

UNIVERSITY OF MINNESOTA DULUTH
DEPARTMENT OF SOCIAL WORK
SPRING 2008
SW 5095

Special Topics: A Problem-based Approach
To Clinical Assessment and Intervention
TUSDAYS – 9:00-11:50 A.M.
Chemistry 153

INSTRUCTORS: Kathy Heltzer &
Mike Raschick

OFFICES: In SW Office Suite (220 BohH Hall)

PHONE/EMAIL: Kathy - 726-8935
kheltzer@d.umn.edu
Mike – 726-7642
mraschic@d.umn.edu

OFFICE HOURS:
Kathy – by appointment

Mike - I'm usually available from
10:30 a.m. to 7 p.m. every day
except Wednesdays. It's
preferable to call ahead for an
appointment in order to ensure
I'm in.

Course (Topic) Description:

Beginning with complex case situations, and having you draw on knowledge and skills that best address these situations, you will follow cases from initial assessment through intervention and termination. This nationally cutting-edge approach is based on the premise that one of the most effective ways of teaching advanced SW practice is to begin with a difficult “real-life” practice problem, and to have you somewhat autonomously draw on whatever information and skills they need to effectively address the problem.

Course objectives/outcomes:

The primary course objective will be to teach you how to find and apply cutting-edge, evidence based knowledge and skills in addressing complete clinical case situations. As such, you will learn how to effectively seek out information and knowledge about clinical *best practices* and to skillfully apply this information and knowledge to assessment/diagnosis and intervention.

Expected outcomes and evaluation methods:

OBJECTIVES Students will be able to:	OUTCOMES Students will:	EVALUATION
1. Accurately diagnose complex mental disorders.	Apply the DSM (Diagnostic & Statistical Manual of Mental Disorders) to accurately diagnosis complex mental disorders.	Presented with complex case scenarios, you will formulate the most accurate DSM diagnoses.
2. Identify what constitutes sound clinical practice research.	1. Apply research knowledge and skills to critique clinical practice research. 2. In relationship to specific case situations, you will apply research knowledge and skills and practice knowledge to identify interventions that are best supported by reliable research and practice evidence.	1. Given examples of different clinical research studies, you will identify which are most empirically “sound” and explain why. 2. Presented with complex case scenarios, you will identify the best empirically supported interventions to address the particular problem(s) facing clients
3. Effectively search for best “best practice” interventions for complex clinical social work problems.	Effectively apply the principles of effective internet and data-base searches to seek out interventions that are best empirically supported for treating clinical social work clients.	Presented with complex case scenarios, you will use internet and scholarly data-bases to identify the best empirically supported interventions to address the particular problem(s) facing clients.
4. Demonstrate effective clinical social work interviewing skills	Skillfully apply principles of effective clinical interviewing from social work literature to complex case situations.	Presented with complex case scenarios, you will demonstrate skillful interviewing and interventions skills in class case presentations.

TEACHING & LEARNING METHODS:

The course’s teaching method will primarily involve your working in rotating groups of 5 students to address complex case scenarios that they will each group will design. Groups will be responsible to find cutting-edge information about assessment, intervention, and termination to the particular case situation—and as well as to role-play case meetings/interventions with clients. Groups will share their work with each other during the course of the semester, including having 3 formal group presentations during the course of the semester.

The primary role of Kathy and Mike will be to provide consultation to you about finding and applying the most effective approaches to the cases you're working on.

COURSE EXPECTATIONS

Class Participation:

You can earn as many as 10 points for participation in class/small group discussions. Examples of behaviors that will earn 8-10 points are:

Being actively engaged in class and small group discussions and projects.

Regularly making thoughtful contributions to class and small group discussions and projects that are grounded in knowledge about *best practices*

Demonstrating good critical thinking skills in class and small group discussions and projects.

Make class and small group contributions that are respectful to other students' points of view and that serve to effectively engage them.

Attendance:

Due partly to the length of each class and the scope of things covered each week, your attendance at all class meetings is required unless there are emergencies or other critical conflicts. Except for emergencies, absences should be approved by the instructors ahead of time. In order to gain some of the content of missed class, "make-up" written assignments will be required. They will be designed the major topics covered during the missed class. If you miss a class, it will be your responsibility to contact Kathy or Mike about the topic of your makeup assignments. Unless other arrangements are made—makeup assignments are due one week after the missed class. If makes-ups are not timely and satisfactorily completed, you may receive an "N" for the semester.

