COURSE DESCRIPTION:

This course builds on students’ foundational social work knowledge and skills and seeks to develop advanced competencies in the provision of mental health services to individuals, couples, families, and groups. Course content includes discussions on biomedical and recovery models; engagement and relationship-building; assessment and diagnosis; and treatment related strategies. This course seeks to enhance students’ knowledge and skills in clinical social work through extensive case discussions, exploration of selected best practices, and critical analysis of issues which students face.

LEARNING OUTCOMES:

At the completion of this course, students will be able to:

1. Articulate key elements of social work mental health practice in North America.
2. Explain implications of biomedical vs recovery models of mental health for a) service system sufficiency and b) quality of life for individuals with mental illness.
3. Locate and critically analyze the intersection of the biomedical and recovery models
5. Explain major diagnostic categories in DSM IV-TR and DSM V, with a focus on differential diagnosis and changes from one DSM version to the next.
6. Practice selected elements of evidence-based/best practices with individuals, couples, families, and groups.

COURSE STRUCTURE:
This course will include a combination of lecture, guest speakers, seminar, and hands-on skill-building activities. Class members are expected to attend every class, to complete required readings prior to class, and to arrive in class prepared to participate. Student participation in class discussions will be evaluated in part on the alacrity with which comments and reflections are offered. Evaluative tools are described below.

REQUIRED READING:
There is no required text for the course but you are strongly encouraged to purchase a copy of DSM 5. It can be found at reasonable prices on Amazon.ca. Required readings may be found online or through the UBC library website. Because the course relies extensively on the expertise of community practitioners, each guest speaker will recommend readings based on her/his presentation topic. A list of readings will be provided prior to each class session.

ASSESSMENT, GRADING, EVALUATION

ASSIGNMENT 1: Personal and Professional Statement about Engagement
Due January 14, 2015 Value: 10%
In no more than one page (preferably less), describe your personal and professional values with regard to mental health, with a focus on engagement of service users/clients/patients. Clarity, brevity, and depth will be rewarded.

ASSIGNMENT 2: Assessment and Diagnosis
Due: February 4, 2015 Value: 15%
Timed, in-class exam on DSM 5 diagnostic criteria. (Please let me know in advance if you require extra time for exams.)

ASSIGNMENT 3: Treatment and/or System Issues
Due: March 4, 2015 Value: 25%
Please select an issue relevant to advanced social work practice in mental health. Please describe the scope of this issue (e.g., How is the issue defined by service providers, family members and by people with mental illnesses themselves? Who is most affected? In what ways?) In your paper, please critically examine: How is the issue being addressed currently? What are the legislative, policy and service design dimensions of the response? Are the responses effective and if not, how can the issue be addressed more effectively? What are the potential implications for social work practice? If you wish to use the paper to explore the benefits of a particular type of treatment for particular mental health issues, you may do this. The paper will be 8 pages in length, typed and double-spaced, APA formatting.
ASSIGNMENT 4: Paper + Presentation

Due: April 1 and April 8, 2015

Value: 40%

Students will be provided with individual case vignettes taken from the DSM IV or V Case Books and will prepare a short paper (4-5 pages) addressing the questions below. Additionally, students will: 1) give a 10-minute presentation of the case; or 2) videorecord and show in class a 10-minute role play of a selected treatment approach.

a. What are the person’s (or family’s) primary mental health issue(s)?
b. What is/are your diagnoses? Differential diagnosis/rule outs?
c. How did you arrive at this conclusion?
d. What are the person’s strengths that you would look for as part of your assessment?
e. Speculate on the likely emotional and relationship experiences of the person described in the case.
f. Speculate on the likely structural contexts of the person(s) described in this case.
g. Situate yourselves on a mental health team or in a specific setting. What would be the various responses to the person’s issues by the individual members of the mental health team (or setting)? What elements of the response can best be provided by the social worker? What specific skills and knowledge are required for the social worker to intervene effectively in this scenario?
h. What other persons or services should be involved to support your interventions and those of the team?
i. Are there any legal/ethical considerations?
j. How does culture play a role?
k. What would the process of recovery look like for this person in the context of the recovery model?
l. What are various treatment options? Which would you recommend and why?
m. What issues in advanced social work practice in mental health does this case bring forward?

Assignments and Exams Late Policy:

Assignments must be handed in to the instructor on the due date. Please make sure that you submit your assignment at the appropriate time. Students who fail to submit assignments on the dates indicated may be allowed a make-up at the instructor’s discretion and only for an approved reason.

Assignments that are handed in late will be docked 5% for each day they are late and instructors may refuse to read assignments that are more than 5 days late.

Assignments and Extensions:

Assignments that are given extensions are treated like late assignments: 5% will be deducted for each day they are late. The instructor may exercise discretion in the percentage deducted if there are extenuating circumstances (e.g., documented medical reasons, death in the family). Students who ask for an extension will be required to submit the work they have done thus far.
GRADE PERCENTAGE DISTRIBUTION:

Assignment 1: January 14, 2015
Personal Statement on Mental Health
Value: 10%

Assignment 2: Due February 4, 2015
DSM V Diagnostic Criteria Exam
Value: 15%

Assignment 3: Due March 4, 2015
Issues in Advanced Social Work Practice in Mental Health: Treatment
Value: 25%

Assignment 4: Due April 1 or April 8, 2015
Case Review Paper and Presentation
Value: 40%

Quality of Participation in Class Discussions and Activities:
Critical engagement with course and related material; attention and participation in class discussions.
Value: 10%

COURSE POLICIES [Attendance, Participation, Academic Dishonesty]:

Excerpt from the UBC calendar:
Regular attendance is expected of students in all their classes (including lectures, laboratories, tutorials, seminars, etc.). Students who neglect their academic work and assignments may be excluded from the final examinations. Students who are unavoidably absent because of illness or disability should report to their instructors on return to classes.

