

This package contains model syllabi for both the face-to-face (SWK-S) and online (SWK-D) versions of the course. Use the version applicable to your teaching assignment, and be sure to delete the unused version and this cover page before distributing. Please direct any questions to your program director or coordinator.

SWK-S 517 Assessment in Mental Health & Addictions for Individuals and Families across the Lifespan (3 cr.)

Course Information

Semester Year: XXXXX
Section Number: XXXXX
Location: XXXXX
Day: XXXXX
Time: XXXXX

Instructor: XXXXX XXXXXXXXXXXX
Office: XXXX
Email: XXXX
Phone: XXXX
Office Hours: XXXX

Course Description

Recognizing the social, political, legal, and ethical implications of assessment, students enrolled in this course critically examine various conceptual frameworks and apply bio-psychosocial and strengths perspectives to understand its multidimensional aspects of human development. Students learn to conduct sophisticated mental status and lethality risk interviews, engage in strengths and assets discovery, assess for drugs of abuse, understand types of psychotropic medications, their uses, and related side effects, and apply the Diagnostic and Statistical Manual of the American Psychiatric Association and other classification schemes in formulating assessment hypotheses. They gain an understanding of the application of several relevant assessment instruments and learn to evaluate their relevance for service to at-risk populations, including persons affected by mental health issues, substance use disorders, and other behavioral addictions across the lifespan. Students learn to collaborate with a diverse range of consumers and other professionals in developing meaningful assessments upon which to plan goals, intervention strategies, and means for evaluation.

Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

Primary

- **Competency 6: Engage with individuals and families in Clinical and Community Practice**
Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients, including individuals and families (CSWE, 2015, EPAS, p. 8).
- **Competency 7: Assess Individuals and Families in Clinical and Community Practice**
 - Engage in biopsychosocial and multidimensional perspectives
 - Apply assessment paradigms, instruments, and procedures for collaborative service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions
 - Identify inherent strengths, assets, and resources within individuals and families
 - Critically analyze the differential effects and implications of various conceptual assessment perspectives and processes for persons affected by mental health issues, substance use disorders, and other behavioral addictions

Secondary

- Competency 2: Engage Diversity and Difference in Clinical and Community Practice

Course Objectives

1. Engage in biopsychosocial and multidimensional perspectives in applying selected assessment paradigms (e.g., DSM, PIE, and strengths-discovery), instruments, and procedures for collaborative service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions.
2. Recognize and discover inherent strengths, assets, and resources within individuals, families, communities affected by mental health issues, substance use disorders, and other behavioral addictions.
3. Applying human development science to mental health assessment.
4. Critically analyze the differential effects and implications of various conceptual assessment perspectives and processes for persons affected by mental health issues, substance use disorders, and other behavioral addictions, and apply critical thinking skills throughout all phases and aspects of the assessment process.
5. Convey cultural competence in considering, selecting, and implementing assessment processes, outcomes, and procedures without discrimination and with respect, knowledge, and skill related to diverse backgrounds including people distinguished by age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex, and sexual orientation.
6. Recognize and analyze the legal and ethical implications of assessment processes and procedures, and information management within the context of service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions.
7. Prepare professional quality, written assessment summaries for the purpose of serving persons affected by mental health issues, substance use disorders, and other behavioral addictions.

Required Texts

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders, Fifth Edition (DSM-5™)*. American Psychiatric Publishing Incorporated.

Recommended Texts

The recommended texts below will help you with your writing assignments, and help deepen your understanding of assessment and diagnosis in the context of social work practice. All assignments will be in APA style. Additionally, you will be graded on grammar.

American Psychological Association. (2010). *Publication manual of the American Psychological Association Sixth Edition*. American Psychological Association, Washington DC.

Strunk, W. & White, E. (1999). *Elements of Style, Fourth Edition*. New York: Pearson/Longman

Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice*. (3rd Ed.). New York, Oxford Press. ISBN: 978-0190211011

Gray, S. & Zide, M. (2016). *Psychopathology: A competency-based assessment model for social workers*. (4th Ed.). New York: Centage Learning. ISBN: 978-1305101937

Course Content

This course trains students to conduct professional-quality written assessments for working with at-risk populations, including persons affected by mental health issues, substance use disorders, and other behavioral addictions. Students will learn about a variety of assessment perspectives, processes, and procedures including biopsychosocial and multidimensional perspectives, Screening Brief Intervention & Referral to Treatment (SBIRT) for substance use disorders, strengths-oriented and culturally competent assessment strategies, along with ethical implications of assessment processes and procedures. Students will learn to apply critical thinking skills throughout all phases and aspects of the assessment process.

The major evaluation of students' progress in accomplishing the learning objectives of this course is the signature Case Critique Assignment, which allows you to illustrate your knowledge of mental health & substance use diagnoses, psychosocial issues that impact clients, client strengths and resources, effective assessment questions, and the setting of treatment goals.

While there will be structured opportunities at the beginning and at the conclusion of this class for your feedback to the instructor, your reactions and suggestions to improve the course will be appreciated at any time.

