THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF SOCIAL WORK

COURSE NUMBER: SOWO 840
COURSE TITLE: Adult Mental Health: Theory and Practice, Section 1
SEMESTER AND YEAR: Fall 2009
INSTRUCTOR: Melissa D. Grady, PhD, MSW, LCSW
School of Social Work
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OFFICE HOURS: Tuesdays from 12-3 or by appointment

COURSE DESCRIPTION: This course focuses on mental health social work practice with adults, covering assessment and several theoretically based interventions with an emphasis on gaining practice skills.

COURSE OBJECTIVES:
By the end of this course, students will:

1. Understand and apply concepts, selected theory, and research related to adult mental illness;
2. Understand the role of the social worker in mental health inpatient and outpatient settings and how social workers fit within multi-disciplinary teams;
3. Complete a bio-psychosocial and mental health assessment that is sensitive to, and addresses issues of diversity including ethnicity, age, gender, sexual orientation, class, and spiritual beliefs;
4. Effectively link the assessment process to an individualized treatment plan that delineates specific goals and objectives that are measurable based on a consistent theoretical framework;
5. Demonstrate greater skills in establishing and maintaining relationships with clients that may include addressing and managing resistance, boundaries, transference, counter-transference and self-disclosure;
6. Select and apply appropriate theoretically based interventions with clients in mental health settings based on evidence based practice principles;
7. Critically examine ethical issues experienced by social workers in mental health settings, including how broader contextual and systemic issues impact direct social work practice;

8. Demonstrate competence in professional documentation and communication of clinical material

**Expanded Description:**
This course is an advanced theory and practice course that builds on the foundation year of HBSE and practice courses. It is designed to increase students’ competencies in both articulating their assessment with clients using a consistent theoretical framework, but also focusing on increasing their practice skills with adult clients. By the end of the course, students will be more confident in their ability to articulate and choose an appropriate form of intervention using evidence base practice principles and feel more confident in their ability to implement such an intervention. Advanced practice skills will be addressed throughout the course, such as tracking, use of self, resistance, and recognizing patterns. Case material and experiential exercises will be used to increase students’ practice skills.

**Required Texts/Readings:**

Required texts are available in the UNC Health Affairs bookstore – 966-2208. **All required readings for this course can be obtained via blackboard.**

**Related Readings:**


**Teaching Methods**
This course will involve lecture, discussion, role playing, video clips, and student case presentations. These teaching strategies will be used to help students master the theoretical approaches and necessary skills needed to intervene with adult clients in both mental health
settings. It is expected that each student will be involved in this course; thus, participation in discussion and role-playing is mandatory.

**CLASS ASSIGNMENTS** (See Appendix A for grade sheet for all assignments)
1. Journaling on Readings (25%).
2. Case Summary (15%)
3. Clinical Impasse Paper - Formulation (20%)
4. Clinical Impasse Paper – Intervention (30%)
5. Class Participation (10%): 94-100 is assigned to those students who have consistently attended and have been regular and active participants, missing no more than 1 class. 90-93 is for students who have missed 2 or more classes, but who regularly participate. 85-89 is for students who have either missed 2 or more classes, and do not participate often. 80-84 is for students who have missed more than 2 classes and rarely participate. Under 80 means that the student has irregular attendance, and has demonstrated through class discussions that s/he has not done the readings or actively disengages with class activities.

**GRADING SYSTEM**
H = 94 and above
P = 80 to 93
L = 70 to 79
F = 69 and below

In order to be as objective as possible in my grading of your assignments, use your student **PID number**. **DO NOT USE YOUR NAME**.

