



Course title:	Applied Assessment Skills in Integrated Health, Mental Health and Substance Abuse	
Course #/term:	SW601, Sec 003, Fall 2020	
Time and place:	Friday, 2:00pm to 5:00pm, B760	
Credit hours:	3	
Prerequisites:	Foundation Essentials Required or permission of instructor	
Instructor:	Jennifer Heckendorn, LMSW-Clinical	
Pronouns:	[She, her, hers]	
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	You may expect a response within 24 hours	
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Office hours:	By Appointment	

1. Course Statement

a. Course description

This course focuses on further developing and deepening skills and competencies to conduct brief, evidence-based and evidence informed developmentally appropriate assessment and screening for common health, mental health, substance use and other behavioral health concerns which impact and/or compromise health. Examples include screening and assessment for risky, harmful or dependent use of substances; cognitive impairment; mental health problems; adjustment to illness, behaviors that compromise health; harm to self or others; and abuse, neglect, and domestic violence, etc.

b. Course objectives and competencies

Upon completion of this course, students will be able to demonstrate:

- Understanding and application of a holistic approach to health in conducting bio psychosocial spiritual assessments including person in environment (PIE), strengths based client assets, nature of the client/family and social support system, cultural, spiritual and religious beliefs and other socio-economic resources that impact on health and delivery of care (EPAS 2,3,7).
- Understanding of the signs, symptoms and treatments clients may receive for the most common health conditions, health crises, and comorbidity seen in a variety of practice settings and resulting impact on client well-being. (EPAS 7 ,8).
- Ability to utilize established classification criteria, recognize and identify, the most common mental health and substance use conditions seen in a variety of practice settings. (EPAS 7)

- Competency in conducting brief, evidence-based, and developmentally sensitive screens for risky, harmful, or dependent use of substances, including alcohol, illicit drugs, and prescription medications. (EPAS 4, 7).
- Competency in conducting brief, evidence-based, and developmentally appropriate screens for cognitive impairment. (EPAS 3, 7)
- Competency in conducting brief screens for risk related to self-harm, harm to others, impairments in functional self-care, and environmental safety. (EPAS 3,7)
- Ability to identify signs of abuse, neglect, domestic violence and other trauma in individuals across the lifespan and conduct brief, evidence-based screenings. (EPAS 1,2,3,7)

c. Course design

This course encourages a “flipped classroom” format in which students complete pre-class work (readings, videos, etc.). The majority of class time used for ALL students will focus on engaging in active clinical practice of assessment and screening using client vignettes and/or student-generated detailed client scenarios/role plays which represent diverse populations, health concerns/diagnoses, co-morbidities and lived experiences. Active practicing of skills, engaging in role-playing, observation and critical analysis of assessment process and mutually constructive feedback is critical to the skill development focus of this class. Clinical scenarios will address a diverse variety of client populations, needs and practice settings. Video and/or audio taping and presenting of student screening and assessment practice for discussion and learning will be an integral part of skill building in this class.

d. Intensive focus on 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 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.

Consideration will be given to the ways in which diversity factors such as age, race, ethnicity, disadvantage, gender, sexual orientation, sexual identity, class, immigration status, ability, family status, geographic location, ethnicity and culture interact with and impact health, mental health and behavioral health impact assessment and screening. Culturally responsive engagement in the assessment process will be a focus.

2. Class Requirements

a. Text and class materials

Relevant Text Book

Jordan, C. & Frankline, C. (eds) (2015). Clinical assessment for social workers: quantitative and qualitative methods (4th ed). Oxford University Press.