Depression can look different in various age groups and there are unique considerations for the older adult population. This module has been developed as a part of a Geriatric Workforce Enhancement Grant funded by HRSA and its purpose is for students to better understand and intervene with older adults with depression. There is a pre and post-test for you to complete along with the module. **[Instructors should contact Emilie Garrison, GWEP project manager, for assistance downloading the module from the Canvas Commons at emilieg@iu.edu]**

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

Course Outline

Module 1: Introduction/Overview of the Course

Date:

Overview

- Understanding the context of DSM
- Using strengths focused assessment with DSM

- Ways of knowing and understanding as it pertains to assessment in mental health & addictions practice
- Introduction to biopsychosocial assessment
- Cultural Humility

Readings

1. DSM 5, pp 1 – 37
2. Posted articles in CANVAS

Module 2: Assessment and treatment issues with Substance Use Disorders across the Lifespan

Date:

Overview

- Understanding the variety of substance use disorders, including alcohol, opioid, stimulant etc.
- Understanding substance induced disorders, including intoxication and withdrawal
- Introduction to SUDs assessment/screening tools
 - Assessing adolescents using the CRAFFT and the DAST
 - Assessing adults using the AUDIT and the DAST
- Understanding types of drugs of abuse
- Introduction to misuse of prescription medications and illicit drugs

Readings

1. DSM 5, pp 483-589
2. Download NIDA Information on Psychopharmacology
 - a. Illicit Drugs: [NIDA Commonly Abused Drugs Chart](#)
 - b. Misuse of Prescription Drugs: [NIDA Commonly Abused Prescription Drugs Chart](#)

Assignments

Selected Handbook Topics Due

Module 3: Introduction to Screening Brief Intervention & Referral to Treatment

Date:

Overview

- Why SBIRT is important to social work
- Screening practice settings
- Linking Screening & Brief Intervention using stages of change
- Principles of motivational interviewing

Readings

1. Review four (4) SBIRT Powerpoint presentations (Provided to all instructors for posting in CANVAS)
2. Review SBIRT Handbook app that can be accessed free at: [IU SBIRT Screening Tools website](#)

Assignments

1. **Quiz 1: Complete** Online Modules on Alcohol, Marijuana and Motivational Interviewing: modules can be accessed at [Indiana Prevention Resource Center website](#) .Turn in certificates of completion for each module.

Module 4: Assessment and treatment issues with Personality Disorders

Date:

Overview

- Understanding various types of personality disorders and associated criteria (e.g. paranoid, schizoid, schizotypal, antisocial, borderline, narcissistic, avoidant etc.)
- Assessing for personality disorders
- Cultural considerations related to assessment of personality disorders

Readings

1. DSM-5, pp 645-684
2. Posted articles in CANVAS

Module 5: Assessment and treatment issues with Mood Disorders across the Lifespan

Date:

Overview

- Understanding depressive disorders, including disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder etc.
- Understanding bipolar disorders, including bipolar I disorder, bipolar II disorder etc.
- Assessing for mood disorders (including use of mental status exam and lethality risk interviews)
- Mood disorders and psychotropic medications, their uses, and related side effects
- Cultural considerations related to assessment of mood disorders

Readings

1. DSM-5, pp 123-188
2. Posted articles in CANVAS

Assignments

Handbook Websites Due

Module 6: Assessment and treatment issues with Anxiety Disorders across the Lifespan:

Date:

Overview

- Understanding panic disorder, agoraphobia, specific & social phobias, and generalized anxiety disorders
- Understanding obsessive compulsive and related disorders
- Assessing for anxiety disorders (including mental status)
- Anxiety disorders and psychotropic medications, their uses, and related side effects

- Cultural considerations related to assessment of anxiety disorders

Readings

1. DSM-5, pp 189-290
2. Posted articles in CANVAS

Assignments

Case Critique 1 Due

Module 7: Assessment and treatment issues with: Eating Disorders

Date:

Overview

- Understanding eating disorders including anorexia, bulimia etc., at different stages of human development
- Assessing for eating disorders
- Eating disorders and psychotropic medications, their uses, and related side effects
- Cultural considerations related to assessment of eating disorders

Readings

1. DSM-5, pp 329-354
2. Review EDQ6 Eating Disorder Questionnaire

Module 8: Midterm Exam

Date:

Module 9: Assessment and treatment issues with: Sexual/Gender Identity

Date:

Overview

- Understanding sexual/gender identity issues, including gender dysphoria and sexual dysfunctions in adolescents and adults
- Assessing for sexual/gender identity
- Cultural considerations related to assessment of sexual/gender identity

Readings

1. DSM-5, pp 423-459
2. Posted articles in CANVAS

Assignments

Handbook Introduction: Etiology, and Best Assessment Strategies Due

Module 10: Assessment and treatment issues with: Disorders of Childhood

Date:

Overview

- Neurodevelopmental disorders including autism spectrum disorders and attention deficit/hyperactivity disorder

- Disruptive, impulse control, conduct disorders, including oppositional defiant disorder, conduct disorder etc.
- Assessing for disorders of childhood
- Disorders of childhood and psychotropic medications, their uses, and related side effects
- Cultural considerations related to assessment of disorders of childhood