*You will lose 5 points if your name is included.*

**POLICY ON INCOMPLETES AND LATE ASSIGNMENTS:**
It is expected that assignments will be completed at times noted in the syllabus. If you have a situation arise that may prohibit you from completing the assignment on time, any request for delay of an assignment/exam must be done *in advance* of the due date (at least 24 hours) on an assignment/exam. Approved delays will not affect the grade. Any unapproved delays or assignments completed after an approved delay date will begin to accrue a 10% reduction every 24 hours that the assignment is late. Papers are due *at the start of class*. Papers that are handed in after the beginning of class will be considered late and there is a 10% deduction for every 24 period past the due date/time of the paper. In other words, if the paper is due at 2:00, and turned in at 11:00 pm that night, there will be a 10% deduction. The clock begins at the start of class.
If the student meets unavoidable obstacles to meeting the time frame, the student should discuss the circumstances with the instructor to determine if an initial grade of incomplete (INC) would be appropriate. I prefer not to give an incomplete grade and will give incompletes only in compliance with University policy.

**POLICY ON ACADEMIC DISHONESTY**
Please refer to the *APA Style Guide*, *The SSW Manual*, and the SSW Writing Guide for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments. All written assignments should contain a signed pledge from you stating that, "I have not given or received unauthorized aid in preparing this written work". In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required.

**POLICY ON ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:**
Students with disabilities which affect their participation in the course may notify the instructor if they wish to have special accommodations in instructional format, examination format, etc.

**USE OF LAPTOPS OR OTHER ELECTRONIC DEVICES**
No laptops or other electronic devices are permitted in the classroom, unless you have a specific documented learning disability. Please turn off all cell phones or other devices that would disrupt the learning environment of the classroom.

**APA FORMATTING**
It is an expectation of this course that you will correctly cite all of your material following the 5th ed. of the APA manual. If you are not familiar with this style, please refer to the manual, the study guide on the school’s website or see Diane Wyant, the School’s editor at dwyant@email.unc.edu
COURSE OUTLINE

August 31  Class 1: Introductions, Course Overview, Process & Content Skills
September 14  Class 2: Interconnection between theory and interventions
September 21  Class 3: Biopsychosocial Assessments and the Mental Status Exam
September 28  Class 4: Diversity and Ethical Issues
October 5  Class 5: Identification of recurrent themes/Working Alliance
October 12  Class 6: Honoring client’s resistance/ MET – Motivational Enhancement Therapy
October 19  Class 7: Shifting Client Responsibility
Case Summary Paper
October 26  Class 8: Challenging Clinical Issues
November 2  Class 9: Familial and developmental factors/ Family Theory/Home Visits
November 9  Class 10: Inflexible interpersonal coping strategies & Current interpersonal factors
Clinical Impasse Paper Part I
November 16  Class 11: Case Management and Forensic Social Work
November 23  Class 12: Open Topic
November 30  Class 13: Psychiatric Rehabilitation and DBT
December 7  Class 14: Working through termination and evaluation of practice
Clinical Impasse Paper Part II
**Week 1: Introduction and Overview**

1. Introductions: Course overview
2. What is clinical social work?
3. Definitions of mental health practice
4. Focus on Process and Content


**Week 2: Interconnection between theory and interventions**

1. Understand the importance of using theory as a roadmap in treatment
2. Understand how an assessment using a particular theory influences what interventions will be developed and implemented.
3. Where do psychological theories fit within the bio-psycho-social context?
4. Empirically supported common factors in therapy – bringing those into practice
5. Case illustrates: antisocial personality disorder

**Assigned Readings:**
Teyber Ch 1- Introduction and Overview


*Read Case of “Jerome” on blackboard*
Week 3: Mental Health Assessments & Bio-psychosocial Assessments
1. Mental Status Exam
2. Assessments, including differential diagnosis
3. Writing goals & objectives
4. Case illustrates: mood and anxiety disorders

Assigned Readings:


Week 4: Diversity and Ethical Issues
1. Developing a treatment plan that considers the social context: The impact of gender, socio-economic status, ethnicity, spirituality and sexual orientation
2. Incorporating spirituality in clinical practice
3. Working towards cultural competence - Ethnographic Interviewing
4. Case illustrates: issues around depression and coping

Assigned Readings:


Read Case of “Beauty Shop” on blackboard

Week 5: Establishing a working alliance /Identify Recurrent Themes
1. Complex cases, including client-worker differences
2. Poverty, culture, and other systemic issues
3. Recurrent themes
4. Working alliance
5. Vicarious Trauma
6. Case in Sea of Trouble illustrates: BPD, client-worker differences, working within a system

