



Course title:	Applied Assessment Skills in Integrated Health, Mental Health, and Substance Abuse	
Course #/term:	SW 601-10, Winter 2021	
Time and place:	Wednesdays, 6pm-9pm, Virtual	
Credit hours:	3	
Prerequisites:	None	
Instructor:	Jennifer Towns, PhD, LMSW	
Pronouns:	She, her, hers	
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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.

Course Objectives

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)

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.

Curricular Themes

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.

“Multiculturalism & Diversity” is addressed from the perspective of critically considering how diverse dimensions (such as ability; age; class; color; culture; ethnicity; family structure; gender - including gender identity and gender expression; marital status; national origin; race; religion, spirituality or worldview; sex; and sexual orientation) are socially constructed, embedded in societal

structures across system levels, and maintained through social processes and intra and interpersonal relationships and schemas.

“Social Justice” is addressed from the perspective of critically analyzing theories and conceptualizations of justice, current trends and ethical issues and their implications for promoting social justice and social change, by considering the influence of normative rules and 3 conditions. Additional focus will be directed towards how structural and institutional conditions affect the opportunities and well-being of different populations (advantaged and disadvantaged groups) in society.

“Promotion, Prevention, Treatment & Rehabilitation” is addressed from the perspective of critically considering how varied ideological, theoretical and empirical perspectives influence the definition of social problems and, subsequently, the ways in which institutional policies and practices address access, promotion, prevention, treatment, and rehabilitation.

“Behavioral and Social Science Research” will be reflected in the theory, social science literature and research covered characterizing and analyzing macro-level structures, processes and their bearing and implications for the well-being of different vulnerable and disadvantaged groups and populations in society, as well as how marginalized groups exert agency and influence society.

“Social Work Ethics and Values” – The NASW Code of Ethics will be used to give students direction about ethical issues as they relate to the experience of marginalized groups. The course will focus on social workers’ responsibility as professionals to promote general welfare by working toward the elimination of discrimination, expanding choices for all persons, encouraging respect for diversity, advocating for progressive changes in social policies, and encouraging informed participation by the public.

Relationship to Social Work Ethics and Values

Social work ethics and values are addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics and other ethical codes are presented to give students direction about these ethical issues. In particular, this course focuses on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, cultural sensitivity and competence.

Class Structure, Texts, and Requirements

Each class will be 3 hours long (virtual classes may be shorter to promote active engagement and avoid burn-out). For each class period, we will have a brief check in and review of the material before breaking into small groups. These small group discussions will be to promote relationship development and mutual respect for other’s experience while in the process of dismantling and analyzing hard material. We will then come together for large group or class-wide discussions and large-scale concept critical analysis.

I will also be integrating podcasts, websites, videos, books, articles, etc as a means of expanding beyond the typical textbook format. While there is a textbook for this course, we will not rely entirely on it. This is purposeful, as peer-reviewed traditional academic texts can at times be

counterproductive to social justice thinking and impede our work to dismantle historically oppressive spaces and places. We will use many different sources for our learning.

As this is a “flipped classroom” format, it is expected that you complete all the readings prior to the class period. We will then use the class period for application of the skills discussed in the reading and role plays that allow students to practice assessment, diagnosis, and treatment planning.

Required Text Books

- Jordan, C. & Franklin, C. (eds) (2021). Clinical assessment for social workers: quantitative and qualitative methods (5th ed). Oxford University Press. .
- Burke-Harris, N. (2018). The Deepest Well.
- DSM 5- Pocket Guide to Diagnostic Exam

Helpful/Recommended Resources

- DSM 5
- Pomeroy, E. Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis

Relevant Webpages

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

Weekly Schedule

Week 1 (1/20)- What is assessment and why is it important?

Read:

- James Drisko (2013) The Common Factors Model: Its Place in Clinical Practice and Research. *Smith College Studies in Social Work*, 83:4, 398-413, DOI:10.1080/00377317.2013.833435 <https://www.tandfonline.com/doi/pdf/10.1080/00377317.2013.833435?needAccess=true>
- Harper, F. G. (2010). Advocating for whole health: The role of mental health professional in promoting diet, nutrition, and management of physical disease with American Indian clients. *Journal of Creativity in Mental Health*, 5(3), 275-289.
- Sterling, S., Chi, F., & Hinman, A. (2011). Integrating care for people with co-occurring alcohol and other drug, medical, and mental health conditions. *Alcohol Research & Health*, 33(4), 338-349.
- **Jordan** – Chapter 1
- **Pomeroy** - Chapter 1 – Available on Canvas

