



Course title:	Mental Health and Mental Disorders in Adulthood
Course #/term:	SW606.002, Spring/Summer 2022
Time and place:	TUESDAY, 1-5pm, SSWB 1636
Credit hours:	3
Prerequisites:	None
Instructor:	Colleen E Crane MSW, LMSW
Pronouns:	She, Her, Hers
Contact info:	Email: kennac@umich.edu Phone: (248) 330-3585 You may expect a response within 24 hours
Office:	ONLINE
Office hours:	By appointment

1. Course Statement

a. Course Description and Content

This interprofessional course is open to student learners in the health science areas including social work, nursing, pharmacy, and dentistry. This course will present state-of-the-art knowledge and research of mental disorders of adults across the lifespan, as well as factors that promote mental health, and prevent mental disorders and substance related problems. Using a clinical case discussion format, this class will highlight mental health diagnoses, comorbidity, and team collaboration across health professions. Social determinants of health/mental health will be used as an organizing framework for discussing the impact of factors associated with health and mental health across diverse cultures, groups and populations. Classification systems of adult mental functioning and mental disorders will be presented, such as the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition TR (DSM-5-TR) and International Classification of Diseases (ICD-10/11). Ethical considerations regarding the development and application of classifications will be explored in addition to critically analyzing both the strengths and limitations of these classification systems with diverse populations. Interprofessional education competencies related to teamwork and collaboration, values and ethics, and communication will be addressed.

b. Course Objectives and Competencies

- Define the major features and the natural history of the most common mental disorders and disorders with the greatest impact on the public systems of care (EPAS 1, 6, 7).

- Analyze the diagnostic system as a generalizable framework for assessing, evaluating, and diagnosing individuals with mental health concerns (EPAS 7).
- Integrate mental health, health, and substance-related problems within a co- and multi-morbidity, and differential diagnosis framework (EPAS 7).
- Apply the best practice/best available interventions and treatments for mental health disorders (EPAS 7).
- Synthesize critical perspectives, intersectionality, and cultural humility to conceptualize cases (EPAS 2, 5, 6).

c. Course Design

The objectives of the course will be pursued through readings, lectures, clinical team discussions, case studies and presentations, videos, and guest lectures. Specific Interprofessional Competencies as identified by the UM Center for Interprofessional Education will be addressed.

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 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.

2. Class Requirements

a. Text and Class Materials

The Diagnostic Manual of Mental Disorders or DSM-5-TR can be obtained in electronic format via the University library system. To do so go to mirlyn.lib.umich.edu and search for “DSM-5-TR” or go to <https://dsm-psychiatryonline-org.proxy.lib.umich.edu/doi/book/10.1176/appi.books.9780890425787>. Under “holdings”, look for “Electronic Resources”. Click on “Available Online”. However, I highly recommend you purchase a hard copy of the DSM-5-TR that you can highlight and use in your career.

Beidel, D. C., Frueh, B. C., & Hersen, M. (2018). *Adult Psychopathology and Diagnosis*. 8th Edition. John Wiley & Sons.

CANVAS Readings

Optional Course Texts (are not required, but may enhance your learning):

Zimmerman, M. (2013). Interview Guide for Evaluating DSM-5 Psychiatric Disorder and the Mental Status Examination. East Greenwich, Rhode Island. Psych Products Press.

Morrison, J. (2014). DSM-5 made easy: The clinician's guide to diagnosis. NY: Guilford Press.

b. Class Schedule

May 10, 2022 (Session One)

Introductions

Course Introduction and Syllabus Review

Introduction to Diagnostic Systems: ICD-10/11, DSM-5-TR, PIE

Assigned Readings:

- DSM-5-TR, pages 5-29 (skim) *page numbers listed for the DSM-5-TR are for the "big book" not the desk reference or the electronic version.
- Adult Psychopathology and Diagnosis, pages 3-33
- Ecks, S. (2016). The strange absence of things in the "culture" of the DSM-V. *Canadian Medical Association Journal*, 188(2), 142-143. doi:<http://dx.doi.org/10.1503/cmaj.150268>