Readings

1. DSM-5, pp 461-480; pp 50-59
2. Posted articles in CANVAS

Module 11: Dissociative Disorders

Date:

Overview

- Understanding dissociative disorders, including dissociative identity disorder, dissociative amnesia etc.
- Assessing for dissociative disorders
- Cultural considerations related to assessment of dissociative disorders

Readings

1. DSM-5, pp 291-308
2. Posted articles in CANVAS

Assignments

Case Critique 2 Due

Module 12: Trauma & Stressor-Related Disorders across the Lifespan

Somatic Symptom & Related Disorders

Date:

Overview

- Understanding posttraumatic stress disorder, acute stress disorder and other trauma & stressor related disorders (e.g., Reactive attachment disorder, Disinhibited social engagement disorders, adjustment disorders)
- Assessing for trauma related disorders
- Trauma & stressor related disorders and psychotropic medications, their uses, and related side effects
- Cultural considerations related to assessment of trauma & stressor related disorders

Readings

1. DSM-5, pp 265-290; pp 309-328
2. Posted articles in CANVAS

Assignments

Integrative Handbook Best Treatment Strategies Due

Module 13: Psychotic Disorders

Date:

Overview

- Understanding schizophrenia, schizophreniform disorder, schizoaffective disorder, and other psychotic disorders (e.g., Brief psychotic disorder, Delusional disorder)
- Assessing psychotic disorders (including mental status)
- Psychotic disorders and psychotropic medications, their uses, and related side effects
- Cultural considerations related to assessment of psychotic disorders

Readings

1. DSM-5, pp 87-122
2. Posted articles in CANVAS

Module 14: Team Presentations

Date:

Assignments

Final Integrative Handbook Due

Module 15: Final Exam

Date:

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be produced on a word processor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

Assignments

1. Selected Handbook Topics
 - a. Due
2. Quiz 1: [Complete Online Modules](#)
 - a. Due
 - b. Final Grade Points5 points
3. Handbook Websites
 - c. Due
 - d. Final Grade Points5 points
4. Case Critique 1
 - e. Due

- f. Final Grade Points10 points
- 5. Midterm Exam
 - g. Due
 - h. Final Grade Points15 points
- 6. Handbook Introduction: Etiology and Best Assessment Strategies
 - i. Due
 - j. Final Grade Points5 points
- 7. Case Critique 2
 - k. Due
 - l. Final Grade Points10 points
- 8. Integrative Handbook Best Treatment Strategies
 - m. Due
 - n. Final Grade Points5 points
- 9. Final Integrative Handbook with Detailed Reference List
 - o. Due
 - p. Final Grade Points10 points
- 10. Team Presentations
 - q. Due
 - r. Final Grade Points20 points
- 11. Final Exam
 - s. Due
 - t. Final Grade Points15 points

Assignment Details

Quiz 1: Complete Online Modules – 5 points

Students will review four SBIRT PowerPoint presentations, along with an SBIRT Handbook app that can be accessed free at: iprc.iu.edu/sbirtapp/screening/index.php .

Quiz 1 will consist of students **completing** online Modules on Alcohol, Marijuana and Motivational Interviewing. The online modules can be accessed [at Indiana Prevention Resource Center website](#). Students are asked to turn in certificates of completion for each module in Canvas.

Integrative Handbook – 25 points

Each student will create the handbook assignment for this course with a partner. The handbook is a paired project on one disorder (e.g. bipolar disorder). Students will sign up for the section they want on the second day of class. Students will BOTH send their FINAL Handbook as an e-mail attachment to all students and make a hard copy for the instructor to ensure e-copy is identical to hard copy. Each section must have the following components:

- **Introduction and etiology** with references specific to that disorder.
- **Best assessment strategies** with references specific to that disorder, websites pertinent to the assessment or etiology, and a brief description of what the assessment would look like. **Assessment means what we know about how to assess the disorder (e.g. scales used, interview strategies, protocols).** Do NOT describe in Assessment what the DSM criteria are as the instructor is already covering that information.
- **Best treatment strategies** with references specific to that disorder, websites pertinent to the treatment, and a brief description of what the treatment protocol would look like. Treatment includes the best ways to help people with this disorder and should **have the best evidence-based practices for the treatment.**
- **A detailed reference list** for suggested treatment articles on each of the disorders with an asterisk (*) by the most recommended articles or books. The reference list should be **APA FORMAT**, have at least 20 references primarily from professional journals or textbooks. The reference list must have no more than 20% of references as web links! Strongly recommend that you search PsychInfo, ProQuest and Medline for articles. ***No references can be from wikipedia.***
- **A list of at least 10 useful websites** for the disorder. Each website should have a brief discussion (paragraph, i.e. more than 2 sentences) of what is contained in the website. Each website should be ***specific*** to the disorder, not general (e.g. not [National Institutes of Mental Health website](#) but [Asperger/Autism Network website](#)).