Assigned Readings:
Teyber Ch 2- Establishing a working alliance


**Week 6:** Honoring the client’s resistance and understanding impasses

1. Resistance issues throughout the treatment process
2. Motivational interviewing techniques
3. Evaluating impasses in treatment

**Assigned Readings:**
Teyber Ch. 3- Honoring the client’s resistance


**Week 7:** An internal focus for change

1. Examining patterns
2. Challenge clients to shift focus away from externalization towards ownership
3. Issues related to sexual minorities
4. ESI - IPT
5. Case illustrates: depression

**Assigned Readings:**
Teyber Ch 4- An internal focus for change


*Read cases “The Replacement”*

**Case Summary Paper Due**
Week 8: Challenging Clinical Issues
1. Counter-transference and self-awareness
2. Examining cultural countertransference – impact on difference within mental health practice
3. Case illustrates: antisocial personality disorder and strong worker feelings

Assigned Readings:
Teyber Ch 5- Responding to conflicted emotion

Read case of “Icarus” on blackboard

Week 9: Familial and developmental factors
1. Understanding familial factors, e.g. rules, patterns, systemic influences
2. Differences in home visits vs. outpatient visits
3. Case illustrates: family dynamics and setting of practice

Assigned Readings:
Teyber Ch. 6- Familial and developmental factors.
Teyber Ch 7- Inflexible interpersonal coping

(NOTE: Your journal MUST be on one of the two Teyber chapters for the week, NOT the case)

READ “Ghosts in the Nursery” on blackboard by Fraiberg
**Week 10:** Inflexible interpersonal coping strategies & Current interpersonal factors
1. Coping skills
2. Bringing conflict into session
3. Testing behaviors
4. Case illustrates: depression and anxiety

**Assigned Readings:**
Teyber Ch 8 - Current interpersonal factors
Teyber Ch 9 - An interpersonal solution

*Read case “Are you looking at me?” on blackboard*

**Impasse Paper Due – Part 1**

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**Week 11:** Case Management and Forensic Social Work
1. Role of Case Management in Social Work
2. Introduction to DBT
3. Interdisciplinary teams
4. Medication management – the role of social workers
5. Case illustrates: adjustment disorder and role of social work in CM

**Assigned Readings:**


*Read case of “Joanne”*
Week 12: Open Topic
Readings yet to be determined

Week 13: SPMI: Psychiatric Rehabilitation and DBT
1. Understand unique issues facing individuals with SPMI
2. How does treatment differ when working with individuals and their families where there is a SPMI diagnosis?
3. Role of psychoeducation
4. Overview of DBT

Assigned Readings:

Farkas, M. (2007). The vision of recovery today: What it is and what it means for services. World Psychiatry, 6, 4-10.


Week 14: Working through termination and evaluation of practice
1. Termination Rituals
2. Evaluating Your Practice
3. Class Evaluations

Assigned Readings:

Teyber – Ch 10 – Working through and termination

Clinical Impasse Paper Part 2 Due
Journal Assignment
840: Advanced Practice with Adults

Objective:
The assignment is designed to give students the opportunity to integrate the readings from the course, practice and class discussion and to begin to crystallize his/her ideas of practice in relation to the literature.

Task:
The student should write a 2-3 page reflection on the assigned readings listed on the syllabus (not the case or other article listed for your information) which was covered *that week*. Examples might include disagreements with the author, an aspect of a concept that resonated with the student in some way, confusion over a point made in an article, an application of a concept to a treatment case. It is recommended that the student begin this exercise at the beginning of the semester. These journal entries do not need to be formal and should reflect the students’ observation of the material covered. This assignment is NOT meant for students to summarize the readings or material from the course. Rather, it is an exercise in critical thinking. An excellent assignment would demonstrate the student’s ability to apply the concepts of the reading to their clinical work. FIVE journals must be turned in by the end of the semester and *must be on the week’s readings*. In other words, you cannot turn in 5 entries on the last day of class. Only the ones turned in on that week’s readings will count. *The student is responsible for making sure that you have turned in all 5.*

