WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY

PSYCHOSOCIAL PATHOLOGY
SWK 6111

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Course Description

Psychosocial pathology is a required course for second year Advanced Clinical Practice with Individual and Families majors. It introduces students to content on the assessment and classification of human behavior that often requires social work intervention. This course expands the knowledge learned in Foundations of Social Work Practice and Human Behavior in the Social Environment courses.

It is a continuation of the human behavior sequence which includes HBSE I&II with a focus on "normative" development and this course, with a focus on the distinctions between what is commonly thought to be abnormal and that which is clinically understood as abnormal. This course examines the signs, symptoms and complexity of mental health diagnostic categories. Students learn to examine mental health concerns of diverse social, racial, ethnic and social class groups with special emphasis on those who have historically been devalued and oppressed.

The initial identification of individuals, whose symptoms and level of functioning indicate that they have a psychologically and/or sociologically based disorder, is often a social work function. Therefore, social workers need to understand how to use the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM 5) and the International Classification of Diseases 10th edition (ICD 10). The under-pinning of use of these manuals is accurately assessing the behavior and competency functioning of clients to expedite referrals to other involved mental health disciplines using a standardized information format. DSM is primarily a reductionist lexicon.

Instructional Methods

Psychosocial pathology is designed as a lecture/discussion course. Students will have ample opportunity to ask questions, discuss relevant issues and present relevant material. There will be a midterm assignment and a final examination.

Required Texts

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton. ISBN: 13:978-0393710649 Price: about $66.00 [[No substitutes: this correlates with DSM-5]]

- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author. ISBN: 978-0-89042-555-8. Price: about $111.66; a used edition is fine. MUST be 5th edition.

Additional articles will be available on e-res; articles will also be available online in the reading folders for each module.

Course Requirements

Assignment I - Class participation for in-class and on-line assignments.

Class participation is crucial and students will complete the required reading and be prepared before classroom and online discussions. This is an important part of the learning process and all students are expected to participate in all assigned exercises and discussions. Discussions will enhance students understanding of content but are no substitute for the readings. Failing to complete readings before class will become respectfully but uncomfortably evident in our discussions (*awk*ward*!*). Depending on your reading rate and comprehension it should take about 3-4 hours to read up before a 2-hour class.

Traditional In Class: Be prepared for class discussions on assigned readings, related specific questions raised by the professor (posed ahead of time in the Canvas modules) and/or In Class exercises. You will be graded on the depth of your contributions and preparedness for class discussions and exercises.

On-line class participation: Due to the nature of the on-line classes, your participation is imperative. You will be responsible for being on-line each week and responding to the on-line questions found in the lessons and for responding to classmate's posts. This is an interactive class where you will need to both post and respond to your classmates' posts within a specified time frame. Responses to posted questions and activities must be informed by your readings and citation in the posts and responses. Respect for the variety of views and values will foster an atmosphere of free exchange and growth through group process. Your time on-line will be logged and the depth of your participation will be graded by responses to assigned questions and responses to posts.

Assignment II - Mental status evaluation

This is a written assignment to measure your assessment skills. The context will be created or chosen by the professor. You will be expected to write a Mental Status Assessment.

Students will write an assessment based upon either (1) the student choice of a client from his/her current caseload or (2) a case presented by the professor, or (3) a role play in class or (4) a film clip provided by the individual professor. Regardless of which context is used, this is a first contact with a client. This first contact (ONLY) is the basis of the Mental Status Evaluation. You will be required to use the current evaluation system in the DSM 5 and ICD 10 to hypothesize a possible diagnosis and to discuss possible recommendations. You may use any resources that are available on the syllabus or on-line lesson section.

You will use 2-3 outside readings from professional journals or texts in addition to any assigned readings. Do not use online computer sites such as Wikipedia or sites that provide psycho-educational information and certainly not any commercial sites ending in .com   Use APA 6th edition style for writing, citations and references (as is done in this syllabus). The total number of pages and format will be discussed further in class and online in canvas.

Use the following 15-point outline to write your Mental Status Evaluation assignment.

MENTAL STATUS EVALUATION

I. **Demographic Description:** Identify and place client in his current reality situation including age, sex, race, ethnicity, religion, nationality, marital status, social class, sexual orientation etc.

II. **Presenting Problem:** Include problem for which client seeks help. What is the source and reason for referral; whether problem is of recent origin or a long standing issue? What is client's perception of problem? What precipitated the referral at this time? Is this client mandated and if so, what is the client's response to this?