Relevant Webpages. <https://www.nimh.nih.gov/health/statistics/index.shtml>

Articles – available on Canvas

b. Class schedule – shaded areas are in-class days

Date	Agenda	Learning Objectives	Readings and Assignments (see Canvas for details about pre-class, live, and post-class activities)
Week 1 9/4 - online	-Introduction -Setting the Stage for Assessment	1. Articulate understanding and application of holistic approach to assessment and implications to intervention planning 2. Articulate understanding of Common Factors Model 3. Articulate ethical considerations relevant to the assessment process	James Drisko (2013) The Common Factors Model: Its Place in Clinical Practice and Research. <i>Smith College Studies in Social Work</i> , 83:4, 398-413, Bourgois P, Holmes S, Sue K, Quesada J. (2017). Structural vulnerability: Operationalizing the concept to address health disparities in clinical care, <i>Academic Medicine</i> , 92(3):299-307.
Week 2 9/11 – B760	-Essential Skills	Understanding and application of a holistic approach to health in conducting BPSS assessments including person in environment (PIE), strengths based client assets, nature of the client/family and social support system, cultural, spiritual and religious beliefs and other socio-economic resources that impact on health and delivery of care (EPAS 1,2,3,7).	Taylor, L., Stotts, N., Humphreys, J., Treadwell, M. & Miaskowski, C. (2013). A biospsychosocial-spiritual model of chronic pain in adults with sickle cell disease. <i>Pain Management Nursing</i> , 14(4), 287-301. Miller, C. (2019). Interviewing strategies, rapport and empathy. SpringerLink
Week 3 9/18 - online	-Assessment Process	Structural Assessment Bias and Strengths based assessments Engagement, Data collection; Perceptual skills; Conceptual skills; Integration of cultural, social, political factors; Integration across mental, physical, SU and comorbidities across various settings (EPAS 1,2, 3, 4,6,)	Hatala, A. R. (2012). The status of the “biopsychosocial” model in health psychology: Towards an integrated approach and a critique of cultural conceptions. <i>Open Journal of Medical Psychology</i> , 1(04), 51. Graybeal, C. (2001). Strengths-based Social Work assessment: transforming the dominant paradigm. <i>Families in Society</i> , 82(3), 233-242. Mental Status Exam https://www.youtube.com/watch?v=RdmG739KFF8&t=733s
Week 4 9/25 - online	-Consolidation and Demonstration Skills	Demonstrate competencies of BPSS assessment with consideration of core rapport and interviewing skills EPAS 1,2,6,7	No readings. Consolidations and Competency Demonstration Assignments
Week 5 10/2 – B760	-Adults	GAD 7 PHQ 9 MDQ	Siu, A. L., Bibbins-Domingo, K., Grossman, D. C., Baumann, L. C., Davidson, K. W., Ebell, M., ... & Krist, A. H. (2016). Screening for depression in adults: US Preventive Services Task Force recommendation statement. <i>Jama</i> , 315(4), 380-387. Culpepper, L., Lam, R. W., & McIntyre, R. S. (2017). Cognitive impairment in patients with depression: awareness, assessment, and management. <i>The Journal of Clinical Psychiatry</i> , 78(9), 1383-1394
Week 6 10/9 - online	-Adults Continued	Integrate DSM 5 criteria	Stanton, K., & Zimmerman, M. (2019). Unique and shared features of narcissistic and antisocial personality disorders:

			<p>Implications for assessing and modeling externalizing traits. <i>Journal of clinical psychology</i>, 75(3), 433-444.</p> <p>Price, S., Coles, D., Wingold, T. (2017). Integrating Behavioral Health Risk Assessment into Centralized Intake for Maternal and Child Health Services <i>Health & Social Work</i>,42(4)231–240.</p> <p>Fruzzetti, A. & Payne, L. (2020). Assessment of parents, couples, and families in dialectical behavioral therapy. <i>Cognitive and Behavioral Practice</i>, 27(1), 39-49.</p>
Week 7 10/16 - online	-Children: Internalizing Disorders	Integrate DSM 5 criteria	<p>O'Reilly, L. & Dolan, P. (2016). The voice of the child in social work assessments: Age-appropriate communication with children. <i>The British Journal of Social Work</i>, 46(5), 1191–1207.</p> <p>George, M., Chandak, S., Wasnick, M., Khekade, S., Gahlod, N., & Shukla, H. (2019). Assessment of child's mental health problems using strengths and difficulties questionnaire. <i>Journal of Oral Research and Review</i>, 11, 7-11.</p> <p>Kiyimba, N. & O'Reilly, M. (2017). The clinical use of Subjective Units of Distress scales (SUDs) in child mental health assessments: A thematic evaluation. <i>Journal of Mental Health</i>.</p> <p>Aboujaoude, E. & Salame, W. (2016). Technology at the service of pediatric mental health: review and assessment. <i>Journal of Pediatrics (Medical Progress)</i>, 171, 2-24.</p>
Week 8 10/23 – B760	-Children: Externalizing Disorders	Integrate DSM 5 criteria	<p>Mairs, R., & Nicholls, D. (2016). Assessment and treatment of eating disorders in children and adolescents. <i>Archives of Disease in Childhood</i>, 101(12), 1168-1175.</p> <p>Cancilliere, M. K., Freeman, J., Garcia, A., Benito, K., Sapyta, J., & Franklin, M. (2018). Assessing acute secondary treatment outcomes in early-onset obsessive–compulsive disorder. <i>Child Psychiatry & Human Development</i>, 49(5), 718-729.</p> <p>Brand, K. & Al-Rais, A. (2019). Pain assessment in children. <i>Anaesthesia & Intensive Care Medicine</i>, 20(6), 314-317.</p> <p>Power, T., Watkins, M., Anastopoulos, A., Reid, R., Lamber, M. & DuPaul, G. (2017) Multi-informant assessment of ADHD symptom-related impairments among children and adolescents. <i>Journal of Clinical Child & Adolescent Psychology</i>, 46:5, 661-67.</p> <p>Haack, L. & Gerdes, A. (2014). Culturally appropriate assessment of functional impairment in diverse children: validation of the ADHD-FX scale with an at-risk community sample. <i>Journal of Attention Disorders</i>, 21(11), 913-920.</p>
Week 9 10/30 - online	-Consolidation and Demonstration Skills		No Readings Consolidation and Competency Demonstration Assignments
Week 10 11/6 - online	-Cognitive and Physical Functioning	Mini Mental Status Exam Duke Health Profile ICD-10	<p>Montreal Cognitive Assessment (MoCA) https://www.youtube.com/watch?v=7-9YBnqwZzo</p>