Grading Criteria:
There are a total of 5 journals, each journal being worth 25 points each (EACH IS 5% OF TOTAL GRADE).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Possible Pts.</th>
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<tbody>
<tr>
<td>Has the individual demonstrated effort in understanding the material?</td>
<td>5</td>
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<tr>
<td>Has the individual demonstrated critical thinking (i.e. strengths/limitations of a point/idea)?</td>
<td>5</td>
</tr>
<tr>
<td>Has the individual discussed WHY a point resonates and WHY it doesn’t? On what are these opinions based? Personal experiences? Professional experiences? Literature or research you have read elsewhere?</td>
<td>5</td>
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<td>Total Points</td>
<td>15</td>
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Case Study Assignment

Objective: Demonstrate the ability to write up a biopsychosocial case summary with an accurate mental health diagnosis, including a DSM 5 axis diagnosis.

Description of Assignment: Pick a case from either your field placement this year or from a previous internship/work experience and write up a case summary using the outline provided on blackboard under assignments. You are to provide a summary of the client’s history, as well as an accurate DSM 5 axis diagnosis and a mental status exam. If you need additional material other than what is provided from class readings or from your foundation year course, please let me know and I can provide additional information. Your paper should also include a formulation of the case that is a summary of the relevant issues that you believe help link the past to the present condition of the client. This paper should be no more than 3 pages.

This paper will be used for your impasse paper, so you can keep that in mind as you write this paper.

There is an example of a well done one posted on blackboard.

<table>
<thead>
<tr>
<th>Grade Criteria</th>
<th>Pts. Possible</th>
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<tbody>
<tr>
<td>Presenting problem was clear</td>
<td>5</td>
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<tr>
<td>Course of illness and past history of illness clearly written</td>
<td>10</td>
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<tr>
<td>Accuracy and balance between succinct yet complete MSE</td>
<td>10</td>
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<tr>
<td>Client’s family and social context were described and linked to formulation</td>
<td>10</td>
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<tr>
<td>Formulation clearly summarized client’s presenting problem and linked to how the client’s history and current factors contribute to the current level of functioning and begins to incorporate the IP model into the discussion.</td>
<td>15</td>
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<tr>
<td>Was there sufficient support in the document for the diagnosis given</td>
<td>15</td>
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<tr>
<td>Accuracy of the diagnosis given – all 5 axes (5 pts for each axis)</td>
<td>25</td>
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<tr>
<td>How succinctly and clearly it was written, with no errors</td>
<td>5</td>
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<tr>
<td>The report was organized well</td>
<td>5</td>
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<tr>
<td>Total Points</td>
<td>100</td>
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Clinical Impasse Paper Description
840: Advanced Practice with Adults

THERE ARE TWO PARTS TO THIS ASSIGNMENT
Parts 1 and 2 are turned in separately from each other

Objective:
This assignment is designed for three main purposes. The first is to acknowledge and help normalize the fact that all of us will have times when we don’t know what to do or where to go in our work with people. This could occur in a first encounter or over a longer-term treatment and anywhere in between. The second purpose is to have you spend some time thinking about one time when such an impasse happened and to think through it carefully and thoughtfully so they when it happens again (which it will) that you have “practiced” being reflective of such an event. The third to have you solidify your ability to formulate a case using the IPT model and create a treatment plan for clinical practice.

Type of Case to Use:
There are no parameters around the type of case you can use. It can be someone that you met with only one time or worked with in a non-clinical role. The case just needs to be someone with whom you had a professional encounter and felt stuck in your work with that person(s).

Structure of the Paper:
There are 2 parts to the paper. The first includes the description of the case and the impasse itself. The second includes the reconceputalization of the case using the IPT model and then the treatment plan.

Part 1 of Paper
A. Description of the case and the impasse
Think about that both you and your client are driving a car, each in your own car. You collide. Some of the factors around the impact of the collision had to do with the size of your client’s car, the speed he/she was driving, how well he/she was paying attention, etc. In addition, your car, your style of driving, your concentration, etc. might have also contributed to the collision.