Team Presentation – 20 points

- Each student will be part of a group that will present an overview of the treatment strategies for a designated diagnostic category listed in the DSM. A sign-up roster will be provided on week 6. The team must provide a PowerPoint presentation on the following:
 - What effective treatments (including psychopharmacology, if appropriate) are available for the diagnostic category?
 - What are the psychosocial issues inherent with this diagnostic category?
 - How can you best develop a strengths-discovery focus related to this diagnostic category and the clients who struggle with it?
- The team must have a handout for the class that includes pertinent references on the topic. The PowerPoint must have the names of the presenters on the first slide. The presentation should be no longer than 30 minutes in length. Group cohesiveness is important to this assignment.

Midpoint and Final Differential Diagnosis Exams – 30 points

- Exams will be offered at two points during the course (Midpoint and Final). Each exam is worth 15 points and will test students' assessment and diagnostic abilities with persons affected by mental health issues, substance use disorders, and other behavioral addictions. The exams may include essay-type questions, as well as short answer and multiple-choice questions.

Case Critiques – 20 points

- There will be 2 cases (10 points each) that will be given as written assignments. For each case, you will be asked to answer the 5 questions below.

1. Provide DSM 5 diagnoses with evidence to support your diagnoses.
2. What do you see as the psychosocial issues facing the client?
3. What are the strengths of the client?
4. What further assessment issues would you consider with the client?
5. What initial treatment goals would you have?

Case Critique Assignment (Signature Assignment)

For this assignment, you will answer a series of questions related to assessment with persons affected by mental health issues, substance use disorders, and other behavioral addictions. The questions are based on a case example that will be provided by your course instructor.

How: Read the case example provided by the course instructor and answer the 5 questions below.

1. Provide DSM 5 diagnoses with evidence to support your diagnoses.
2. What do you see as the psychosocial issues facing the client?
3. What are the strengths of the client?
4. What further assessment issues would you consider with the client?
5. What initial treatment goals would you have?

Expectations: This assignment measures your ability to accurately diagnose, consider psychosocial issues and strengths, pose effective assessment questions, and set treatment goals for at-risk populations, including persons affected by mental health issues, substance use disorders, and other behavioral addictions. It is expected that you will convey cultural competence throughout your written assignment.

Submission: You will submit via Assignments tab in Canvas (Be sure to include references).

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough to receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Incompletes and make-up work. Make-up assignments will be given only in cases of extreme and verifiable hardship. An unauthorized incomplete will be deemed as a failure to complete the course work and a grade of “F” will be entered. Consult with the instructor in a timely manner if you are having problems impacting the likelihood of success in this course.

Students are responsible for being prepared for each class session by having completed the assigned reading as listed for each class. Participation through asking questions and making thoughtful comments on course content is encouraged.

SWK-D 517 Assessment in Mental Health & Addictions for Individuals and Families across the Lifespan (3 cr.)

Course Information

Semester Year: Term and year	Instructor: XXXXX XXXXXXXXXXX
Section Number: XXXXX	Office: XXXX
Location: XXXXX	Email: XXXX
Day: XXXXX	Phone: XXXXX
Time: XXXXX	Office Hours: XXXXXXXXXXX

Course Description

Recognizing the social, political, legal, and ethical implications of assessment, students enrolled in this course critically examine various conceptual frameworks and apply bio-psychosocial and strengths perspectives to understand its multidimensional aspects of human development. Students learn to conduct sophisticated mental status and lethality risk interviews, engage in strengths and assets discovery, assess for drugs of abuse, understand types of psychotropic medications, their uses, and related side effects, and apply the Diagnostic and Statistical Manual of the American Psychiatric Association and other classification schemes in formulating assessment hypotheses. They gain an understanding of the application of several relevant assessment instruments and learn to evaluate their relevance for service to at-risk populations, including persons affected by mental health issues, substance use disorders, and other behavioral addictions across the lifespan. Students learn to collaborate with a diverse range of consumers and other professionals in developing meaningful assessments upon which to plan goals, intervention strategies, and means for evaluation.

Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

Primary

- Competency 7: Assess Individuals and Families in Clinical and Community Practice
 - Engage in biopsychosocial and multidimensional perspectives
 - Apply assessment paradigms, instruments, and procedures for collaborative service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions
 - Identify inherent strengths, assets, and resources within individuals and families
 - Critically analyze the differential effects and implications of various conceptual assessment perspectives and processes for persons affected by mental health issues, substance use disorders, and other behavioral addictions

Secondary

- Competency 2: Engage Diversity and Difference in Clinical and Community Practice

Course Objectives

1. Engage in biopsychosocial and multidimensional perspectives in applying selected assessment paradigms (e.g., DSM, PIE, and strengths-discovery), instruments, and procedures for collaborative service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions.
2. Recognize and discover inherent strengths, assets, and resources within individuals, families, communities affected by mental health issues, substance use disorders, and other behavioral addictions.
3. Apply human development science to mental health assessment.
4. Critically analyze the differential effects and implications of various conceptual assessment perspectives and processes for persons affected by mental health issues, substance use disorders, and other behavioral addictions, and apply critical thinking skills throughout all phases and aspects of the assessment process.
5. Convey cultural competence in considering, selecting, and implementing assessment processes, outcomes, and procedures without discrimination and with respect, knowledge, and skill related to diverse backgrounds including people distinguished by age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex, and sexual orientation.
6. Recognize and analyze the legal and ethical implications of assessment processes and procedures, and information management within the context of service delivery to persons affected by mental health issues, substance use disorders, and other behavioral addictions.
7. Prepare professional quality, written assessment summaries for the purpose of serving persons affected by mental health issues, substance use disorders, and other behavioral addictions.