Additional Diagnostic Readings (if interested):

1. Berzoff, J., & Drisko, J. (2015). What Clinical Social Workers Need to Know: Biopsychosocial Knowledge and Skills for the Twenty First Century. *Clinical Social Work Journal*. 43:263-273
2. Karls, J., & O'Keefe, M. (2008). Person-In-Environment System Manual. NASW Press. Pages ix-x
3. Saldana, A.M., Saldana, A.M., Mohayed, M.O., & Bailey, R.K. (2021). Psychiatry's Dark Secrets: Black Lives Don't Matter. *Journal of Health Care for the Poor and Underserved* 32(3), 1225-1235. doi:10.1353/hpu.2021.0128.
4. Walsh, J. (2016). The utility of the DSM-5 Z-codes for clinical social work diagnosis, *Journal of Human Behavior in the Social Environment*, 26(2), 149-153. DOI:10.1080/10911359.2015.1052913

May 10, 2022 (Session One Continued)

Diagnostic Systems: DSM-5-TR and PIE Continued; Diagnostic Focus: Conducting Biopsychosocial Assessments with Adults and the Elderly

- How to develop an Initial Diagnostic Impression
- Documenting a Mental Status Exam

Assigned Readings:

- Adult Psychopathology and Diagnosis, pages 105-129; 131-156

Additional Diagnostic Readings (if interested):

1. Berzoff, J. (2011). Why We Need a Biopsychosocial Perspective with Vulnerable, Oppressed, and At-Risk Clients, *Smith College Studies in Social Work*, 81:2-3, 132-166, DOI: 10.1080/00377317.2011.590768
2. Holcomb-McCoy, C. (2008). Transference and Countertransference. *Encyclopedia of Counseling*.
3. Holcomb-McCoy, C. (2008). Prejudice. *Encyclopedia of Counseling*.
4. Holcomb-McCoy, C. (2008). Barriers to Cross-Cultural Counseling. *Encyclopedia of Counseling*.
5. Phillips, D. (2013). Clinical Social Workers as Diagnosticians: Legal and Ethical Issues. *Clinical Social Work Journal*. 41:205-211
6. Sable, P. (2010). The Origins of an Attachment Approach to Social Work Practice with Adults. *Adult Attachment in Clinical Social Work*. Pages 17-29.
7. Zarit, S.H. & Zarit, J.M. (2011). *Mental disorders in older adults: Fundamentals of assessment and treatment*. NY: Guilford Press.

May 17, 2022 (Session Two)

Diagnostic Focus: Schizophrenia; Schizophrenia Spectrum And Other Psychotic Disorders; Medication Induced Movement Disorders and Other Adverse Effects of Medication

Assigned Readings:

- Schizophrenia Spectrum and other Psychotic Disorders-DSM-5-TR: pages 101-138
- Medication Induced Movement Disorders and Other Adverse Effects of Medication-DSM-5-TR: pages 807-819
- Adult Psychopathology and Diagnosis, pages 159-207

Additional Diagnostic Readings (if interested):

1. Howes, O. D., Kambeitz, J., Kim, E., Stahl, D., Slifstein, M., Abi-Dargham, A., & Kapur, S. (2012). The nature of dopamine dysfunction in schizophrenia and what this means for treatment. *Archives of General Psychiatry*, 69(8), 776–786. <http://doi.org/10.1001/archgenpsychiatry.2012.169>
2. Kahn R, Keefe R. (2013). Schizophrenia Is a Cognitive Illness Time for a Change in Focus. *JAMA Psychiatry*. 70(10):1107–1112. doi:10.1001/jamapsychiatry.2013.155
3. Özdemir, A. A., & Kavak Budak, F. (2022). The Effects of Mindfulness-Based Stress Reduction Training on Hope, Psychological Well-Being, and Functional Recovery in Patients with Schizophrenia. *Clinical Nursing Research*, 31(2), 183–193. <https://doi.org/10.1177/10547738211039069>
4. Seeman, P. (2011). All Roads to Schizophrenia Lead to Dopamine Supersensitivity and Elevated Dopamine D2 High Receptors. *CNS Neuroscience & Therapeutics*, 17: 118-132. doi:10.1111/j.1755-5949.2010.00162.x
5. Sullivan, G., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Mukherjee, S., . . . Corrigan, P. W. (2015). Influence of schizophrenia diagnosis on providers' practice decisions. *The Journal of Clinical Psychiatry*, 76(8), 1068-1074. <http://dx.doi.org/10.4088/JCP.14m09465>