III. **Appearance:** Describe physical appearance and any comments client makes about his appearance. Indicate if client description seems accurate.

IV. **Level of Consciousness:** Describe level of alertness of the client; level of distraction; ability of client to stay connected to the worker. Did client seem sleepy, lethargic, drugged?

V.   **Behavior:** Include quality, tone, and rate of speech. Include statement of any unusual movement and when occurred.

VI.   **Mood and Affect:** Describe mood and affect of client. Were mood and affect consonant? Were they consonant with content? What is the evidence of mood and affect?

VII.   **Thought Content and Perception:** Describe the content of the client's thoughts and perceptions. Indicate accuracy and appropriateness of them. Indicate whether there are any indications of hallucinations, delusions, suicidal or homicidal thinking. Are there any indications of thought disturbances such as thought broadcasting, thought withdrawal, thought insertion, ideas of reference, illusions or projections?

VIII.   **Thought Process:** Describe the thinking process. Indicate whether the thinking includes magical thinking, blocking, self critical thinking, tangential thinking, echolalia, clanging, circumstantial thinking, loosening of associations, nonproductive thinking or flight of ideas.

IX.   **Intellectual Functioning:** Describe level of abstract thing or lack of this; describe ability to calculate numbers, how distractible is the person? Indicate if there is agnosia, apraxia, dementia or concrete thinking. How much schooling has the person had?

X.   **Memory Spheres:** Describe short and long term memory. Indicate if there is confabulation, word finding difficulties.

XI.   **Orientation:** Awareness of self in person, place and time.

XII.   **Insight:** Refers to level of awareness and understanding of the illness.

XIII.   **Judgment:** Ability to make good judgments, and pragmatic choices appropriate to protecting self and others.

XIV.   **Impressions and Diagnostic Statement:** Include the following:

a. Significant personal history of client
b. Assessment of client's current social functioning in immediate social situations (family relationships, work, recreation, school etc.)
c. Assessment of personality structure of the client with particular reference to intellectual endowment, capacity for and quality of object relationships, tolerance for frustration and capacity to delay; capacity for reality testing; discuss interplay between client's current reality situation and his/her ability (ego strengths and weaknesses) to deal with the situation. Discuss

the nature and appropriateness of his/her defense mechanism in relation to the social factors and influences of current external pressures.

d. Assessment of the nature of the client's problem in light of his/her history. Tie together the significant history and factors in cause-effect relationship as understood from the history. If the history does not contain sufficient information about a specific aspect, it is important to state that this is unclear, thus pointing out areas for further exploration and assessment.

XV. **Hypothesized Diagnosis, Prognosis and Recommendations**

***Late assignments lose 15% off the final grade for that assignment for each day late*.

Assignment III - Final Examination

The final examination evaluates student's mastery of the content covered during the semester. The details and a review will be discussed during the semester. The questions are typically multiple choice objective questions.

All students must complete all class assignments, mid-terms and final exams to receive a passing grade for the course – I will not shift the weight of one assignment onto another. Respectfully, please do not make last minute requests for special accommodations for completion of work; if accommodations are necessary this must be thoroughly discussed with the professor with sufficient time to explore options and for the professor to plan. See section below on disability accommodation.

Grades:

Assignment Type	Points	Grade %
Assignment	10	10%
Participation	20	20%
Midterm	30	30%
Final Exams	40	40%
Total	100	100%

Students With Disabilities

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations are asked to make an appointment with the Office of Disability Services, Abby Kelsen, Wilf Campus, *646-685-0118,*

akelsen@yu.edu, during the first week of class. Please submit your accommodations letter to the Disability Services Office immediately. After approval for accommodations is granted, documentation should be submitted to the professor; this should be done by the end of the first week of Summer Session. Any accommodations must be discussed and negotiated with the individual professor; specific accommodations are not automatic.

E-RES (Electronic Reserve) and Course Files

Most of the articles mentioned in the syllabus are available on electronic reserve [**E-RES**]. You can access any of the readings 1) as files in Canvas, 2) on e-reserve or 3) as full text articles in the library online from your home or from a university computer at no charge. You may have to locate specific journal articles independently; the absence of an article on **ERES** is not a reason to be unprepared for class. You are expected to learn to search for the scholarly material needed.

How do I Use E-RES?