Required Texts

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). American Psychiatric Publishing.
- Corcoran, J., & Walsh, J. M. (2020). *Mental health in social work: A casebook on diagnosis and strengths based assessment (DSM 5 update)* (3rd ed.). Upper Saddle River, NJ: Pearson.

Course Content

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

This course trains students to conduct professional-quality written assessments for working with at-risk populations, including persons affected by mental health issues, substance use disorders, and other behavioral addictions. Students will learn about a variety of assessment perspectives, processes, and procedures

including biopsychosocial and multidimensional perspectives, Screening Brief Intervention & Referral to Treatment (SBIRT) for substance use disorders, strengths-oriented and culturally competent assessment strategies, along with ethical implications of assessment processes and procedures. Students will learn to apply critical thinking skills throughout all phases and aspects of the assessment process.

The major evaluation of students' progress in accomplishing the learning objectives of this course is the signature Case Critique Assignment, which allows you to illustrate your knowledge of mental health and substance use diagnoses, psychosocial issues that impact clients, client strengths and resources, effective assessment questions, and the setting of treatment goals.

While there will be structured opportunities at the beginning and conclusion of this class for your feedback to your instructor, your reactions and suggestions to improve the course will be appreciated at any time.

Resources

- Canvas email will also be used a way to communicate between instructor and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).

Course Outline

Module 1: History of the DSM

Weeks 1 and 2

Overview

This module provides a history of the DSM and focuses on its contribution to both purpose and promise of medical model diagnosis.

Assignments

Readings

- 1) DSM-5, pp. xiii-25 of required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapter 1 of required text.
- 3) Karls, J. M., & Wandrei, K. E. (1992). PIE: A new language for social work. *Social Work*, 37(1) (Canvas).

Group Assignment

- 4) M1 Group Discussion: Debate – Where Does Mental Illness Come From?

Individual Assignments

- 5) Quick Check Activity: The Dangers of Labeling
- 6) M1 Individual Application: DSM Scavenger Hunt
- 7) M1 Readings Quiz

Module 2: Overview of Assessment

Weeks 3 and 4

Overview

This module continues to examine the critical perspectives of the DSM and provides an overview of assessment, including elements of the biopsychosocial, risk and resilience, and strengths assessments.

Assignments

Readings

- 8) Corcoran, J., & Walsh, J. M. (2020), Chapter 2 from required text.
- 9) Dewees, M. (2002). Contested landscape: The role of critical dialogue for social workers in mental health practice. *Journal of Progressive Human Services, 13*(1), 73-91 (Canvas).
- 10) Kirk, S. (2005). Introduction: Critical Perspectives. In S. Kirk (Ed.), *Mental disorders in the social environment: Critical perspectives* (pp. 1-19). Columbia University Press (Canvas).
- 11) Saleebey, D. (2005). Balancing act: Assessing strengths in mental health practice (Canvas).

Individual Assignments

- 12) Quick Check Activity: Step 8: Treatment
- 13) M2 Individual Application: Case Assessment
- 14) M2 Readings Quiz

Module 3: Substance Related and Addictive Disorders

Week 5

Overview

This module examines assessment and treatment issues with substance abuse disorders.

Assignments

Readings

- 1) DSM-5. Substance-related and addictive disorders; pp. 481-590 from required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapter 13 from required text.
- 3) Knaw, L., & Hardesty, J. L. (2007). Theorizing the process of leaving: Turning points and trajectories in the stages of change. *Family Relations, 56*, 413-425.

Group Assignments

- 4) M3 Group Discussion: The Case of Ian
- 5) M3 Group Application: Ian's Pretrial Assessment

Individual Assignment

- 6) M3 Readings Quiz

Module 4: Mood Disorders

Weeks 6 and 7

Overview

This module provides an overview of the DSM category of mood disorders, including criticisms of the validity of diagnosis and the assessment of mood disorders in mental health and addictions.

Revision: August 2018

Assignments

Readings

- 1) DSM-5, Depressive and Bipolar Mood Disorders in Section II of required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapters 6 and 7 from required text.
- 3) Drisko, J. (2014). Research evidence and social work practice: The place of evidence-based practice. *Clin Soc Work J*, 42, 123-133 (Canvas).

Individual Assignments

- 4) M4 Individual Application: Mood Disorders EBP Treatment Planning
- 5) M4 Readings Quiz

Module 5: Anxiety Disorders and Adult Case

Week 8

Overview

This module focuses on anxiety disorders, including their etiology, assessment, and treatment.

Assignments

Readings

- 1) DSM-5, pp. 189-290 from required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapters 8, 9, and 10 from required text.

Group Assignment

- 3) M5 Group Discussion: What About Fred?

Individual Assignment

- 4) Quick Check Activity: Integrated Models of Development and Attachment Security
- 5) M5 Readings Quiz

Module 6: Childhood Disorders

Weeks 9 and 10

Overview

This module provides an overview of childhood disorders, including information on the processes of assessment and diagnosis.