May 24, 2022 (Session Three)

Diagnostic Focus: Bipolar and Related Disorders; Depressive Disorders

Assigned Readings:

- Bipolar and Related Disorders-DSM-5-TR: pages 139-175 (skim)
- Depressive Disorders-DSM-5-TR: pages 177-214 (skim)
- Adult Psychopathology and Diagnosis, pages 209-245; pages 247-298.

Additional Diagnostic Readings (if interested):

1. Gersner, R., Rosenberg, O., & Dannon, P. N. (2012). Major depressive disorder: treatment and future perspective. *Clinical Practice*, 9(3), 269+. Retrieved from http://link.galegroup.com/apps/doc/A323526211/AONE?u=lom_umichanna&sid=AONE&xid=fd940738
2. Geddes, J. R., & Miklowitz, D. J. (2013). Treatment of bipolar disorder. *Lancet*, 381(9878), 10.1016/S0140-6736(13)60857-0. [http://doi.org/10.1016/S0140-6736\(13\)60857-0](http://doi.org/10.1016/S0140-6736(13)60857-0)
3. Johansson C and Werbart A (2020) Am I Really Bipolar? Personal Accounts of the Experience of Being Diagnosed With Bipolar II Disorder. *Front. Psychol.* 11:482715. doi: 10.3389/fpsyg.2020.482715
4. Malhi, G. S., Byrow, Y., Boyce, P., Bassett, D., Fitzgerald, P. B., Hopwood, M., Lyndon, W., Mulder, R., Murray, G., Singh, A., Bryant, R., & Porter, R. (2016). Why the hype about subtype? Bipolar I, bipolar II – It's simply bipolar, through and through! *Australian & New Zealand Journal of Psychiatry*, 50(4), 303–306. <https://doi.org/10.1177/0004867416641541>
5. Studart-Bottó, P., Bezerra-Filho, S., Sarmiento, S., & Miranda-Scippa. (2022). Social support in patients with bipolar disorder and differing ages at onset. *Clinical Psychology & Psychotherapy*, 29(1), 351– 359. <https://doi-org.proxy.lib.umich.edu/10.1002/cpp.2617>

May 31, 2022 (Session Four)

Diagnostic Focus: Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders

Diagnostic Readings:

- Trauma- and Stressor-Related Disorders -DSM-5-TR: pages 295-328 (skim)
- Dissociative Disorders -DSM-5-TR: pages 329-348 (skim)
- Somatic Symptom and Related Disorders- DSM-5-TR: pages 349-370 (skim)
- Adult Psychopathology and Diagnosis, pages 409-427; 429-449; 451-495

Additional Diagnostic Readings (if interested):

1. Brand, B., Loewenstein, R., Spiegel, D. (2014). Dispelling Myths About Dissociative Identity Disorder Treatment: An Empirically Based Approach. *Psychiatry: Interpersonal and Biological Processes: Vol. 77:2*, pp. 169-189. <https://doi.org/10.1521/psyc.2014.77.2.169>
2. Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder. *Harvard Review of Psychiatry*, 24(4), 257–270. <http://doi.org/10.1097/HRP.0000000000000100>
3. Howlett, J., Stein, M. (2016). Prevention of Trauma and Stressor-Related Disorders: A Review. *Neuropsychopharmacology*, 41, pp. 357–369. doi:10.1038/npp.2015.261