			<p>Short Physical Performance Battery (SPPB) https://www.youtube.com/watch?v=N_rJOGhQqZ4</p> <p>Schalet, B. D., Hays, R. D., Jensen, S. E., Beaumont, J. L., Fries, J. F., & Cella, D. (2016). Validity of PROMIS physical function measured in diverse clinical samples. <i>Journal of clinical epidemiology</i>, 73, 112-118.</p> <p>Howland, M., Tatsuoka, C., Smyth, K. A., & Sajatovic, M. (2017). Evaluating PROMIS (®) applied cognition items in a sample of older adults at risk for cognitive decline. <i>Psychiatry research</i>, 247, 39-42.</p>
Week 11 11/13 – B760	-Trauma, Violence, Abuse and Neglect	PC-PTSD PCL-C LEC	<p>Hamberger, L. & Brown, J. (2015). Screening and intervention for intimate partner violence in healthcare settings: Creating sustainable system-level programs. <i>Journal of Women's Health</i>, 24(1), 86-91.</p> <p>Arbeiter, E. & Roros, K. (2017). Parental engagement in child protection assessment: A qualitative analysis of worker and parent perspectives. <i>International Social Work</i> 60(6) 1469–1481.</p> <p>Fuller, T.L., Pacey, M.S., Schreiber, J.C. (2015). Differential response family assessments: listening to what parents say about service helpfulness. <i>Child Abuse & Neglect</i> 39: 7-17.</p> <p>Harris, N. (2012). Assessment: When Does It Help and When Does It Hinder? Parents' Experiences of the Assessment Process. <i>Child & Family Social Work</i> 17: 180-91.</p>
Week 12 11/20 - online	-Self-Harm and Suicide	SAFE-T	<p>Bolton, J., Gunnell, D. and Turecki, G. (2017). Suicide risk assessment and intervention in people with mental illness. <i>British Medical Journal</i>, 351.</p> <p>Chu, J. P., Poon, G., Kwok, K. K., Leino, A. E., Goldblum, P., & Bongar, B. (2017). An assessment of training in and practice of culturally competent suicide assessment. <i>Training and Education in Professional Psychology</i>, 11(2), 69.</p> <p>Dhingra, K., Boduszek, D. and O'Connor, R. (2015). Differentiating suicide attempters from suicide ideators using the Integrated Motivational-Volitional model of suicidal behaviour. <i>Journal of Affective Disorders</i>, 186, 211-218.</p> <p>Diamond, G. S., Herres, J. L., Ewing, E. S. K., Atte, T. O., Scott, S. W., Wintersteen, M. B., & Gallop, R. J. (2017). Comprehensive screening for suicide risk in primary care. <i>American Journal of Preventive Medicine</i>, 53(1), 48-54.</p> <p>Harned, M., Lungu, A., Wilks, C. & Linehan, M. (2017). Evaluating a multimedia tool for suicide risk assessment and management: The Linehan suicide safety net. <i>Journal of Clinical Psychology</i>, 73 (2017), 308-318</p>
Week 13 12/4 - online	-Substance Abuse	SBIRT, CAGE-AID, AUDIT, CRAFFT, DAST 10	<p>Powers, J., Benningfield, M. & Clinton, B. (2016). SBIRT (Screening Brief Intervention and Referral to Treatment) - A primary care tool to assess for substance use disorder. <i>Tennessee E-Journal</i> 2(1).</p>

			Levy, S. J., & Williams, J. F. (2016). Substance use screening, brief intervention, and referral to treatment. <i>Pediatrics</i> , 138(1), e20161211.
Week 14 12/11 – Final due	-Consolidation and Demonstration Skills		No Readings Consolidation and Competency Demonstration Assignments

c. Assignments

Expectations. Students are expected to complete all assigned course content prior to the appropriate class and to use them as the basis for informed participation in class discussions. It is expected that students will submit work promptly. Failure to meet these expectations will result in a reduction in grades.