Assignments

Readings

- 1) DSM-5, pp. 31-86 and 461-480 from required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapters 3, 4, and 12 from required text.

Group Assignment

- 3) M6 Group Discussion: Childhood Disorders Assessment

Individual Assignments

- 4) Quick Check Activity: The Medicated Child

5) M6 Readings Quiz

Module 7: Dementia and Alzheimer's**Week 11***Overview*

This module focuses on Alzheimer's Disease.

*Assignments**Readings*

- 1) DSM-5, pp. 591-643 from required text.
- 2) Corcoran, J., & Walsh, J. M. (2020). Chapter 15 from required text

Individual Assignment

- 3) M7 Readings Quiz

Module 8: Eating Disorders**Week 12***Overview*

This module discusses two major types of eating disorders: anorexia nervosa and bulimia nervosa.

*Assignments**Readings*

- 1) DSM-5 Feeding and Eating Disorders Section from required text.

Group Assignment

- 2) M8 Class Discussion: Eating Disorders

Module 9: Personality Disorders**Weeks 13 and 14***Overview*

This module focuses on the assessment of and treatment issues associated with personality disorders.

*Assignments**Readings*

- 1) DSM-5, Personality Disorders materials in Section II and III from required text.
- 2) Corcoran, J., & Walsh, J. M. (2020), Chapter 16 from required text.
- 3) Porter, J. S., & Risler, E. (2014). The new alternative DSM-5 model for personality disorders: Issues and controversies. *Research on Social Work Practice, 24*(1), 50-56 (Canvas).

Individual Assignments

- 4) M9 Individual Application: Case Assessment of Kenda

5) M9 Readings Quiz

Signature Assignment & Final Exam Week**Individual Assignments**

- 1) Signature Assignment: Case Critique
- 2) Final Exam
- 3) Course Professionalism

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be produced on a wordprocessor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

Assignments

1. M1 Group Discussion: Debate: Where Does Mental Illness Come From? (Group Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:7.7%
2. Quick Check Activity: The Dangers of Labeling (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
3. M1 Individual Application: DSM Scavenger Hunt (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
4. M1 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
5. Quick Check Activity: Step 8: Treatment (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
6. M2 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
7. M2 Individual Application: Case Assessment (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
8. M3 Group Discussion: The Case of Ian (Group Assignment)
 - a. DUE:TBD

- b. Final Grade Percentage:7.7%
- 9. M3 Group Application: Ian’s Pretrial Assessment (Group Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:7.7%
- 10. M3 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
- 11. M4 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
- 12. M4 Individual Application: Mood Disorders EBP Treatment Planning (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
- 13. Quick Check Activity: Integrated Models of Development and Attachment Security (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
- 14. M5 Group Discussion: What About Fred? (Group Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:7.7%
- 15. M5 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
- 16. Quick Check Activity: The Medicated Child (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:4.6%
- 17. M6 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:0.70%
- 18. M6 Group Discussion: Childhood Disorders Assessment (Group Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage7.7%
- 19. M7 Readings Quiz (Individual Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage0.70%
- 20. M8 Class Discussion: Eating Disorders (Group Assignment)
 - a. DUE:TBD
 - b. Final Grade Percentage:7.7%

21. M9 Individual Application: Case Assessment of Kenda (Individual Assignment)

- a. DUE:TBD
- b. Final Grade Percentage:4.6%

22. M9 Readings Quiz (Individual Assignment)

- a. DUE:TBD
- b. Final Grade Percentage0.70%

23. Signature Assignment: Case Critique (Individual Assignment)

- a. DUE:TBD
- b. Final Grade Percentage:9%

24. Final Exam (Individual Assignment)

- a. DUE:TBD
- b. Final Grade Percentage:0.70%

25. Course Professionalism (Individual Assignment)

- a. DUE:TBD
- b. Final Grade Percentage:1%

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW

students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you MUST speak to me in advance of the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% per day late. IU has a subscription with the Turnitin plagiarism detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.

Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials covered during your absence. If you are absent on the day when an assignment is due, you need to submit

your assignment before the beginning of the class. Missing more than 2 of the scheduled classes will result in a letter-grade deduction for the course. Late arrivals and early departures will also lead to course point deductions. It's up to instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.