June 7, 2022 (Session Five)

Diagnostic Focus: Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders (CONTINUED)

Diagnostic Readings:

- Trauma- and Stressor-Related Disorders -DSM-5-TR: pages 295-328 (skim)
- Dissociative Disorders -DSM-5-TR: pages 329-348 (skim)
- Somatic Symptom and Related Disorders- DSM-5-TR: pages 349-370 (skim)
 - Adult Psychopathology and Diagnosis, pages 409-427; 429-449; 451-495

Additional Diagnostic Readings (if interested):

1. Brand, B., Loewenstein, R., Spiegel, D. (2014). Dispelling Myths About Dissociative Identity Disorder Treatment: An Empirically Based Approach. *Psychiatry: Interpersonal and Biological Processes: Vol. 77:2*, pp. 169-189. <https://doi.org/10.1521/psyc.2014.77.2.169>
2. Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder. *Harvard Review of Psychiatry, 24(4)*, 257–270. <http://doi.org/10.1097/HRP.000000000000100>
3. Howlett, J., Stein, M. (2016). Prevention of Trauma and Stressor-Related Disorders: A Review. *Neuropsychopharmacology, 41*, pp. 357–369. doi:10.1038/npp.2015.261

June 14, 2022 (Session Six)

Diagnostic Focus: Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Disruptive/Impulse-Control, and Conduct Disorders

Diagnostic Readings:

- Anxiety Disorders -DSM-5-TR: pages 215-262 (skim)
- Obsessive-Compulsive and Related Disorders -DSM-5-TR: pages 263-294 (skim)
- Adult Psychopathology and Diagnosis, pages 299-357; 359-407

Additional Diagnostic Readings (if interested):

1. Bandelow, B., et al. (2015). Efficacy of treatments for anxiety disorders: a meta-analysis. *International Clinical Psychopharmacology. Volume 30(4)*, pages 183-192
2. Cuijpers, P., Sijbrandij, M., Koole, S., Huibers, M., Berking, M., & Andersson, G. (2014). Psychological treatment of generalized anxiety disorder: a meta-analysis. *Clinical psychology review, 34(2)*, 130-140.
3. Edmund, S., & Sheppard, K. (2018). The challenge of generalized anxiety disorder in primary care. *The Nurse Practitioner, 43(4)*, 14-18. doi:10.1097/01.NPR.0000531075.19182.0b
4. Giacobbe, P. & Flint, A. (2018). Diagnosis and management of anxiety disorders. *24(3), BEHAVIORAL NEUROLOGY AND PSYCHIATRY: 893–919.*
5. Showraki, M., Showraki, T. & Brown, K. Generalized Anxiety Disorder: Revisited. *Psychiatr Q 91, 905–914 (2020)*. <https://doi-org.proxy.lib.umich.edu/10.1007/s11126-020-09747-0>

June 21, 2022 (Session Seven)

Diagnostic Focus: Feeding and Eating Disorders

Readings:

- Feeding and Eating Disorders-DSM-5-TR: pages 371-397 (skim)
- Adult Psychopathology and Diagnosis, pages 497-548

Additional Diagnostic Readings (if interested):

1. Breland, J. Y., Donalson, R., Dinh, J. V., & Maguen, S. (2018). Trauma exposure and disordered eating: A qualitative study. *Women & Health, 58*(2), 160-174. doi:10.1080/03630242.2017.1282398
2. Duarte, C, Ferreira, C, Pinto-Gouveia, J. (2016). At the core of eating disorders: Overvaluation, social rank, self-criticism and shame in anorexia, bulimia and binge eating disorder. *Comprehensive Psychiatry, 66*, 123-131. doi:10.1016/j.comppsy.2016.01.003
3. Schneider, S. C., Baillie, A. J., Mond, J., Turner, C. M., & Hudson, J. L. (2018). The classification of body dysmorphic disorder symptoms in male and female adolescents. *Journal of Affective Disorders, 225*, 429-437. doi:10.1016/j.jad.2017.08.062
4. Sonnevile, K. R., & Lipson, S. K. (2018). Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders, 51*(6), 518-526. doi:10.1002/eat.22846