Watch:

- [Assessment Process](https://youtu.be/kagGlylgAnw) <https://youtu.be/kagGlylgAnw>

- [NIH PROMIS Video](https://youtu.be/Nzwo58i0PhU) https://youtu.be/Nzwo58i0PhU
- [DSM-5 Video](https://youtu.be/tUukaWe0rbg) https://youtu.be/tUukaWe0rbg
- [ICD-11 Mental Health](https://youtu.be/cb6hsq-IHfA) https://youtu.be/cb6hsq-IHfA
- [Social Work Initial Assessment with Client](https://youtu.be/q7GhGC1ZBP4) https://youtu.be/q7GhGC1ZBP4

Week 2 (1/27) - DSM/ICD/differential diagnosis

Read:

- Bourgois P, Holmes S, Sue K, Quesada J. (2017). Structural vulnerability: Operationalizing the concept to address health disparities in clinical care, *Academic Medicine*, 92(3):299-307.
- Taylor, L., Stotts, N., Humphreys, J., Treadwell, M. & Miaskowski, C. (2013). A biospsychosocial-spiritual model of chronic pain in adults with sickle cell disease. *Pain Management Nursing*, 14(4), 287-301.
- Miller, C. (2019). Interviewing strategies, rapport and empathy. SpringerLink https://link.springer.com.proxy.lib.umich.edu/chapter/10.1007/978-1-4939-9127-3_2
- Hatala, A. R. (2012). The status of the “biopsychosocial” model in health psychology: Towards an integrated approach and a critique of cultural conceptions. *Open Journal of Medical Psychology*, 1(04), 51.
- Graybeal, C. (2001). Strengths-based Social Work assessment: transforming the dominant paradigm. *Families in Society*, 82(3), 233-242.
- **Jordan** Chapter 2
- **NBH – Part 1** (Chapter 1-3)

Watch:

- [What Happens During a Psychological Assessment?](https://youtu.be/US8OskNy89g) https://youtu.be/US8OskNy89g
- [Assessment, Diagnosis and Treatment Planning in Clinical Social Work](https://youtu.be/14hrHoWWAxc) https://youtu.be/14hrHoWWAxc
- [Psychiatric Interviewing: Asking Items on a Checklist](https://youtu.be/uuBYeNwkCvQ) https://youtu.be/uuBYeNwkCvQ

Week 3 (2/3) - Suicide Assessment and Safety Planning

Read:

- Bolton, J., Gunnell, D. and Turecki, G. (2017). Suicide risk assessment and intervention in people with mental illness. *British Medical Journal*, 351.
- 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. *Training and Education in Professional Psychology*, 11(2), 69.
- Dhingra, K., Boduszek, D. and O'Connor, R. (2015). Differentiating suicide attempters from suicide ideators using the Integrated Motivational-Volitional model of suicidal behaviour. *Journal of Affective Disorders*, 186, 211-218.

- 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. *American Journal of Preventive Medicine*, 53(1), 48-54.
- Harned, M., Lungu, A., Wilks, C. & Linehan, M. (2017). Evaluating a multimedia tool for suicide risk assessment and management: The Linehan suicide safety net. *Journal of Clinical Psychology*, 73 (2017), 308-318
- Williams, Phillips, Chadwell. (2018). Non-Suicidal Self Injury Screening I primary care settings.
- **Review:** The Non-Suicidal Self Injury Assessment Tool (we will be using this in class).
- **Jordan** – Chapter 10
- **NBH** – Part 2 (Chapters 4-6)

Watch:

- [Clinical Interviewing & Suicide Assessment with Shawn Shea](https://youtu.be/MCqILCR5mEs) <https://youtu.be/MCqILCR5mEs>
- Suicide Risk Screening Training - <https://youtu.be/hlemr7Oq7-E> and <https://youtu.be/P4-SF9IQuc>
- **Mental Status Exam** <https://www.youtube.com/watch?v=RdmG739KFF8&t=733s>
- Suicide Assessment Role-Play - <https://youtu.be/0XEKrRJeB5I>
- Suicide Assessment of Client with Initially Subtle Warning Signs of Suicide - <https://youtu.be/P2a9102jifM>
- Risk Assessment with an Older Man After a Suicide Attempt - https://youtu.be/_xvm90RPsTo

Week 4 (2/10)

No readings:

Consolidations and Competency Demonstration Assignments
Suicide Screening, ACE's/trauma screening – Small group/partner diagnostics and group assessment write-up.

