, the grade will be lowered five points for each session over two unless the session is made up. To make up a session find out from other students what was covered in the missed sessions and develop a make-up plan to be submitted via email for my approval. The plan should focus on the topic of the missed session, and should involve three or more hours of effort.

2. Students in Need of Accommodations
If you have a disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

3. Incompletes and Extensions
Incompletes and extensions are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course and/or assignment. The student must formally
request an incomplete from the instructor prior to the final week of classes, and an extension as soon as
the need arises.

4. A Note on the Learning Environment
While all of us come to this course with various experiences, skill sets and values, it is important that we
respect diverse opinions and perspectives. The class is designed as a co-learning environment and one
where class members are encouraged to try new skills and take risks. Your contribution as a “teacher
and a learner” in the class will enhance the learning for all class members.

5. Academic Honesty
Please consult the Student Guide http://www.ssw.umich.edu/studentGuide/ [Student Code of Academic
and Professional Conduct] to make sure you are not committing plagiarism in your written reports. The
ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited
correctly. Plagiarism can be grounds for expulsion from the School.

6. Writing Assistance
For assistance with writing, you may go to the Writing Workshop 1139 Angell Hall 764-0429.
I am also happy to read over drafts of papers, as long as ample time is provided.

7. Technology in the Classroom
Laptops are NOT allowed. I have found that they cause too much distraction and/or distraction
temptation, for both user and non-user classmates. If you need to utilize a laptop during class due to a
(dis)ability or special circumstance, please let me know. Feel free to doodle, knit, use a stress ball, etc. if
you listen best while utilizing kinetic energy.

If you must use your cell phone during class time, please make sure the ringer is silenced, and that ALL
phone activity (texting included) takes place outside the classroom. Texting inside the classroom will
result in the class participation portion of your grade being lowered.

Readings and Texts

Washington, DC: Author.


treatment*. NY: Guilford Press.

**These texts are available in their entirety online.** They can be accessed on the CTools site for this
class, from the left-hand menu list (if CTools has trouble loading the page, you will get a prompt to re-
launch the page in a new window – this will work).

You may also access them through Mirlyn (mirlyn.lib.umich.edu).

All other readings are available on the CTools site for this class, under the “Resources” section.
Assignments
This course will employ 4 grading mechanisms:

- Biopsychosocial Assessment 40%
  - Parts A (10%) and B (30%)
- Midterm Exam 20%
- Take-Home Final Exam 30%
- Active Engagement/Participation in Class 10%

Letter grades in the course will be assigned on the following basis:
100=A+, 95-99=A, 90-94=A-, 87-89=B+, 83-86=B, 80-82=B-, 77-79=C+ etc.

Assignment details are found at the end of the syllabus.

January 12
Introductions
Course Introduction and Syllabus Review
Introduction to Diagnostic Systems: ICD-10, DSM-5, PIE

Readings:
Chapter 2: Social work and the DSM, Person-in-environment versus the medical model
  Cary, NC, USA: Oxford University Press


DSM 5, Section I: Introduction, Use of the Manual

January 19 – MLK, Jr. Day – no class

January 26
Diagnostic Focus: Conducting Biopsychosocial Assessments with Adults and the Elderly

Readings:
Chapter 4: Contextual and Collaborative Assessment

Chapter 6 – The Clinical Interview

DSM 5, Section II: Other Conditions That May Be a Focus of Clinical Attention

Optional:

February 2
Diagnostic Focus: Depressive Disorders
   Bipolar and Related Disorders
   Clinical Suite – Assessment observation
Clinical Issue: Suicide
Readings:
DSM 5, Section II: Depressive Disorders
   Bipolar and Related Disorders

Chapter 3 – Mood Disorders

Chapter 4 – Mood and Anxiety Disorders


February 9 – Part A of Biopsychosocial write-up is due
Diagnostic Focus: Anxiety Disorders
   Obsessive-Compulsive and Related Disorders
Clinical Issue: Ethics
Readings:
DSM 5, Section II: Anxiety Disorders
   Obsessive-Compulsive and Related Disorders

Chapter 4 – Anxiety Disorders

February 16
Diagnostic Focus: Anxiety Disorders, cont’d
   Somatic Symptom and Related Disorders
   Trauma- and Stressor- Related Disorders
Clinical Issue: Gender
Readings:
DSM 5, Section II: Trauma-And Stressor-Related Disorders
Somatic Symptom and Related Disorders

Chapter 8 – Somatic Symptom and Related Disorders
Chapter 6 - Trauma- and Stressor- Related Disorders

February 23
Diagnostic Focus: Schizophrenia Spectrum and other Psychotic Disorders
Clinical Issue: Race/Ethnicity
Readings:
DSM 5, Section II: Schizophrenia Spectrum and other Psychotic Disorders
Section III: Cultural Formulation

Chapter 2 - Schizophrenia Spectrum and other Psychotic Disorders

March 2 – Spring Recess, no class

March 9 – Part B of Biopsychosocial Assessment is due
Diagnostic Focus: Personality Disorders
Clinical Issue: Stigma
Readings:
DSM 5, Section II: Personality Disorders
Section III: Alternative DSM-5 Model for Personality Disorders