June 28, 2022 (Session Eight)

Diagnostic Focus: Substance-Related and Addictive Disorders

Diagnostic Readings:

- Substance-Related and Addictive Disorders -DSM-5-TR: pages 543-665 (skim)
- Adult Psychopathology and Diagnosis, pages 669-694; 695-723

Additional Diagnostic Readings (if interested):

1. Shmulewitz, D., Greene, E.R. and Hasin, D. (2015), Commonalities and Differences Across Substance Use Disorders: Phenomenological and Epidemiological Aspects. *Alcohol Clin Exp Res, 39*: 1878-1900. doi:10.1111/acer.12838
2. Hasin, D., O'Brien, C., Auriacombe, M., Compton, W., Crowley, T., Ling, W., Petry, N., Schuckit, M., & Grant, B. (2013). DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale. *American Journal of Psychiatry, 170*:8, 834-851.
3. McCabe, S. E., Bostwick, W. B., Hughes, T. L., West, B. T., & Boyd, C. J. (2010). The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. *American journal of public health, 100*(10), 1946–1952. doi:10.2105/AJPH.2009.163147

July 5, 2022 (Session Nine)

Diagnostic Focus: Personality Disorders; Other Mental Disorders

Diagnostic Readings:

- Personality Disorders -DSM-5-TR: pages 733-778 (skim)
- Other Mental Disorders -DSM-5-TR: pages 803-805 (skim)
- Adult Psychopathology and Diagnosis, pages 757-797

Additional Diagnostic Readings (if interested):

1. Ferguson, C. J., & Negy, C. (2014). Development of a brief screening questionnaire for histrionic personality symptoms. *Personality and Individual Differences*, 66, 124-127. doi:10.1016/j.paid.2014.02.029
2. Livesley, J. (2012). Tradition versus empiricism in the current DSM-5 proposal for revising the classification of personality disorders. *Criminal Behaviour and Mental Health*, 22(2), 81-90. doi:10.1002/cbm.1826
3. MacKinnon, R. A., Michels, R., & Buckley, P. J. (2015). The psychiatric interview in clinical practice, Chapter 4: The Histrionic Patient. American Psychiatric Pub.
4. Morcos, N., & Morcos, R. (2016, February). Personality disorders: a measured response: improving your understanding of these disorders will help you identify specific diagnoses, ensure appropriate treatment, and reduce frustration during office visits. *Journal of Family Practice*, 65(2), 90+. Retrieved from <http://link.galegroup.com/apps/doc/A444912748/GRGM?u=umuser&sid=GRGM&xid=eb44b0df>
5. Newlin, E. & Weinstein, B. (2015). Personality Disorders. *CONTINUUM: Lifelong Learning in Neurology*. 21(3), Behavioral Neurology and Neuropsychiatry, 806-817.
6. Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current Psychiatry Reports*, 18(1), 1-7. doi:10.1007/s11920-015-0654-1
7. Skodol, A. E. (2011). Scientific issues in the revision of personality disorders for DSM-5. *Personality and Mental Health*, 5(2), 97-111. doi:10.1002/pmh.161
8. Verheul, R. (2012). Personality disorder proposal for DSM-V: A heroic and innovative but nevertheless fundamentally flawed attempt to improve DSM-IV. *Clinical Psychology and Psychotherapy*, 19(5), 369-371. Retrieved from <https://www.narcis.nl/publication/RecordID/oai:dare.uva.nl:publications%2F028fb225-b7c2-4db2-9721-7a54cde024c2>

July 12, 2022 (Session Ten)