Week 5 (2/17) – Trauma

Read:

- Hamberger, L. & Brown, J. (2015). Screening and intervention for intimate partner violence in healthcare settings: Creating sustainable system-level programs. *Journal of Women's Health*, 24(1), 86-91.
- Arbeiter, E. & Roros, K. (2017). Parental engagement in child protection assessment: A qualitative analysis of worker and parent perspectives. *International Social Work* 60(6) 1469–1481.
- Werkerle, C. Emotionally Maltreated: The Undercurrent of impairment?

- Hickman et al. 2012 How much does “how much” matter? Assessing the relationship between children’s lifetime exposure to violence and trauma symptoms, behavior problems, and parenting stress.
- Koita, Long, Hessler, et al. (2018). Development and implementation of pediatric adverse childhood experiences and other determinants of health questionnaire.
- **Mazza, M., Marano, G.,** Lai, C., Janiri, L., Sani, G., (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine, Psychiatry Research, Volume 289.
<https://doi.org/10.1016/j.psychres.2020.113046>.
- Dorrepall, Thomaes, Hoogendrn, et al, (2014). Evidence-based treatment for adult women with child-abuse related Complex PTSD
- Sheerin, Lind, Brown, et al. (2017). The impace of resilience and subsequent stressful life events on MDD and GAD.
- Rousson, Fleming, and Herrenkohl, (2020). Childhood kaltreatment and later stressful life events as predictors of depression.
- Mogavero, M. (2012). Breaking the silence: the insidious effects of trauma and PTSD.
- **Pomeroy** - Chapter 8
- **Jordan** – Chapter 8

Watch:

- Trauma Informed Practice: Working with Youth Who Have Suffered Adverse Experiences:
<https://video-alexanderstreet-com.proxy.lib.umich.edu/watch/trauma-informed-practice-working-with-youth-who-have-suffered-adverse-experiences>
- Trauma Assessment in Children: <https://youtu.be/rKTYOAI65zE>

Week 6 (2/24)– No readings – “Well-being break”

Week 7 (3/3) – Children

Read:

- O’Reilly, L. & Dolan, P. (2016). The voice of the child in social work assessments: Age-appropriate communication with children. The British Journal of Social Work, 46(5), 1191–1207.
- 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. Journal of Oral Research and Review, 11, 7-11.
- Kiyimba, N. & O’Reilly, M. (2017). The clinical use of Subjective Units of Distress scales (SUDs) in child mental health assessments: A thematic evaluation. Journal of Mental Health.
<https://doi.org/10.1080/09638237.2017.1340616>

- Singh, M. Principles of Mood Disorders in Children.
- Jordan - Chapter 5
- Pomeroy – Chapter 2, 15
- NBH – Part 3 (Chapter 7-10)

Watch:

- Introduction to a Preventive Services Visit (helpful and non-helpful) <https://youtu.be/pQy-jwiu7gM>
- Asking About Sexual Activity in a Preventive Services Visit (helpful and non-helpful) <https://youtu.be/luUFnmjDmEw>
- Asking About Depression in a Preventive Services Visit (helpful and unhelpful) <https://youtu.be/TO8aITpMG5E>
- Introduction to a Mental Health Assessment (helpful and unhelpful) <https://youtu.be/JCJOXQa9wcE>

Week 8 (3/10) – Children(2)

Read:

- Mairs, R., & Nicholls, D. (2016). Assessment and treatment of eating disorders in children and adolescents. *Archives of Disease in Childhood*, 101(12), 1168-1175.
- Cancelliere, M. K., Freeman, J., Garcia, A., Benito, K., Sapyta, J., & Franklin, M. (2018). Assessing acute secondary treatment outcomes in early-onset obsessive–compulsive disorder. *Child Psychiatry & Human Development*, 49(5), 718-729.
- Brand, K. & Al-Rais, A. (2019). Pain assessment in children. *Anesthesia & Intensive Care Medicine*, 20(6), 314-317.
- 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. *Journal of Clinical Child & Adolescent Psychology*, 46:5, 661-67.
- 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. *Journal of Attention Disorders*, 21(11), 913-920.
- **Pomeroy – Chapter 14**
- **NBH – Part 4 (Chapter 11-13)**

Watch:

- [Mental Health-Behavioral Disorder, ADHD](https://youtu.be/aAzd3-rsqoA) <https://youtu.be/aAzd3-rsqoA>
 - [Sam and Mom- Evaluation of the Child for ADHD](https://youtu.be/F1WqpeRSY-E) <https://youtu.be/F1WqpeRSY-E>
 - [Early Signs of Autism](https://youtu.be/YtvP5A5OHpU) <https://youtu.be/YtvP5A5OHpU>
 - [Autism Spectrum Disorder](https://youtu.be/x2hWVgZ8J4A) <https://youtu.be/x2hWVgZ8J4A>
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Week 9 (3/17) – Adults – SPMI

Read:

- 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. *Jama*, 315(4), 380-387.
- Culpepper, L., Lam, R. W., & McIntyre, R. S. (2017). Cognitive impairment in patients with depression: awareness, assessment, and management. *The Journal of Clinical Psychiatry*, 78(9), 1383-1394
- Chu and Williams, (2013). Early life trauma predicts self-reported levels of depressive and anxiety symptoms in nonclinical community adults: Relative contributions of early life stressor types and adult trauma exposure.
- **Álvarez**, María-José, Roura, Pere, Foguet, Quintí, Osés, Anna, Solà, Judit, & Arrufat, Francesc-Xavier. (2012). Posttraumatic Stress Disorder Comorbidity and Clinical Implications in Patients With Severe Mental Illness. *The journal of nervous and mental disease*, 200(6), 549–552.
- **Braun**, S. A., & Cox, J. A. (2005). Managed Mental Health Care: Intentional Misdiagnosis of Mental Disorders. *Journal of Counseling & Development*, 83(4), 425–433.
- **Pomeroy** – Chapter 3, 4, 5, 6
- **Jordan** - Chapter 6

Watch:

- [Clinical Depression- major, post-partum, atypical, melancholic, persistent](https://youtu.be/QhukM33VLgo) <https://youtu.be/QhukM33VLgo>
 - [Bipolar disorder \(depression & mania\) -causes, symptoms, treatment & pathology](https://youtu.be/KSvk8LLBo2g) <https://youtu.be/KSvk8LLBo2g>
 - [Assessing for Depression in a Mental Health Appointment](https://youtu.be/Gm3FLGxb2ZU) <https://youtu.be/Gm3FLGxb2ZU>
 - [Psychiatric Interviews for Teaching: Depression](https://youtu.be/4YhpWZCdiZc) <https://youtu.be/4YhpWZCdiZc>
 - Schizophrenia: <https://youtu.be/PURvJV2SMso>
 - Anderson Cooper – Schizophrenia simulation <https://youtu.be/yL9UJvtgPZY>
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Week 10 (3/24) -Adults – Personality Disorders/Couples

Read:

- Stanton, K., & Zimmerman, M. (2019). Unique and shared features of narcissistic and antisocial personality disorders: Implications for assessing and modeling externalizing traits. *Journal of clinical psychology*, 75(3), 433-444.
- Fruzzetti, A. & Payne, L. (2020). Assessment of parents, couples, and families in dialectical behavioral therapy. *Cognitive and Behavioral Practice*, 27(1), 39-49.
- Bilek, Deficient Amygdala Habituation to Threatening Stimuli in Borderline Personality Disorder Relates to Adverse Childhood Experiences.
- Clark, L. Manifestations of personality impairment severity: comorbidity, course/prognosis, psychosocial dysfunction, and 'borderline' personality features.
- Shaw, C. Women at the Margins: A Critique of the Diagnosis of Borderline Personality Disorder.
- Mosquera, D. (2014). Early experiences, structural dissociation, emotional dysregulation in BPD.
- **Jordan**- Chapter 7
- **Pomeroy** – Chapter 18

Watch:

- What is it like to live with Borderline Personality Disorder? <https://youtu.be/acGcQQ1X74M>
 - TBD
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Week 11 (3/31)

No Readings Consolidation and Competency Demonstration Assignments in class

- **Small group/partner assessment tools, PIE assessment**
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Week 12 (4/7) - Cognitive and Physical Functioning

Read:

- 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. *Journal of clinical epidemiology*, 73, 112-118.
- 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. *Psychiatry research*, 247, 39-42.
- **Jordan** - Chapter 9
- **Pomeroy** – Chapter 17

Watch:

- Mini-Cog Screening Tool <https://youtu.be/WN5vwzatUK8>
- Short Physical Performance Battery https://youtu.be/N_rJOGhQqZ4