There are three graded assignments in this course. In addition, there will be a grade for measurement of class engagement. There will be many more opportunities to assess progress in student learning through ungraded activities and exercises. Assignments should be submitted using [APA style 7 formatting](#). **Submit all graded assignments on Canvas.**

1. Student Competency Demonstration #1 - BPSS Assessment 15%

Each student will develop a BIPOC client and clinical case study. You will be assigned a partner for this assignment and you will each role play a BPSS assessment, where one student is the interviewer and one is the client. Each student role plays the client they created. Do a relatively simple case because this is still relatively early in the semester. Then each student will evaluate their partners assessment. Simply: each student will develop one case, assess the partner's case and evaluate the partner's assessment.

Each student will submit the clinical case of the character created (the clinical case will not be graded but still needs to be submitted), a BPSS assessment report, and a reflection paper with their experience.

2. Student Competency Demonstration #2 - Demonstration of most commonly used screening tools 25%

This assignment allows each student to further develop the case study created in the first assignment with an additional layer of complexity.

Students will use a specialized screening tool, such as the GAD 7 or PHQ 9 to assess their partner's client. This will include introducing the tool and explaining how the tool is used clinically. The assessment tool plus additional questions will be required to establish a formal DSM-5 diagnosis. This assignment will be recorded and observing students (the rest of the class) will complete an evaluation reflection of skills they see demonstrated and constructive feedback.

Each student will submit the recording of themselves doing the assessment, a specialized screening tool report, and a reflection paper with their experience.

3. Student Competency Demonstration #3 Demonstration of Assessment including relevant screening tools of diverse client with multiple concerns/co-morbidities 40%

Students are presented with a new clinical complex case and will be asked to demonstrate course competencies by completing a comprehensive assessment/screening demonstrating ability to integrate and apply class concepts and skills. Grading will be based on skills demonstrated in the submitted video case demonstration.

4. Measurement of class Engagement 20%

- a. Completion of feedback/evaluation of other’s demonstration competencies
- b. Participation and use of self- rubric
- c. Other pre-class or in-class assignments/activities graded as completed or not completed

d. Attendance and Class Participation

Attendance is necessary but not sufficient for engaging fully in course material. Participation is assessed by level of engagement in the course, including taking part in group activities, providing feedback to colleagues, asking questions, and contributing to class discussions.

If personal or professional circumstances require your absence from class or tardiness, please contact the instructor. Note that, even if you are absent from a class, you are still responsible for learning the material and submitting any assignments due that day. Please review the [Policy on Class Attendance](#) found in the MSW Student Guide. Also see information regarding COVID-19 (section K) Health-Related Class Absences below (section L).

d. Grading

Final grades are based on 100 percentage points. Letter grades are assigned to point totals according to the following schedule:

100	A+	88-90	B+	78-80	C+	68-70	D+
94-99	A	84-87	B	74-77	C	64-67	D
91-93	A-	81-83	B-	71-73	C-	<64	E

[Grades in Academic Courses and in Field Instruction](#)
[Student Grievance procedures](#)
[policy for grading in special circumstances.](#)
[testing and grading from CRLT.](#)

g. Class Recording and Course Materials

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor. Additional information on class recordings can be found on the [Recording and Privacy Concerns FAQ](#).

e. COVID-19 Statement

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your

responsibility for protecting the collective health of our community. Your participation in this course on an in-person/hybrid basis is conditional upon your adherence to all safety measures mandated by the state of Michigan and the University, including maintaining physical distancing of six feet from others, and properly wearing a face covering in class. Other applicable safety measures may be described in the Wolverine Culture of Care and the University's Face Covering Policy for COVID-19. Your ability to participate in this course in-person/hybrid may be impacted by failure to comply with campus safety measures. Individuals seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the Office for Institutional Equity. If you are unable or unwilling to adhere to these safety measures while in a face-to-face class setting, you will be required to participate on a remote basis. I also encourage you to review the Statement of Student Rights and Responsibilities and the COVID-related Addendum to the Statement of Student Rights and Responsibilities.

f. Health-Related Class Absences

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a doctor's note) for medical excuses is *not* required.

Additional School and University policies, information and resources are available here:

<https://ssw.umich.edu/standard-policies-information-resources>. They include:

- *Safety and emergency preparedness*
- *Mental health and well-being*
- *Teaching evaluations*
- *Proper use of names and pronouns*
- *Accommodations for students with disabilities*
- *Religious/spiritual observances*
- *Military deployment*
- *Writing skills and expectations*
- *Academic integrity and plagiarism*