Diagnostic Focus: Sexual Dysfunctions and Paraphilic Disorders

- Sexual Dysfunctions -DSM-5-TR: pages 477-510 (skim)
- Gender Dysphoria - DSM-5-TR: pages 511-520 (skim)
- Adult Psychopathology and Diagnosis, pages 571-632; 633-667

Additional Diagnostic Readings (if interested):

1. Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63(1), 87-97. <http://dx.doi.org/10.1037/cou0000127>

2. Boskey, E. (2013). Sexuality in the DSM 5: Research, Relevance, and Reaction. *Contemporary Sexuality*, 47(7), 1-5.
3. DeFeo, J. (2015) Understanding Sexual, Paraphilic, and Gender Dysphoria Disorders in DSM-5, *Journal of Child Sexual Abuse*, 24:2, 210-215, DOI: 10.1080/10538712.2015.1004293
4. Dodd, SJ. (2020). *Sex-Positive Social Work*. Columbia University Press.
5. Dodd, SJ. (2021). (Ed.) "The Routledge International Handbook of Social Work and Sexualities" Abingdon: Routledge.
6. Forbes, M., Baillie, A., Schniering, C. (2016). Should Sexual Problems Be Included in the Internalizing Spectrum? A Comparison of Dimensional and Categorical Models, *Journal of Sex & Marital Therapy*, 42:1, 70-90, DOI:10.1080/0092623X.2014.996928
7. Lin, K. (2017). The medicalization and demedicalization of kink: Shifting contexts of sexual politics. *Sexualities*, 20(3), pp. 302 - 323.
8. Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., ... Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. *World Psychiatry*, 15(3), 205–221. <http://doi.org/10.1002/wps.20354>

July 19, 2022 (Session Eleven)

Diagnostic Focus: Sleep-Wake Disorders

- Sleep-Wake Disorders - DSM-5-TR: pages 407-476 (skim)
- Adult Psychopathology and Diagnosis, pages 549-569

Additional Diagnostic Readings (if interested):

1. Asnis, G. M., Thomas, M., & Henderson, M. A. (2016). Pharmacotherapy treatment options for insomnia: A primer for clinicians. *International Journal of Molecular Sciences*, 17(1), 50. doi:<http://dx.doi.org/10.3390/ijms17010050>
2. Freedom, Thomas. (2011). Pharmacologic Treatment of Insomnia. *Disease-a-month: DM*. 57. 345-52. 10.1016/j.disamonth.2011.04.005.
3. Yeh, P., Walters, A., & Tsuang, J. (2012). Restless legs syndrome: A comprehensive overview on its epidemiology, risk factors, and treatment. *Sleep and Breathing*, 16(4), 987-1007. doi:10.1007/s11325-011-0606-x

c. Assignments

1. Presentation and Write-up of a Diagnosis (40 points total)

This assignment is created to help you better understand the history and presentation of mental health disorders in adults and elderly. There are several parts of this assignment that include a case presentation and a write-up of the diagnosis that will be completed after your presentation. The write-up will be due within 2 weeks following your presentation. Sign up will be during our first class.

- b. **Case presentation (10 points).** Create a mock case reflecting the diagnostic criteria of your chosen diagnosis. Please try to be as creative as possible with your case presentation, meaning, try not to present the diagnostic criteria in a purely straightforward way. The case

presentation should include about as much information you would get in the session following a basic intake. Your case presentation will be about 15-20 minutes in length with 10 minutes for feedback from the class.

- c. **Write-up of Diagnosis (30 points).** This paper should be approximately 5-7 pages in length and include 3-5 outside academic sources (not including the DSM-5-TR or our book *Adult Psychopathology and Diagnosis*), this paper should also use APA citations and format. *You are expected to reference the DSM-5-TR and our textbook in your write-up.
1. Introduction, description of diagnosis, and history of diagnosis (5 points)
 2. Common features, "clinical picture," epidemiology (5 points)
 3. Best practices for treatment of this diagnosis including therapy and medications (10 points)
 4. Conclusion, current and future research on this particular diagnosis and treatment of this diagnosis (10 points)