Incomplete Policy:

Although incompletes are generally discouraged, they may be granted in exceptional circumstances. When they are granted, the following guidelines will be applicable.

1. All assignments for an incomplete must be completed by the end of the semester following the class.
2. If you do not complete and have Kathy or Mike sign the *Request for Incomplete Form*, you may receive a grade that reflects credit or points lost for work not completed.
3. If the incomplete is not made up by that time (the end of the following semester) you may receive the grade they have earned up to that point in the class.
4. It is your responsibility to complete the form requesting an incomplete, as well as to get my signature on the form and to submit a copy of the signed copy of it to Rita Ohman, the Department's Student Support Assistant and to one of the course instructors. You should also keep a copy for your records. The deadline for doing this is the last class meeting of the semester.
5. If you do not complete and fully process the Request for Incomplete Form by the deadline, you may receive the grade earned thus far in the class.

Assignments:

1. Selecting case scenarios for small group analysis

Three times during the semester, each small group (consisting of 5 members) will select a *complex case* involving a client who:

- a) Is from a racially and/or ethnically “non-majority” population.
- b) Has or should have a DSM diagnosis.
- c) Is apt to require both pharmaceutical and psychotherapeutic interventions, with the latter including environmental interventions.

The case you select during each of these three occasions should be one that is considered to be very complex by MSW community mental health practitioners, from both psychological and environmental perspectives. To select such cases you will need to interview one or more community practitioners and either have them provide you with a case scenario that they see as very complex and that was (or would be) very challenging for them; or confirm that the scenario that you selected is one that is very complex and would be very challenging to them. The case can be “real” or “constructed” (with your most likely ultimately creating a combination of the two). Both you and the community practitioner should be aware that if it’s a real case, you/they shouldn’t include any information that could identify the client. Note that it’s quite possible that cases you get from community practitioners or from your own practice won’t involve clients from diverse groups. Thus you may well need to add this to the scenario.

In conducting your interview(s), you should focus on finding trying to find the *framework* for cases that meet the above required criteria. This means that you shouldn’t look for all the details that you will ultimately need to include in your Assessment, but instead anticipate having to “make up” some of this information later on. The reason for this is that it would take too much time to get all the details of the case, and we want you to limit your interviews to 30 minutes in consideration of the busy schedules of the community practitioners.

The requirements of your assessment are described under **Assessing Clients...** below, and you should review the full assessment form before conducting your interviews in order to ensure that you get a case that potentially will include all the dimensions of this format.

You should also use your interview(s) to gain an understanding of what types of cases community practitioners feel are the most complex, and *why* they consider them to be very complex/challenging.

Each group member should interview at least one community practitioner, and summarize the interview and your thoughts about the scenario’s appropriateness for the group assignment. Then groups should decide which case they’re going to be working on.

This process may need to be repeated during the semester in order to have appropriate cases for each of the three groups you participate in. However, you won’t need to conduct interviews each time if your group decides to select a case from previous

interviews you or another of it's members have done. You will only be graded on one of the interviews (of your choosing), but need to submit notes on each you complete.

If you are currently in a field placement in a mental health setting, your field supervisor or another agency worker may be a good person to interview (or they may suggest someone else in the community). We're aware of the fact that some of you are either not doing your field placement this semester or else are doing it a non-mental health setting. Thus we will provide you with a list of possible interviewees the first day of class.

2. Assessing clients of small group case scenarios

Three times during the semester, each group of 5 will write a detailed assessment of the client system in their case scenarios, following the very detailed framework provided in the Jordan & Franklin reading (which will be on electronic reserve at the UMD Library). As part of this you will need to provide your primary client with a 5-axis DSM diagnosis.

Although each group will be responsible for only a single assessment, each group member will be graded separately on the basis of what they wrote in the paper and how they contributed to its overall development. In order to determine each member's contribution, everyone in the group will need to sign off on what each person did, including their input in discussions about the assessment.