The University accommodates students with disabilities who have registered with the Disability Resource Centre. The University accommodates students whose religious obligations conflict with attendance, submitting assignments, or completing scheduled tests and examinations. Please let your instructor know in advance, preferably in the first week of class, if you will require any accommodation on these grounds. Students who plan to be absent for varsity athletics, family obligations, or other similar commitments, cannot assume they will be accommodated, and should discuss their commitments with the instructor before the drop date.

It is recommended that students retain a copy of all submitted assignments (in case of loss) and should also retain all their marked assignments in case they wish to apply for a Review of Assigned Standing. Students have the right to view their marked examinations with their instructor, providing they apply to do so within a month of receiving their final grades. This review is for pedagogic purposes. The examination remains the property of the university.

Academic Dishonesty:
Please review the UBC Calendar “Academic regulations” for the university policy on cheating, plagiarism, and other forms of academic dishonesty. Also visit www.arts.ubc.ca and go to the students’ section for useful information on avoiding plagiarism and on correct documentation.

Students wishing to use any electronic devices including computers and recorders must have the permission of the instructor and must have the wireless capacity of the device turned off.
## COURSE SCHEDULE

<table>
<thead>
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<th>Week</th>
<th>Topic</th>
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| 1/7  | Course Orientation  
Context of MH Social Work in Canada  
**Guest Speakers:**  
Kohen Elander, Crosstown Clinic  
Kristen Catton, BC Children's Hospital |

Reading:


<table>
<thead>
<tr>
<th>Practice Activity</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>A Day in the Life of a MH Social Worker</td>
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<th>Week</th>
<th>Topic</th>
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| 1/14 | Mental Health Law in BC  
**Guest Speakers:** Gwyneth Jones, St. Paul’s Hospital; Teresa Robitaille, St. Paul’s Hospital |

Reading:

Mental Health Act, BC: [http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01](http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01)


<table>
<thead>
<tr>
<th>Practice Activity</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>MH Act Case Example Activity</td>
<td>Personal Statement Due</td>
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<tr>
<td>Week</td>
<td>Date</td>
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<tr>
<td>6/21</td>
<td>Schizophrenia and Psychosis</td>
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**Guest Speakers: Craig Norris, ACT and Early Psychosis Program**

**Reading:**


| 7/25 | Trauma and Trauma Informed Care                                      | Tsering Zhuoga, IDC Clinic                                                        |                                                                                                  | Trauma Treatment Activities           |

**Guest Speaker: Tsering Zhuoga, IDC Clinic**

**Reading:**


[http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices](http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices)

| 8/3 | Mood and Anxiety Disorders                                           |                                                                                   | CBT & ACT exercises                                                                                  | Treatment Paper Due                   |

**Reading:**


| 9/11| Personality Disorders-Toward a Deeper Understanding                  |                                                                                   | DBT Exercises                                                                                      |                                        |

**Reading:**


| 10/18| Substance Abuse/ Motivational Interviewing                           | Andre Cahill, St. Paul's Hospital                                                 | MI Activity                                                                                       |                                        |

**Reading:**

TBD
Narrative Therapy

Guest Speaker: Matty Devenish, Private Practice

Reading: TBD

Narrative Activity

Case Presentations

Case Presentations

Case Presentation

GRADING CRITERIA:

<table>
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<tr>
<th>Letter Grade</th>
<th>Percent Range</th>
<th>Mid-Point</th>
<th>Description</th>
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<tbody>
<tr>
<td>A+</td>
<td>90-100</td>
<td>95</td>
<td>Represents work of exceptional quality. Content, organization and style are all at a high level. Student demonstrates excellent research and reference to literature where appropriate. Also, student uses sound critical thinking, has innovative ideas on the subject and shows personal engagement with the topic.</td>
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<tr>
<td>A</td>
<td>85-89</td>
<td>87</td>
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<tr>
<td>A-</td>
<td>80-84</td>
<td>82</td>
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<tr>
<td>B+</td>
<td>76-79</td>
<td>77.5</td>
<td>Represents work of good quality with no major weaknesses. Writing is clear and explicit and topic coverage and comprehension is more than adequate. Shows some degree of critical thinking and personal involvement in the work. Good use of existing knowledge on the subject.</td>
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<td>B</td>
<td>72-75</td>
<td>83.5</td>
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<tr>
<td>B-</td>
<td>68-71</td>
<td>69.5</td>
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<tr>
<td>C+</td>
<td>64-67</td>
<td>65.5</td>
<td>Adequate and average work. Shows fair comprehension of the subject, but has some weaknesses in content, style and/or organization of the paper. Minimal critical awareness or personal involvement in the work. Adequate use of literature.</td>
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<tr>
<td>C</td>
<td>60-63</td>
<td>62.5</td>
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<tr>
<td>C-</td>
<td>55-59</td>
<td>57</td>
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<tr>
<td>D</td>
<td>50-54</td>
<td>52</td>
<td>Minimally adequate work, barely at a passing level. Serious flaws in content, organization and/or style. Poor comprehension of the subject, and minimal involvement in the paper. Poor use of research and existing literature.</td>
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<tr>
<td>F</td>
<td>0-49</td>
<td></td>
<td>Failing work. Inadequate for successful completion of the course or submitted beyond final date of acceptance for paper.</td>
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