2. Psychopharmacology (15 points)

This assignment is created to help you better understand medication that is currently being used to treat mental health issues or symptoms that accompany a certain diagnosis or diagnoses. You will write up a 3-5 page paper on a medication of your choice. In addition to using Stahl's *Prescriber's Guide, 6th Edition* (Stahl, S. M. (2017). *Prescriber's Guide: Stahl's Essential Psychopharmacology*. Cambridge University Press.), you will identify **at least 2 outside sources for your references**. This paper should include the history of the medication, uses of the medication (is it also used to treat other medical issues?), effectiveness in managing symptoms with certain diagnoses, and finally future considerations of this medication for managing other diagnoses or symptoms.

3. Documentary on Mental Illness (15 points)

Select a documentary (you must email me for approval) that portrays a psychiatric disorder or a substance use disorder that will be covered in this course (please email your documentary choice before you begin). In a 2-4 page APA formatted paper students will: Discuss the accuracy of the portrayal of mental illness or substance abuse: How is the "character" shown to be mentally ill? Be specific, how is the illness communicated to viewers? What are the "typical" symptoms and how are they displayed? Discuss treatment recommendations: How is the illness "treated" in the documentary? What are the other treatments available? (Especially if this movie is older, are there new therapies?). Address professional ethics: How are the therapists or practitioners depicted? How are these professionals helping or hurting the situation? What is the purpose of depicting mental health care professionals in this light? Finally, did you like the documentary? Why or why not?

4. Take Home Final Exam (20 points)

The take home final exam will be a two part exam. The first part of the exam will include a 10 point quiz that will be posted on CANVAS by July 1st and can be completed at any time before the 22nd of July. The second part of the exam will include a short essay that will have you debate a current DSM-5-TR controversy.

Assignment	Points	Due Date
Presentation and Write-up of Diagnosis	40	on-going
Psychopharmacology paper	15	6/7/2022
Documentary on Mental Illness	15	6/28/2022
Take Home Final Exam	20	7/22/2022
Participation	10	on-going

d. Attendance and Class Participation

Attendance: Attendance is necessary for participation to occur but attendance alone is not enough –you have to actively engage – ask and answer questions, make comments. Participation counts for 10% of your overall grade. If you are to miss more than 1 class during the semester, you will need to speak with me, as an additional writing assignment will be required of you.

Typically each week we'll have some combination of lecture, small group discussion and full class discussion. Lecture outline will be posted on CANVAS before the night of the lecture. Each week there will be assigned readings. As we progress through the semester, I will begin to highlight readings based on our class discussions. Each week, in discussion you will be asked about the core concepts and relevant implications of these concepts. Core concepts should link from one week to the next in the sense that you should be asking yourself (and me) how the current week's content relates to what we already learned. The goal of the discussions is to create an active learning context in which each week's content is actively linked to prior content so that by the end of the semester, students will have a linked memory structure, facilitating later recall and use of the material in class and in the field.

Please refer to the MSW Student Guide for policies related to attendance and class participation found here: <https://sww.umich.edu/msw-student-guide/section/1.08.00/17/policy-on-class-attendance>

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.

e. Grading

The Grading Scale is:

A = 100% - 95%

B+ = 89% - 86%

C+ = 79% -76%

A- = 94% - 90%

B = 85% - 83%

C = 75% -73%

B- = 82% - 80%

C- = 72% - 70%

Please refer to the MSW Student Guide for additional questions on grading and grading for special circumstances:

<https://ssw.umich.edu/msw-student-guide/section/1.07.00/14/grades-in-academic-courses-and-in-field-instruction>.

<https://ssw.umich.edu/msw-student-guide/section/1.07.01/15/grades-for-special-circumstances>.