- Montreal Cognitive Assessment (MoCA) <https://www.youtube.com/watch?v=7-9YBnqwZzo>
 - Short Physical Performance Battery (SPPB) https://www.youtube.com/watch?v=N_rJOGhQqZ4
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Week 13 (4/14) - Substance Use Assessment across the life span

Read:

- 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. *Tennessee E-Journal* 2(1).
- Levy, S. J., & Williams, J. F. (2016). Substance use screening, brief intervention, and referral to treatment. *Pediatrics*, 138(1), e20161211.
- Role play Sample Script for Initial Alcohol Counseling (Canvas)
- Pomeroy – Chapter 16

Watch:

- Everything you Think you Know About Addiction is Wrong: <https://youtu.be/PY9DcIMGxMs>
 - SBIRT Training and Videos
 - without BH clinician in house: <https://youtu.be/KlaCo3zw1PM>
 - with BH clinician in house: <https://youtu.be/ogZX6YiHJzg>
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Week 14 (4/21)

No Readings - Final Consolidation and Competency Demonstration Assignments

Assignments

1. Assignment #1: Student Competency Demonstration BPSS Assessment

Each student will develop a 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 early in the semester. Then each student will evaluate their partner's assessment. Character development, BPSS of partner, and partner's feedback will all be turned in for credit.

2. Assignment #2 – Video Analysis

The purpose of this assignment is for you to: (1) observe and evaluate important clinical assessment and interviewing techniques and (2) demonstrate your knowledge, skill, and ability to critically reflect upon and evaluate clinical interviews.

In this assignment, you will watch, take note and reflect on a teaching video that is comprised of five sections of content covering various clinical interviewing techniques, skills, and principles.

Each section begins with Drs. John and Rita Sommers-Flanagan introducing important concepts and skills related to clinical interviewing. The video also includes 8 demonstration clips of the techniques and skills taught in the sections. You can access the teaching video here: "[Clinical Interviewing: Intake, Assessment & Therapeutic Alliance \(Links to an external site.\)](#)".

After each of the five sections, you will:

1. Watch the teaching content and note the techniques, skills, and principles.
2. Watch the clinical demonstration clips and the two professors' discussion about these clips.
3. Complete the page of the [ASSIGNMENT TWO WORKSHEET](#)  that corresponds with each section of the video.

Submission Format. Complete the 6-page [ASSIGNMENT TWO WORKSHEET](#)  and upload it to Canvas. This assignment is due March 30th.

Grading. Points will be assigned for each section of the worksheet, based on demonstration of familiarity (0-0.5 points); competence (1-1.5 points) or mastery (2 points). See the [Grading Rubric](#)  for further details.

3. **Assignment #3 Demonstration of Assessment including relevant screening tools of diverse client with multiple concerns/co-morbidities and BPSS write-up**

Students will work with previous partners and further develop the case they initially presented to incorporate multifaceted integrated needs 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 interviewing skills demonstrated in the submitted video case demonstration and assessment report.

- Each student will build upon the previous BPSS that they completed with their partner in Assignment #1. This will be the case that you role play for your partner.
- Each student will complete an assessment using Level-1 Cross-cutting Measures and TWO other specialized assessments that you deem necessary on your partner's client.
- Each student will utilize the DSM 5 to verify a diagnosis and to ask any additional interview questions.
- All assessments/interviews will be recorded. This may take more than one interview with your client as you may need time to go over your assessments and determine what your diagnosis may be.
- Each student will write a comprehensive BPSS assessment report detailing the information gathered in the assessments as well as the diagnosis.
- Recorded interviews and assessment report will be turned in. You are not required to turn in the actual assessments.

Grading will be based on skills demonstrated in the submitted video case demonstration and corresponding 7-8 page Bio-Psycho-Social-Spiritual assessment with diagnosis and treatment plan (complete with assessment tool results, diagnosis, and PIE integration).

4. **Measurement of class Engagement (10%)**

- 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

Grading

The goal of this class is personal reflection, self-awareness, and growth – which cannot be quantified through grade allocation. However, you will have assignments due throughout the course that have specific expectation related to critical analysis and reflection, and that – versus information regurgitation – will be what you are graded on. For those specific assignments, letter grades will be allocated as follows:

Assessment Classification	Range	Grade
Far exceeds expectations for critical analysis, depth, and reflection	95-100	A
	91-94	A -
Meets expectations for critical analysis, depth, and reflection	88-90	B+
	84-87	B
	81-83	B-
Minimally meets expectations for critical analysis, depth, and reflection	78-80	C +
	74-77	C
	71-73	C -
Significant Improvement needed	61-70	D
Does not meet expectations for critical analysis, depth, and reflection	60-0	F

Course Policies

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](#).