3. Selecting interventions that are based on the best evidence available

One of the focuses of the course is teaching you how to systematically seek out *best practice* interventions. This will include your learning how to systematically search the literature for evidence-based practice (with a focus on electronic searches), and evaluate the validity and strength of research support for different potential interventions.

Three times during the semester, each group will write up what interventions they selected for their case and how they would implement them if it were a "real" case. This paper should include an explanation of how the interventions they selected are based on the best evidence available, and a detailed description of the steps they took to search the literature to determine this. Groups will be required to document having searched in at least two scholarly electronic data bases, search engines or websites--one of which must be a data base accessed through the UMD library. You will also need to document the results of all of the searches that you did using the "search term documentation form" which will be handed out in class." Organizing the results of your searches will be facilitated though using *RefWorks* software that all UMD students have access to. Instructions for using *RefWorks* are available at: <http://www.d.umn.edu/lib/refworks/index.htm>; and, if you need help in accessing and/or using it, we can assist you individually."

Groups also need to describe how you would implement your interventions. If recommendations for psychotropic medications were one of the interventions (which we hope will frequently be the case because of this being one of the criteria for selecting the case scenarios), you will need to include a description of why the medication(s) was/were chosen and the steps involved in monitoring its/their effectiveness and side-effects. We want you to do this in order to provide you with important knowledge about

specific psychotic medications and their effects, with our realizing that Social Workers obviously aren't qualified to prescribe medications in actual practice.

As with the assessment assignment, although there will only be one intervention paper per group, each group member will be graded separately on their contribution to the paper and its development; and, to help us determine this, the group will need to describe and sign-off on what each person did.

4. **Group presentations of primary psychotherapeutic approach they selected to use for their case scenario**

Three times during the semester, each group will do a class presentation on how they addressed their case scenario. The week before each presentation, groups will provide the rest of the class with assessment and intervention papers.

The oral presentation itself should be a maximum of 35 minutes (with our stopping people exactly at this time limit). The 35 minutes doesn't include the 10 minutes of class discussion at the end. The parts of this presentation are:

- a) brief descriptions of the presenting problem and of the relevant cultural characteristics of the worker and the client (the description of the client's cultural characteristics should include specific information from the one of the chapters of the McGoldrick et al. (approximately 2 minutes)
- b) an overview of the primary components of treatment approach you are going to be illustrating (approximately 5 minutes)
- c) an explanation for why the approach you chose was most appropriate for addressing the presenting problem, including the evidence for its efficacy (approximately 5 minutes)
- d) a description of the context of the role play that you're going to do (see *f* below), including an overview of what transpired in previous sessions that includes at least 3 distinct assessment and/or interventions associated with the approach and an explanation of at least 1 example of cultural competence (approximately 5 minutes)
- e) a description the interventions and/or skills that you are going to be demonstrate in the role play (approximately 3 minutes)
- f) a role play, with at least one "observer", that illustrates at least 1 distinct intervention associated with the approach, as well as good interviewing techniques (with the latter including both verbal and communication that demonstrates being closely "in tune" with the client) (approximately 5 minutes)
- g) descriptions from the role play's "client", "worker", and "observer" of what they experienced—both subjectively and objectively--in participating in or observing the role play (approximately 5 minutes)

- h) discussion of what each of the presenters “most” and “least” liked about the approach (approximately 5 minutes)
- i) a class discussion facilitated by the three presenters that includes an opportunity for class questions and feedback about the approach and the presentation (10 minutes)

Each group member will be graded on their particular contribution to the presentation; and each student must role-play a client or a worker during at least one of their three presentations during the semester.

GRADING

Summary of interview with community practitioner	10 pts.
Assessment paper	27 pts. (9 pts. for each assessment)
Intervention paper	27 pts. (9 pts. for each)
Small group presentations	27 pts. (9 points for each)
Class/Small Group discussion	9 pts.

Total	100 points

Final grades will be based on the following scale: 60-69 points is a D, 70-79 a C, 80-89 a B, and 90-100 an A.