Bibliography

- Ambrosino, R., Heffernan, J., Shuttlesworth, G., & Ambrosino, R. (2005). *Social work and social welfare: An introduction* (5th ed.). Belmont, CA: Brooks/Cole.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed., rev.). Washington, DC: Author.
- Anorexia Nervosa. (n.d.). In Medscape Reference. Retrieved from <http://emedicine.medscape.com/article/912187-overview>
- Barkley, R. A., Edwards, G. H., & Robin, A. L. (1999). *Defiant teens*. New York, NY: Guilford Press.
- Barlow, D., & Durand, M. (2011). *Abnormal psychology: An integrative approach* (6th ed.). Belmont, CA: Wadsworth.
- Barlow, D. H. (2004). *Abnormal psychology: An integrative approach* (4th ed.). Ontario, Canada: Thompson Educational Publishing.
- Berg, R., Franzen, M., & Wedding, D. (1987). *Screening for brain impairment: A manual for mental health practice*. New York, NY: Springer Publishing Co.
- Biklen, D. (2005). *Autism and the myth of the person alone*. New York, NY: New York University Press.
- Bipolar Affective Disorder. (n.d.). In Medscape Reference. Retrieved from <http://emedicine.medscape.com/article/286342-overview#aw2aab6b2b5aa>
- Buckelew, S. P., Burk, J. P., Brownelee-Duffeck, M., Frank, R. G., & DeGood, D. (1988). Cognitive and somatic aspects of depression among a rehabilitation sample: Reliability and validity of SCL-90-R research subscales. *Rehabilitation Psychology, 33*, 67-75.
- Bulimia Nervosa. (n.d.). In Medscape Reference. Retrieved from <http://emedicine.medscape.com/article/286485-overview>
- Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.
- Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornsteing, M. H. (2000). Contemporary research on parenting: The case for nature and nurture. *The American Psychologist, 55*(2), 218-232.
- Cooper, R. (2004). What is wrong with the DSM? *History of Psychiatry, 15*(1), 005-025.
- Department of Psychology, University of British Columbia, Vancouver, Canada.
- Deweese, M. (2002). Contested landscape: The role of critical dialogue for social workers in mental health practice. *Journal of Progressive Human Services, 13*(1), 73-91.
- Duncan, B. L., & Miller, S. D. (2000). *The heroic client: Doing client-centered outcome-informed therapy*. San Francisco, CA: Josey-Bass.

- Embry, D. D., & Flannery, D. J. (1999). Two sides of the coin: Multilevel prevention and intervention to reduce youth violent behavior. In D. J. Flannery & C. R. Huff (Eds.), *Youth violence: Prevention, intervention and social policy*. Washington, DC: American Psychiatric Press.
- Forgatch, M. S., & Martinez, C. R. (1999). Parent management training: A program linking basic research and practical application. *Tidsskrift For Norsk Psykologforening*, 36(10), 923-937.
- Ghost in the therapy machine: An interview with Kenneth Gergen. (n.d.). Retrieved from www.newtherapist.com/gergen.html
- Goldfried, M. R., & Wolfe, B. E. (1996). Psychotherapy practice and research: Repairing a strained alliance. *American Psychologist*, 51(10), 1007-1016.
- Hodge, D. (2005). Spiritual life maps: A client-centered pictorial instrument for spiritual assessment, planning and intervention. *Social Work*, 50(1), 77-87.
- Iwamasa, G. Y., Larrabee, A. L., & Merritt, R. D. (2000). Are personality disorder criteria ethnically biased? A card-sort analysis. *Cultural Diversity and Ethnic Minority Psychology*, 6(3), 284-296.
- Karils, J. M., & Wandrei, K. E. (1994). *PIE manual: Person-in-environment system, the PIE classification system for social functioning problems*. Washington, DC: NASW Press.
- Kazdin, A. E. (2005). *Parent management training*. New York, NY: Oxford University Press.
- Kendler, K. S. (2008). Explanatory models of psychiatric illness. *American Journal of Psychiatry*, 165(6), 695-702.
- Kihlstrom, J. F. (2004). To honor Kraepelin: From symptoms to pathology in the diagnosis of mental illness. *Institute for the Study of Healthcare Organizations and Transactions*. Retrieved from <http://www.institute-shot.com/Psychiatric%20Diagnosis.htm>
- Kirk, S. A., & Hsieh, D. K. (2004). Diagnostic consistency in assessing conduct disorder: An experiment on the effect of social context. *American Journal of Orthopsychiatry*, 74(1), 43-55.
- Kirk, S. A., & Kutchins, H. (1992). *The selling of the DSM-III: The rhetoric of science in psychiatry*. New York, NY: Aldine de Gruyter.
- Komossa, K., Depping, A. M., Meyer, M., Kissling, W., & Leucht, S. (2010). Second-generation antipsychotic drugs for obsessive compulsive disorder. *Cochrane Summaries*. Retrieved from <http://summaries.cochrane.org/CD008141/second-generation-antipsychotic-drugs-for-obsessive-compulsive-disorder>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The patient health questionnaire-2: Validity of a two-item depression screener. *Med Care*, 41, 1284-1292.
- Kutchins, H., & Kirk, S. A. (1993). DSM-IV and the hunt for gold: A review of the treasure map. *Research on Social Work*, 3(2), 219-235.
- Lakoff, A. (2000). Adaptive will: The evolution of attention deficit disorder. *Journal of the History of Behavioral Science*, 36(2), 149-169.
- Leahy, R. L., & Holland, S. J. (2000). *Treatment plans and interventions for depression and anxiety disorders*. New York, NY: The Guilford Press.
- Lichtenstein, P., Halldner, L., Zetterqvist, J., Sjolander, A., Serlachius, E., Fazel, E., Langstrom, N., & Larsson, H. (2012). Medication for attention deficit-hyperactivity disorder and criminality. *New England Journal of Medicine*, 367, 2006-2014.