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.

RECORDING CLASS: 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 in advance that a recording will occur and be provided with an option to opt-out. 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.

ELECTRONIC DEVICES: This semester is unique in its need to rely so heavily on electronic for the delivery and receipt of material and experience. We will use electronic devices as needed to enhance the learning environment. To promote a learning environment that is conducive to active class participation and engagement, the use of electronic devices such as cell phones, headphones and computers (laptop, iPads etc.) are not permitted in the classroom unless specifically required for class. If brought to class, all such devices must be turned OFF and stored (out of sight) during the class period. No text messaging is allowed during class time. These expectations will be enforced, and anyone found using electronic devices during class time will be asked to leave and noted as absent for that class day.

COURSE CHANGES: Course topics, assigned readings and/or assignments may change at the professor's discretion. Students will be notified of course changes through Blackboard and updates will be reviewed in class as applicable.

DISABILITIES/LEARNING ENVIRONMENT/OTHER CONCERNS: According to university policy, we will provide, on a flexible and individualized basis, reasonable accommodations to students who have on-going disabilities that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact their instructor early in the semester to discuss their individual needs for accommodations. You also must be registered with Academic Services so that official documentation can be obtained to ensure appropriate accommodations.

There are times where an individual or "one-time" accommodation may be needed for more acute issues. It is imperative that you discuss this with your professor immediately, especially if it will impede your ability to participate in the classroom or complete necessary class requirements. At that time, it is up to your professor's discretion on whether accommodations can be made related to undocumented acute concerns. If it is determined that it may be a long-term or on-going concern, your professor may refer you to Academic Services for guidance and/or documentation for the accommodation required. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact Academic Services to arrange a confidential discussion regarding equitable access and reasonable accommodations.

ACADEMIC HONESTY & INTEGRITY: Students are expected to adhere to the University of Michigan Student Code of Conduct and the Academic Integrity Policy. Plagiarism will not be accepted in any form in the class or in assignments. When presenting any information from any source, whether directly quoted or paraphrased, citations are required. Violations of any of the above will result in a grade of zero for assignments affected and a referral to the college judicial system.

Social work majors are also bound by the **NASW Code of Ethics** (see Social Work Student Handbook.) Violation of the **Code of Ethics** is grounds for dismissal from the Social Work Program.

TIMELINESS OF ASSIGNMENT SUBMISSION: Assignment due dates are listed on the course schedule. Failure to turn in an assignment as outlined will result in a reduced grade. 10% will automatically be deducted if the assignment is late, with 50% reduction after 2 days late, and no credit if 3 or more days late.

ATTENDANCE AND PARTICIPATION: The nature of the learning experience is such that regular attendance and engaged participation is essential. Students are expected to attend class as well as arrive on time and not leave early. As mentioned, participation in class is not limited to attendance. Participation includes attending class, arriving on time and staying the entire class, being prepared for classroom discussion through reading and analysis of assigned readings and/or activities, remaining focused on course content and linking questions and comments to assigned readings as well as to contributions of other students. Sharing and debating ideas and offering solutions are important components. Respect for everyone is expected at all times. You may disagree with the opinions of other students and faculty, but you must respect their contributions to class. Critical thinking, analysis and application of the material to real life situations is a vital part of the social work learning experience.. As always, ongoing communication with your instructor is expected.

PROFESSIONALISM: Social work majors are preparing to be professionals and are expected to behave as such in the classroom. Additionally, students from other major disciplines are expected to adhere to these behavioral guidelines:

- a. Participation.** Students are expected to attend class and come prepared to actively engage in the learning process. Self-awareness is crucial so that you know how best to contribute. Learning to be assertive is important to participation.
- b. Respect.** There will be different ideas about the material presented in class. You can argue and disagree but you must do so with respect for your peers and for the instructor.
- c. Responsibility.** Professional behavior includes coming to class on time, turning in assignments when they are due, and following through on commitments.
- d. Confidentiality.** Classes often demand participation and sharing of information or experiences which are personal in nature. It is important that students feel comfortable and safe in class. Students are expected to adhere to the NASW Code of Ethics and to respect the confidence of their peers.

ELECTRONIC COMMUNICATION WITH PROFESSOR: Student email will be answered within 24 hours. It is your responsibility to communicate with me at any point in time. If you are struggling, please reach out so that assistance can be given.

***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*
- *Academic integrity and plagiarism*