Optional Text

Sadock, B.J., & Sadock, V.A. (2007). *Kaplan & Sadock’s synopsis of psychiatry behavioral sciences/clinical psychiatry* (10th ed.)/ Philadelphia: Wolter Kluwer/Lippincott Williams & Wilkins. [Besides being a good reference for your completing your case scenario assignments, this is a great resource if you’re planning on practicing in a mental health setting after you graduate. It’s primarily written for psychiatrists and other physicians but is a comprehensive, cutting-edge recourse on mental health best practice. This book is available at Amazon.com for from \$71-\$99]

Other possible resources potentially relevant to your work in small groups (all except for Cooper & Lesser which was the text for SW 8441 are either available in UMD Reserve)

Allen-Meaures, P., & Garvin, C. D. *The handbook of social work direct practice* (2000). Thousand Oaks, CA: Sage Publications.

American Psychiatric Association (2000). *DSM-IV TR* (4th ed.). Washington, D.C: American Psychiatric Association.

Cooper, M.G., & Lesser, J.G. (2008) *Clinical social work practice an integrated approach* (3rd ed.). Boston: A&B/Pearson.

Fischer, J., & Corcoran, K. (2007). *Measures for clinical practice and research a sourcebook* (4th ed.). Oxford, New York: Oxford University Press.

Jordan, C. & Franklin, C. (2003). *Clinical assessment for social workers quantitative and qualitative methods* (2nd ed.) Chicago, Ill: Lyceum Books.

Mattaini, M.A. (1997). *Clinical practice with individuals*. Washington, D.C: National Association of Social Workers.

Mattaini, M.A. (1999). *Clinical intervention with families* (1999). Washington, DC: NASW Press.

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). *Ethnicity and family therapy* (3rd ed.). New York: Guilford Press.

Munson, C. E. (2001). *The mental health diagnostic desk reference* (2nd ed.) New York: Haworth Press.

Nathan, P.E., & Gorman, J.M. (2007). *A guide to treatments that work*. (3rd ed.). New York: Oxford University Press.

Turner, F.J. (2005). *Social work diagnosis in contemporary practice*. New York, N.Y: Oxford University Press.

Welfel, E.R., & Ingersoll, R.E. (2001). *The mental health desk reference*. New York: Wiley.

DEPARTMENTAL GROUNDRULES FOR MUTUALLY RESPECTIVEFUL, CULTURALLY COMPETENT SEMINAR DISCUSSION

General statement: We can assume that discrimination exists in many forms (e.g., sexism, racism, classism, ageism, homophobia, anti-Semitism, etc.). Any critical understanding of these various “isms” means that we need to recognize that we have been taught misinformation about our own group as well as about members of other groups. This is true for dominant (e.g., white, male, upper class, heterosexual, able-bodied, etc.) and oppressed (e.g., people of color, women, poor and working class, gay/lesbian/bisexual/transgendered, disabled, Jewish, Muslim, etc.) group members. Based on these assumptions, then, let’s agree that we cannot be blamed for misinformation we have learned, but we will be held accountable for repeating information after we have learned otherwise. People and groups are not to be blamed for their oppressed positions. Let’s assume that people are always doing the best they can. Let’s actively pursue information about our own groups and those of others. Let’s share information about our own groups with other members of the class but never demean, devalue, or in any other way put down people for their own experiences. We each have an obligation to actively combat myths and stereotypes about own groups so that we can break down the walls which prohibit group cooperation and group gain. Let’s create a safe environment for open discussion.

ACCOMMODATIONS FOR STUDENT DISABILITIES

My highest priority is for our classroom and course work to facilitate participation and exchange. I am eager to make accommodations to guarantee to students with disabilities access to class sessions, course materials, and the activities of the class. You are encouraged to contact the Access Center-Disability Services to discuss and arrange reasonable accommodations (102 Kirby Center, tel. 726-8217). In addition, please let me know as soon as possible if you have a disability for which accommodations will be requested. Note that you are under no obligation to disclose the nature of your disability to me or other faculty.

UMD STUDENT ACADEMIC INTEGRITY POLICY

"Academic dishonesty tarnishes UMD's reputation and discredits the accomplishments of students. UMD is committed to providing students every possible opportunity to grow in mind and spirit. This pledge can only be redeemed in an environment of trust, honesty, and fairness. As a result, academic dishonesty is regarded as a serious offense by all members of the academic community. In keeping with this ideal, this course will adhere to UMD's Student Academic Integrity Policy, which can be found at www.d.umn.edu/assl/conduct/integrity. This policy sanctions students engaging in academic dishonesty with penalties up to and including expulsion from the university for repeat offenders."