Chapter 17 – Personality Disorders


March 16 - Midterm
Diagnostic Focus: Personality Disorders, cont’d
Dissociative Disorders
Clinical Issue: Self-Injury
Readings:
DSM 5, Section II: Dissociative Disorders

Chapter 7 – Dissociative Disorders

March 23
Diagnostic Focus: Mental Disorders of Aging: Alzheimer’s Disease and other Dementias
Clinical Issue: GLBTQ identities
Readings:
DSM 5, Section II: Neurocognitive Disorders

Chapter 16 – Cognitive Disorders

Chapter 2 – Normal Processes of Aging
Chapter 3 – Disorders of Aging – Dementia, Delirium, and Other Cognitive Problems

Chapter 4 – Moving Toward Affirmative Practices with Sexual and Gender Minorities

Chapter 12 – Gay Affirmative Therapy Principles in Clinical Practice: Establishing a Differential Diagnosis

March 30
Diagnostic Focus: Substance-Related and Addictive Disorders
Clinical Issue: Readings: Dis/Ability
DSM 5, Section II: Substance-Related and Addictive Disorders

Chapter 15 – Substance-Related and Addictive Disorders

Chapter 9 – Beginning Treatment
Chapter 8 – Etiquette with Clients with Disabilities

April 6
Diagnostic Focus: Substance Use Disorders, cont’d
Autism Spectrum Disorder
Clinical Issue: SES/access to care
Readings:
DSM 5, Section II: Neurodevelopmental Disorders (*focus on Autism Spectrum Disorder*)

Chapter 1 – Neurodevelopmental Disorders (*focus on Autism Spectrum Disorder*)
April 13
Diagnostic Focus: Disruptive, Impulse Control, and Conduct Disorders
Eating Disorders
Clinical Issue: TBD
Readings:
DSM 5, Section II: Disruptive, Impulse Control, and Conduct Disorders
Feeding and Eating Disorders
Chapter 14 – Disruptive, Impulse-Control, and Conduct Disorders
Chapter 9 – Feeding and Eating Disorders

April 20
Diagnostic Focus: Catch-up on any of the above
Class party!

April 27 – *Take-home final due, via e-mail or CTools (no class)*
**Assignment Details**

**Written Assignments**
All assignments will be marked down by 5% for every day late. Assignments are due at the beginning of class on the due date, either as a hard copy or via the Drop Box on CTools; anything turned in later than this will be considered one day late. In order to be fair to all class members, this policy needs to be uniform. If you are unhappy with your feedback and/or grade on a paper, the paper may be rewritten and turned in no later than 1 week after it has been returned to you. The average of the two grades will then be your grade for the actual paper. **The second paper should be turned in with the changes highlighted and deletions crossed out.**

All written assignments should use no larger than 12 point font, and have “normal” margins.

**A. Biopsychosocial Assessments**

**Part A.** Students will observe a Biopsychosocial Assessment in the clinical suite, and will complete a written assessment (per the format given in class).

10% of grade
Observation – February 2
Write-up is due – February 9

**Part B.** Conduct a clinical interview with a classmate, and complete the following:
30% of grade
Due March 9

1. Write up a Biopsychosocial Assessment (an outline and example will be handed out in class).

2. Describe your thoughts and feelings about being interviewed. **(2 pages)** Consider the following:
   - what was the experience like?
   - how did your interviewer try to build rapport with you?
   - did you gain any new insights about what it may be like for clients undergoing a biopsychosocial assessment?

3. Share your thoughts and feelings about being the interviewer. **(2 pages)** Consider the following:
   - what was the experience like?
   - culturally, how similar are you to the interviewee? Did this impact the interview in any way?
   - how did you try to build rapport with the interviewee?
   - what do you perceive are your strengths as an interviewer? What skills do you need to work on?

4. Obtain feedback from your partner regarding their experience of you as interviewer. Reflect on their perceptions **(1 page).**

**B. Midterm**
20% of grade
March 16
This exam will consist mainly of clinical vignettes, from which students will be asked to provide a DSM 5 diagnosis, symptoms that support the diagnosis, as well as additional clinical information needed and treatment recommendations. Examples will be provided in class.

C. Take Home Final Exam  
30% of grade  
Due April 27  
The comprehensive final exam will be a take-home test; two weeks will be allowed for completion (it will be available on CTools beginning April 13). The exam will include questions about assessment and specific disorders, as well as selected readings, cultural competency, and analysis/critique of existing assessment structures.

D. Class Participation/Active Engagement  
10% of grade  
Active engagement and participation in class are expected. Active engagement can be demonstrated in several ways, some examples are: participation in discussion, volunteering for in-class exercises, bringing experiences or problems from clinical practice to class discussion, sharing clinical activities or techniques with class members, thoughtfully processing classroom experiences, taking risks in sustaining dialogue on difficult issues that arise in class, and posing suggestions for additional readings and learning activities for classmates.