To access E-Reserves:

- Kilgus, et al. is on Print Reserves, available at the library reserve desk.
- For other readings go to http://libguides.yu.edu/home Click on "E-Reserves."
- If you are off campus, you will be prompted for your personal user ID and password for off-campus access.
- Search for & select your course by beginning to type course number, course name, or instructor name.
- Enter your course password when prompted **(6111SUM) in UPPER CASE.**
- If you need help accessing readings, please contact *eres@yu.edu*. If there is a problem with the materials, please contact Stephanie Gross, E-reserves Librarian, gross@yu.edu
- To view documents that are in pdf format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at **www.adobe.com/products/acrobat/readstep2.html**

Problems? Call E-RES at the library, they are super helpful.
Plagiarism

The School will not condone plagiarism in any form and will sanction acts of plagiarism firmly. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as your own. It is not plagiarism to formulate your own presentation of an

idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. Any student who can be shown to have plagiarized any part of any assignment in this course will automatically *Fail* the course and will be referred to the Associate Dean for disciplinary action that may include expulsion. Please be advised that Professor Conley uses plagiarism detection software designed to search the web and published journals for duplicate text. As a published author and seasoned journal reviewer I am *extremely* sensitive to writing style and tone and the second my 6th sense goes off I start checking. Please, be careful and be honest.

HIPAA alert

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious things like names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation it can be included if it will not allow for identification.

Confidentiality

Given the nature of classroom discussion and the presentation of case materials and at times personal revelation in class students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.

Course Outline

The course relies on Canvas and is organized by Modules. Each class has its own Module in Canvas where you will find 4 associated pages to look at.

- **Instructions and anticipated outcomes**. This will tell you in advance what we are doing for each class and what you may expect to have learned as a result.
- **Activities / Assignments**. This states specifically what you are to do for the class. Each class will be a discussion seminar format.
- **Readings / Links**. The readings are all outlined below in this syllabus but are broken up further in the Modules; some are linked to, including video's.
- **Discussion Questions and Ideas**. Very important that you know before each class what we will be discussing and what your participation expectations are. Bring your ideas, questions and talking points based on this.

The grid below is the same as this syllabus page 1 but with a little more detail concerning which class Module you should look at to prepare for class.

Module 1
Etiology of psychopathology; DSM history and reductionism
<u>Required Reading</u>:
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
  - Chapter 1: Psychopathology
  - Chapter 4: Etiology
- Blashfield, R.K., Keeley, J.W., Flanagan, E.H., Miles, S.R.(2014) The Cycle of Classification: DSM-I Through DSM-5. *Annual Review of Clinical Psychology. 10: 25–51.*
- Barnes, H. (2011). Does mental illness have a place alongside social and recovery models of mental health in service users' lived experience? Issues and implications for mental health education. *Journal of Mental Health Training Education and Practice, 6, (2), 65-71.*
- Overton, SL., Medina, SL., (2008) The Stigma of Mental Illness. *Journal of Counseling and Development*, 86, (2), Spring,1-11.
<u>Optional Reading</u>:
- Scheyett, A. M. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work in Mental Health: The Journal of Behavioral and Psychiatric Social Work,* 3 (4), 79-97.

Module 2
Assessment, evaluation and diagnosis
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
  - Chapter 2: Assessment
  - Chapter 3: Diagnosis and Prognosis
- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
  - Pages 5, section on Introduction only, (skip sections on public and professional review, expert review), read pages 10 through 24.
- Davidson, L., et al. (2006). Play, pleasure and other positive life events: Non-Specific factors in recovery from mental illness? *Psychiatry,* 69 (2), Summer, 151-161.
- Center for Epidemiological Studies Depression Inventory (CES-D) in Canvas as a .pdf file
<u>Optional Reading</u>:
- McWilliams, N. (1994). *Psychoanalytic Diagnosis. New York: Guilford Press. (*Chapter 1) "Why Diagnose?" (A CLASSIC!)
- Roberts, R. (2006). Laing and Szasz: Anti-psychiatry, Capitalism and Therapy

Module 3
Neurodevelopmental Disorders and Neurocognitive Disorders
<div align="center">Required Reading:</div>

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).*
  - Neurodevelopmental Disorders, 31-87
  - Neurocognitive Disorders, 591-644
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
  - Chapter 25: Neurodevelopmental Disorders
  - Chapter 10: Neurocognitive Disorders

Module 4
Schizophrenia Spectrum and other psychotic disorders (including delusions)

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
  - Chapter 22: Schizophrenia and Other Thought Disorders
  - Chapter 8: Legal, Ethical, and Multicultural Issues.198-226.
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).*
  - Schizophrenia spectrum and other psychotic disorders 87-102
- An interview with Scott Elrod, M.D. Psychiatrist (in class)