Due dates: Assignments are to be submitted on CANVAS by 11:59pm on the assigned due date. After the due date, 1 point will be deducted per day each day late from your grade on the assignment, with a maximum of 5 points deducted for a late submission.

f. 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.

g. 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. Your participation in this course is conditional upon your adherence to all safety measures mandated by the state of Michigan and the University, including properly wearing a face covering in class and compliance with the University COVID-19 Vaccination Policy. Other applicable and additional safety measures may be described in the Campus Maize & Blueprint. Your ability to participate in this course 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 and those seeking an exemption related to the vaccination requirement should submit an exemption request through WolverineAccess. 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.

h. 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 & Emergency Preparedness:

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB (7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAAcompliance@umich.edu.

Office of Student Services

School of Social Work | Room 1748

734-936-0961

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>.

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

Mental Health and Well-being:

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact Counseling and Psychological Services (CAPS) at (734) 764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at (734) 764- 8320 and <https://www.uhs.umich.edu/mentalhealthsvcs>, or for alcohol or drug concerns, see www.uhs.umich.edu/aodresources.

Teaching Evaluations:

In general, teaching evaluations can help faculty improve their classroom performance and provide important information for decisions about re-appointment, promotion, tenure, salary, and awards. All of the schools and colleges have teaching evaluation tools to meet these objectives. Students are strongly encouraged to complete teaching evaluations at the end of each term. Teaching evaluations are administered via Canvas and will be emailed to students during the last week of classes. Student identity is completely anonymous, and instructors cannot view evaluation reports until after grades are submitted.

Proper use of Names and Pronouns:

All students will be referred to by the names and pronouns they use (e.g. she, they, ze, he). If you have a name that differs from the one that appears on the roster, please inform the instructor before the second class period so that they use your correct name and pronouns. Students can designate their personal pronouns on the class roster via Wolverine Access: Student Business > Campus Personal Information > Gender Identity.

There are two inclusive restrooms in the SSW building: room 1784 (1st floor, near Registrar's Office) and B833T (Lower Level). [Click here](#) for the Spectrum Center's map of gender inclusive restrooms on campus.

Accommodations for Students with Disabilities:

If you are in need of any accommodations, please let me know at your earliest convenience. Any information you provide is private and confidential and will be treated as such. Additional information about accommodations for students with disabilities, as well as a list of appropriate accommodation forms, is available [here](#). Please present the appropriate paperwork at least two weeks prior to the need for the accommodation (test, project, etc.).

For more information, contact:

Services for Students with Disabilities
G-664 Haven Hall
505 South State St.
Phone: (734) 763-3000
Email: ssdoffice@umich.edu

Religious/Spiritual Observances:

Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University's policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided

with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent. Such notice must be given by the drop/add deadline of the given term. Students who are absent on days of examinations or class assignments shall be offered an opportunity to make up the work, without penalty, unless it can be demonstrated that a make-up opportunity would interfere unreasonably with the delivery of the course. Should disagreement arise over any aspect of this policy, the parties involved should contact the Department Chair, the Dean of the School, or the Ombudsperson. Final appeals will be resolved by the Provost.

Military Deployment:

Please refer to the following University website, if you are to be deployed at any point during the semester: <http://vets.umich.edu/life-at-michigan/military-deployment/>

Writing Skills and Expectations:

Strong writing and communication skills are essential to students' academic success and professional career. The Writing Coordinator for the School of Social Work is open to meeting with students during any phase of the writing process. The Writing Coordinator's office is housed within the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication.

For more information or to schedule an appointment, contact:

SSW Writing Assistance
Career Services (Room 1696)
1080 S University Ave.
Phone: (734) 763-6259
Email: ssw-cso@umich.edu

APA formatting:

Any social work assignments presented as professional papers or presentations should utilize APA formatting. Review the MLibrary APA Citation Guide as needed. The Purdue Owl website is another helpful resource for assistance with APA formatting.

Academic Integrity and Plagiarism:

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, assessments or assignments. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. If you are in doubt, cite! Plagiarism can be grounds for expulsion from the School. A useful web resource on academic integrity can be found at: <http://www.lib.umich.edu/acadintegrity/>