Note that plagiarism is an important form of academic dishonesty. A simple description of plagiarism is "present[ing] substantial portions or elements of another's work or data as... [your] own, even if the other work or data source is cited occasionally" (*Publication Manual of the American Psychological Association*, 5th ed, 2001, p. 395). It's also important to note that, even though basing a paper primarily on direct quotations doesn't constitute plagiarism if quotation marks are included, an overdependence on quotations does not represent acceptable scholarly writing.

STATEMENT ON STUDENT CONDUCT CODE

"The instructor will enforce and students are expected to follow the University's Student Conduct Code (<http://www.d.umn.edu/assl/conduct/code>). Appropriate classroom conduct promotes an environment of academic achievement and integrity. Disruptive classroom behavior that substantially or repeatedly interrupts either the instructor's ability to teach, or student learning, is prohibited. Disruptive behavior includes inappropriate use of technology in the classroom. Examples include ringing cell phones, text-messaging, watching videos, playing computer games, doing email, or surfing the Internet on your computer instead of note-taking or other instructor-sanctioned activities."

COURSE TIMETABLE

DATE	REQUIRED READINGS & ASSIGNMENTS*	CLASS TOPICS
Week 1- Jan. 22		<p>Description of the “problem-based” and student-collaborative approach that will be used in this course</p> <p>Overview of syllabus (it’s important that you review the syllabus before class and come prepared with any questions you may have)</p> <p>Discussion of process of selecting small group case scenarios</p> <p>Assignment of membership in initial two small groups</p> <p>Description of REACH pre- and post-tests</p> <p>Bonnie Keeling (MSW, LICSW) and Faris Keeling (MD), clinical social worker and psychiatrist, will discuss clinical mental health practice—including challenges in diagnosis, medication management issues, and how to work collaboratively with different members of the clinical team. They will also present examples of complex clinical cases.</p>
Week 2- Jan. 29	Read pp. 3-32 of Jordan & Franklin	<p>Brief explanation of “art” and “science” of social work</p> <p>Brief discussion of what effective “clinical social work” is—and what it isn’t (and how social work differs from clinical psychology)</p> <p>Discussion of problem-solving model that integrates important SW values and principles, including strength, narrative, and solution-focused perspectives</p> <p>Discussion of some difference cultural perspectives on mental health and “healing”</p> <p>Discussion of the clinical assessment format that will be used for small group cases</p> <p>Small groups work on developing their first case scenario</p>
Week 3- Feb. 5	<p>Read handouts from SW-Reach program</p> <p>Interviewing Assignment due</p>	<p>How to evaluate whether an intervention is supported by “the best evidence available”</p> <p>Independent work of small groups</p>
Week 4- Feb. 12	<p>Read handouts from SW-Reach</p> <p>Small group write-up of their case scenario due (we can give you in-class feedback about this as you</p>	<p>How to search for the evidence-based interventions</p>

* Note that readings must be completed by the time of the class session in which they are listed.

	develop it)	
Week 5- Feb. 19	Read pp. 976-991 in Sadock & Sadock (on Psychopharmacology) First Assessment & Intervention assignments due	Brief discussion of assigned reading Independent work of small groups
Week 6- Feb. 26	First small group case presentation (with both groups of 5 presenting)	
Week 7- March 4		Independent work of small groups
Week 8- March 11	Groups' write-up of their 2nd case scenario due (along with any new community interviews)	Independent work of small groups
March 18	NO CLASS (Spring Break)	
Week 9- March 25	Second Assessment & Intervention assignments due	Independent work of small groups
Week 10- April 1	Second small group case presentation (with both groups of 5 presenting)	
Week 11- April 8	Groups' write-up of their 3rd case scenario due (along with any new community interviews)	Independent work of small groups
Week 12- April 15		Independent work of small groups
Week 13- April 22	Third Assessment & Intervention assignments due	Independent work of small groups
Week 14- April 29	Third small group case presentation (with both groups of 5 presenting)	Completion of teacher evaluations
May 6	NO CLASS (Oral Exam week)	