Module 5
Mood Disorders: Depression & Bipolar

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
  - Chapter 13, Mood disorders
- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
  - Pages 123-168 concerning both Bi-Polar and Depression. Remember advice from Dr. Conley in previous classes about how to read this material.
- Center for Epidemiological Studies Depression Inventory (CES-D) in Canvas as a .pdf file
- Depression: PHQ tool saved as .pdf in Canvas for you
- Hudson, C. (2012). Disparities in the geography of mental health: Implications for social work. *Social Work, 57, (2),* April, 107-119.
<div align="center">Optional Reading:</div>
- Gove, W. (2004). The career of the mentally ill: An integration of psychiatric labeling/ social construction and lay perspectives. Journal of Health and Social Behavior, 45, (4), Dec. 357-375.

Module 6

Anxiety and related disorders
<u>Required Reading</u>:
- American Psychiatric Association *(2013). Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
    - Anxiety Disorders, pages 189-233.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
    - Chapter 14: Anxiety Disorders
- Generalized Anxiety Disorders 7 item scale .pdf in Canvas
- Leibowitz Social Anxiety Scale .pdf in Canvas

Anxiety and related disorders continued
- American Psychiatric Association *(2013). Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
    - Trauma and stress related disorders, pages 265-291.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
    - Chapter 16: Trauma and Stress Disorders
    - Chapter 15: Obsessive Compulsive Disorders
    - PTSD Abbreviated PCL-C .pdf in Canvas

Module 7
Personality Disorders
<u>Required Reading</u>:
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders.* (5th ed.)
    - pages 645-684
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
    - Chapter: 24: Personality Disorders
- An Interview with Phil Bornstein, Ph.D., Clinical Psychologist (in class)

Eating Disorders
<u>Required Reading</u>:
- American Psychiatric Association, (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
    - Feeding and Eating Disorders, Pages 329-354.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
    - Chapter 20: Eating and Elimination Disorders
- Beumont, P., Touyz, S. (2003) What kind of illness is anorexia nervosa? *European Child and Adolescent Psychiatry, (Suppl. 1)* 12: 20-24.
- Hope, Tony, Tan, Jancinta, Stewart, Anne; Fitzpatrick, Ray (2011) Anorexia

Nervosa and the language of authenticity. *The Hastings Center Report.* 41.6 (Nov/Dec) 19-29.

Substance Related Addictive and Impulse Control Disorders
<u>Required Reading</u>:
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders.* (5th ed.) 461-490.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York. W.W. Norton.
    - Chapter 11: Substance-Related Disorders
    - Chapter: 23: Disruptive and Impulse Control Disorders
    - Additional material as assigned in Canvas Module for this class

8/14/18   Final Exam In Classroom

REFERENCES

Berger, C.S. & Ai, A. (2000) Managed care and its implications for social work curricula reform: Policy and research initiatives. *Social Work in Health Care,* 31, 59-82.

Dulmus, C. N. & Rapp-Paglicci, L.A. (2000) The prevention of mental disorders in children and adolescents: Future research and public policy recommendations. *Families in Society,* 81, 94-303.

Dulmus, C.N. & Smyth, N.L. (2000) Early onset schizophrenia: A literature review of empirically-based interventions. *Child and Adolescent Social Work Journal,* 17, 55-69.

Gantt, A.B., Cohen, N.L. & Sainz, A. (1999) Impediments to the discharge planning effort for psychiatric inpatients. *Social Work in Health Care,* 29, 1-14.

Glass, C.R.& Arnkoff, D.B. (2000) Consumers' perspectives on helpful and hindering factors in mental health treatment. *Journal of Clinical Psychology,*56, 1467-1480. Lesser, J.G.(2000) Clinical social work and family medicine. *Health and Social Work, 25, 119-126.*

Lewinsohn, P.M., Solomon, A., Seely, J.R. & Zeiss, A. (2000) Clinical implications of "subthreshhold" depression symptoms. *Journal of Abnormal Psychology,* 109, 345-351.

Loveland Cook, C.A., Becvar, D.S., & Pontious, S.L. (2000). Complimentary alternative medicine in health and mental health: Implications for social work practice. *Social Work in Health Care,* 31, 39-57.

McFall, M., Malte, C., Fontana, A. & Rosenheck, R.A. (2000) Effects of an outreach

intervention on use of mental health services by veterans with posttraumatic stress disorder. *Psychiatric Services,* 51, 369-374.