In this section you will include the case you included in the Case Summary assignment. Then you will describe the impasse that occurred between you and your client. It could be something that occurred in a session, or it could be where you got stuck over the course of a treatment with a client.

B. Understanding of contributing factors
Your job in this paper is to think through what factors in the client’s life (history with mental health system, family history, affective constellations, current diagnosis, relational patterns, etc.) have contributed to the impasse, AND what factors in your own life (family rules, confusion around a policy, lack of experience, desire to be liked, etc.) may have contributed. These should be listed/described so that it is clear that you have thought through the various factors that lead you to this point. This is often difficult for students to reflect on what they have brought to the interaction that may have contributed to the impasse. You MUST include readings from the course to demonstrate how you are assessing the factors and the impasse. You have many readings on countertransference, transference, differences, reenactments, and more that should help with this section.

**Clinical Impasse Paper Part I:**

<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>The case summary was included in the paper</td>
<td>5</td>
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<tr>
<td>The impasse was described clearly</td>
<td>10</td>
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<tr>
<td>Clearly demonstrated an understanding of what factors in the client’s life might have contributed to the impasse</td>
<td>25</td>
</tr>
<tr>
<td>Clearly demonstrated an understanding of what factors in their own life might have contributed to the impasse</td>
<td>25</td>
</tr>
<tr>
<td>Readings from the course were integrated into the discussion of contributing factors and used to inform their understanding of what happened</td>
<td>15</td>
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<tr>
<td>APA formatting is followed</td>
<td>10</td>
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<tr>
<td>The writing is clear and free of errors</td>
<td>10</td>
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<tr>
<td>Total Points</td>
<td>100</td>
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**Part II of the Paper**

_A: Treatment Plan_

Once you have thought through the contributing factors, now what would you do? These ideas should be grounded in the interpersonal process model. It can be from this class’ readings or other sources. Make sure you do not just tell me what you would do, but WHY you would do those things (based on some literature). In essence, you need to articulate what you would do with this client and provide a rationale as to why you believe that this new strategy would be a better choice than what you did before. Describe how your approach would be different, and in what ways using this framework. Try to be specific. What specifically would you do differently? How would the treatment look? In other words, do not say that you would be a better listener. What interventions would you do, BASED on your assessment of the client, yourself, the
situation and what went wrong? You need to include two goals with two objectives that are written correctly as discussed in class and are consistent with the interpersonal model.

B. Addressing Worker Issues
In addition, since you have been able to identify issues that you brought to the impasse, how will you address those? What steps will you take to address those areas that may have negatively impacted the work? These steps might include, *but are not limited to*: supervision; personal therapy; and/or more research on the client specific issue.

C. Critique of Plan
Now that you have developed the treatment plan, what do you think of it? Would you use this model to address the client issues? If so, why? If not, why not? In essence, could you provide a solid rationale for why this model would be a good fit for this case? If not, what is missing?

Each of the two papers should be approximately 7 pages.

**Clinical Impasse Paper Part II:**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Possible Pts.</th>
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<tbody>
<tr>
<td>There is a description of a treatment plan that incorporates the IP framework and outlines what major principles of IP would be included.</td>
<td>15</td>
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<tr>
<td>There is a rationale for WHY and how this treatment plan would address the impasse described in the first paper.</td>
<td>20</td>
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<tr>
<td>2 Goals with 2 objectives are written correctly and consistently with the interpersonal model</td>
<td>10</td>
</tr>
<tr>
<td>The student has outlined steps taken to address his/her factors that s/he brought to the impasse</td>
<td>15</td>
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<tr>
<td>The student should provide a critique of this plan, positive or negative, using the EBP process (considering client factors, clinician expertise and evidence)</td>
<td>15</td>
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<tr>
<td>Readings from the course were integrated into the paper</td>
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<tr>
<td>The paper is clearly written with no errors</td>
<td>5</td>
</tr>
<tr>
<td>APA formatting is correct throughout the paper</td>
<td>5</td>
</tr>
<tr>
<td>Total Points</td>
<td>100</td>
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