- Martin, J., & Sugarman, J. (2001). Interpreting human kinds. *Theory & Psychology, 11*(2), 193-207.
- McLaughlin, J. E. (2002). Reducing diagnostic bias. *Journal of Mental Health Counseling, 24*(3), 256-269.
- Mirowsky, J., & Ross, C. E. (1989). Psychiatric diagnosis as reified measurement. *Journal of Health and Social Behavior, 30*(3), 11-25.
- National Highway Traffic Safety Administration. Drug Involvement of Fatally Injured Drivers. U.S. Department of Transportation Report No. DOT HS 811 415. Washington, DC: National Highway Traffic Safety Administration, 2010.
- National Institute on Drug Abuse. (n.d.). Topics in brief: Substance abuse among the military, veterans and their families. Retrieved from <http://www.drugabuse.gov/publications/topics-in-brief/substance-abuse-among-military-veterans-their-families>
- National Institute of Mental Health. (n.d.). Suicide in the U.S.: Statistics and prevention. Retrieved from <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>
- Newcorn, J., & Halperin, J. (2000). Attention-deficit disorders with oppositionality and aggression. In T. Brown (Ed.), *Attention-deficit disorders and comorbidities in children, adolescents, and adults* (pp. 171-207). Washington, DC: American Psychiatric Press.
- O'Brien, C. P., Volkow, N., & Li, T-K. (2006). What's in a word? Addiction versus dependence in DSM-V. *American Journal of Psychiatry, 163*(5), 764-765.
- O'Neill, J. V. (2002). NASW creating four new sections. *NASW News, 47*(7), 1.
- Olfson, M., Gameroff, M. J., Marcus, S. C., & Jensen, P. S. (2003). National trends in the treatment of attention deficit hyperactivity disorder. *American Journal of Psychiatry, 160*, 1071-1077.
- Pakman, M. (1999). Designing constructive therapies in community mental health: Poetics and micropolitics in and beyond the consulting room. *Journal of Marital & Family Therapy, 25*(1), 83-98.
- Patterson, G. R., Reid, J. B., & Eddy, J. M. (2002). A brief history of the Oregon model: Antisocial behavior in children and adolescents. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention*. Washington, DC: American Psychological Association.
- Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. (Vol. 4), Eugene, OR: Castalia.
- Pliszka, S. (2000). Patterns of psychiatric comorbidity with attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America, 9*, 525-540.
- Proctor, E. K. (2004). Research to inform mental health practice: Social work's contributions. *Social Work Research, 28*(4), 195-197.
- Reed, J. C. (Interviewer) and Insel, T. R. (Interviewee). (2012). *Three promising ideas in psychiatric drug development*. Retrieved from <http://www.medscape.com/viewarticle/771120?src=ptalk>
- Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6*, 412-415.
- Saleebey, D. (Ed.). (2008). *Strengths perspectives in social work practice* (5th ed.). Longman Publishers.
- Saleebey, D. (2002). *The strengths perspective in social work practice* (3rd ed.). New York, NY: Allyn & Bacon.
- Shaw, D. S., & Bell, R. Q. (1993). Developmental theories of parental contributors to antisocial behavior. *Journal of Abnormal Child Psychology, 21*(5), 493-518.

Social Care Institute for Excellence (SCIE). Open Dementia E-learning Programme.

Spiegel, A. (2005, January 3). The dictionary of disorder: How one man revolutionized psychiatry. *The New Yorker*. Retrieved from [http://www.newyorker.com/archive/2005/01/03/050103fa\)fact?currentPage=all](http://www.newyorker.com/archive/2005/01/03/050103fa)fact?currentPage=all)

Stetka, B. S., & Correll, C. U. (2013). *A guide to DSM-5*. Medscape Psychiatry. Retrieved from http://www.medscape.com/viewarticle/803884_6

Steketee, G. (1999). *Overcoming obsessive-compulsive disorder*. Oakland, CA: New Harbinger Publications, Inc.

Szasz, T. S. (1961). *The myth of mental illness: Foundations of a theory of personal conduct*. New York, NY: Harper and Row Publishers, Inc.

United States Department of Labor. (n.d.). *Occupational outlook handbook: Social workers*. Retrieved from <http://www.bls.gov/ooh/Community-and-Social-Service/Social-workers.htm#tab-6>

Warner, L. A., Pottick, K. J., & Mukherjee, A. (2004). Use of psychotropic medications by youths with psychiatric diagnoses in the U. S. mental health system. *Psychiatric Services, 55*(3), 309-311.

Wilkerson, D. A. (2011). *Down in the sleepy hollow: The DSM, social work and mental health*. Unpublished manuscript, School of Social Work, Indiana University, Indianapolis, IN.

Zachar, P., & Kendler, K. S. (2007). Psychiatric disorders: A conceptual taxonomy. *American Journal of Psychiatry, 164*(4), 557-565.

Zito, J. M., Safer, K. J., dos Reis, S., Gardner, J. F., Boles, M., & Lynch, F. (2000). Trends in the prescribing of psychotropic medications to preschoolers. *JAMA, 283*(8), 1-12.

Zubin, J. (1977). But is it good for science? *The Clinical Psychologist, 31*(2), 3-9.