Melchert, T.P. (1999). Relations among childhood memory: A history of abuse, dissociation and repression. *Journal of Interpersonal Violence,* 14, 1172-1192.

Miller, B.V., Fox, B.R. & Garcia-Beckwirth, L. (1999). Intervening in severe physical abuse cases: Mental health, legal and social services. *Child Abuse and Neglect,* 23, 905-914.

Murray, M.G. & Steffen, J. J.(1999). Attitudes of case-managers toward people with serious mental illness. *Community Mental Health Journal,* 35, 505-514.

Nobles, A.Y., & Sciarra, D.T.(2000). Cultural determinants in the treatment of Arab Americans: A primer for mainstream therapists. *American Journal of Orthopsychiatry,* 70, 182-191.

Olfson, M., Guardino, M., Streuning, E., Schneier, F.R., Klein, D.F.(2000). Barriers to the treatment of social anxiety. *American Journal of Psychiatry,* 157, 521-527.

Olsen, D.P. (1998). Toward an ethical standard for coerced mental health treatment: Least restrictive or most therapeutic? *Journal of Clinical Ethics,* 9, 235-246.

Ohayon, M.M. & Schatzberg, A.F. (2002).Prevalence of depressive episodes with psychotic features in the general population. *The American Journal of psychiatry,*159, 1855-1861.

Okuji, Y., Matsura, M., Kawasaki,N., Kometani, S. & Abe, K. (2002). Prevalence of insomnia in various psychiatric diagnostic categories. *Psychiatry and Clinical Neurosciences,* 56, 239-240.

Olfson, M., Shaffer, D., Marcus, S.C. & Greenberg, T.(2003). Relationship between antidepressant medication treatment and suicide in adolescents. *Archives of General Psychiatry,* 60,978-982.

Primm, A.B., Gomez, M.B., Tzolvz-Iontchev, I., Perry, W., Vu, H.T., & Crum, R.M. (2000). Mental health versus substance abuse treatment programs for dually diagnosed patients. *Journal of Substance Abuse Treatment,* 19, 285-290.

Rahkonen, T., Makela, H., Paanila, S., Halonen, P., Sulkava, R. (2000). Delirium in elderly people without severe predisposing disorders: Etiology and 1-year prognosis after discharge. *International Psychogeriatrics,* 12,(4), 473-481.

Rapport, M.D. (2001). Bridging theory and practice: Conceptual understanding of treatments for children with attention deficit hyperactivity disorder (ADHD), obsessive

compulsive disorder (OCD), autism and depression. *Journal of Clinical Child Psychology,* 30, (1), 3-7.

Ritter, B. & Dozier, C.D. (2000). Effects of court ordered substance abuse treatment in child protective services cases. *Social Work,* 45, 131-140.

Ruggiero, K.J., McLeer, S.V., & Dixon, J.F. (2000). Sexual abuse characteristics associated with survivor psychopathology. *Child Abuse and Neglect,* 24, 951-964.

Takeuchi, D.T. & Cheung, M.K.(1998). Coercive and voluntary referrals: How ethnic minority adults get into mental health treatment. *Ethnicity and Health,* 3, 149-158.

Thabet, A.A. & Vostanis, P.(2000). Posttraumatic stress disorder reactions in children of war: A longitudinal study. *Child Abuse and Neglect,* 24, 291-298.

Yeschin, N.J. (2000). A new understanding of attention deficit hyperactivity disorder: Alternate concepts and interventions. *Child and Adolescent Social Work Journal,* 17, 227-245.

COURSE COMPETENCIES

This course will help students achieve the following Council on Social Work Education Competencies: #1, #2, and #7.

Competency #2 will be measured using student outcome data.

Competency #1 – Demonstrate Ethical and Professional Behavior

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.

Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.

Social workers use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.

Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.

Social workers use technology ethically and appropriately to facilitate practice outcomes.

Social workers use supervision and consultation to guide professional judgment and behavior.

Competency #7 –Assess Individuals, Families, Groups, Organizations, and Communities
Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment , and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions ma affect their assessment and decision –making, collect and organize data and apply critical thinking to interpret information from clients and constituencies.

Social workers apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;

Social workers develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and

Social workers select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

COURSE COMPETENCY OUTCOMES

Competency 2 is measured with student outcome data.

Competency 2: Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the

human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

Social workers apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;

Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences; and

Social workers apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

Competency Indicators 2A and 2B.

2A –Gains sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;

2B – View themselves as learners and engage those with whom they work as informants.