University of South Dakota  
School of Health Sciences  
Department of Social Work

SOCW 741 – Social Work in Mental Health: Assessment and Treatment (3.0 Credit Hours)  
Summer Term 2016 Tuesdays, 9:00 am to 4:00 pm  
June 28th through August 2nd: HSC Room 106  
Instructor: Wallace Jackmon, Ph.D., LCSW-PIP  
Office: 371 USD Health Science Center  
Office Hours: Please call in advance to make an appointment  
Office Phone: (605) 357-1594  
Wallace.jackmon@usd.edu  
wallace.jackmon@d2l.sdbor.edu

Inclusive Excellence

The University of South Dakota and the School of Health Sciences are committed to an environment of inclusiveness in classroom and practice settings that honors diverse perspectives, traditions, heritages, and experiences.

Catalog Description

This course provides the student with an understanding of mental illness and the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Students will learn about the major diagnostic categories and how to formulate diagnoses of various psychiatric conditions. The course provides students with biopsychosocial theories commonly used in the field of mental health. The course also provides students with an opportunity to utilize an evidence-based lens as they learn to assess, diagnose, and treat instances of mental illness. This course will provide examples of the challenges facing persons who are diagnosed with mental disorders including the challenge of culture, race, ethnicity, age, gender, socioeconomic status, and other diverse characteristics.

Textbooks and Other Required Materials


In addition, each student is required to purchase a copy of the genogram software program from GenoAnalytics. This software is to be used with the dual role-play assignment in drawing the family genogram and ecomap for the character you will role-play. In addition, you should use the software to construct a basic family genogram and ecomap for the person or character that you interview in your role as the social work clinician. Here is the web site for securing the software:

http://www.genogramanalytics.com/index.html

I encourage you to purchase the 2-year subscription so you can use the program after you graduate. The last quote I was given was $54. Any technical support for this software is offered through the Genogram Analytics website.

Competencies

In accordance with the accreditation requirements of the Council on Social Work Education, students will demonstrate these competencies during this course:

<table>
<thead>
<tr>
<th>Course Competencies</th>
<th>Student Will Demonstrate Competency by This Practice Behavior</th>
<th>Practice Behavior Will Be Assessed by This Assignment</th>
<th>Knowledge, Values, and Skills Student Will Develop in This Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.2 Apply social work ethical principles to guide professional practice</td>
<td>Strategically uses supervision and consultation to address ethics in practice</td>
<td>Online discussions</td>
<td><strong>Knowledge:</strong> Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).</td>
</tr>
<tr>
<td>2.1.2 Apply social work ethical principles to guide professional practice</td>
<td>Critique ethical principles within complex practice environments</td>
<td>Online discussions</td>
<td><strong>Values</strong> including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.</td>
</tr>
<tr>
<td>2.1.2 Apply social work ethical principles to guide professional practice</td>
<td></td>
<td></td>
<td><strong>Skills:</strong> Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10).</td>
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</tbody>
</table>
| 2.1.4 Engage diversity and difference in practice | Modifies and adapts mainstream interventions to meet needs of diverse populations and that challenge oppression | Online discussions  
Dual role-play assignment  
Both examinations | **Knowledge:** Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).  

**Values** including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.  

**Skills:** Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10). |
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<tr>
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<th>PracticeBehavior Will Be Assessed by This Assignment</th>
<th>Knowledge, Values, and Skills Student Will Develop in This Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.5 Advance human rights and social and economic justice</td>
<td>Incorporates an understanding of regional and global interconnections of oppression and applies this understanding to social work practice</td>
<td>Online discussions</td>
<td>Knowledge: Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).</td>
</tr>
<tr>
<td></td>
<td>Engages in community collaborations that foster social and economic justice and social change</td>
<td>Online discussions</td>
<td>Values including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.</td>
</tr>
<tr>
<td></td>
<td>Analyzes the consequences of social and economic injustice for constituent groups</td>
<td>Online discussions Dual role-play assignment Both examinations</td>
<td>Skills: Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10).</td>
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<tr>
<td></td>
<td>Takes action to promote humane and responsive social institutions, social policies, programs, and practices</td>
<td>Online discussions Dual role-play assignment</td>
<td></td>
</tr>
<tr>
<td>Course Competencies:</td>
<td>Student will demonstrated Competency by this Practice Behavior:</td>
<td>Practice Behavior will be Assessed by this Assignment:</td>
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</tr>
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<td>---------------------</td>
<td>-------------------------------------------------------------</td>
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<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 2.1.7 Apply knowledge of human behavior and the social environment | Uses appropriate assessment and evidence-based intervention strategies grounded in human behavior theories and conceptual frameworks | Online discussions, Dual Role-play assignment, Both examinations | **Knowledge:** Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).  

**Values** including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.  

**Skills:** Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10). |
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<tbody>
<tr>
<td><strong>2.1.10 Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities</strong></td>
<td>Engages in relationship building activities in varied client systems and evaluates the clients’ perception of the quality of the relationship (engagement)</td>
<td>Dual role-play assignment</td>
<td><strong>Knowledge:</strong> Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).</td>
</tr>
<tr>
<td></td>
<td>Employs culturally responsive engagement skills (engagement)</td>
<td>Dual role-play assignment</td>
<td><strong>Values</strong> including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.</td>
</tr>
<tr>
<td></td>
<td>Assesses, intervenes, and evaluates complex problems with systems of all sizes and types (assessment)</td>
<td>Dual role-play assignment</td>
<td><strong>Skills:</strong> Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10).</td>
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<tr>
<td></td>
<td>Evaluates multi-system dimension of client problems and design with client system approaches that affect change at multiple system levels (assessment)</td>
<td>Dual role-play assignment</td>
<td>Both examinations</td>
</tr>
<tr>
<td></td>
<td>Identifies the range of legalities and/or legal risks that may exist for a client or client system that may be considering accessing social services (assessment)</td>
<td>Dual role-play assignment</td>
<td>Both examinations</td>
</tr>
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<tr>
<td>2.1.10 Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities</td>
<td>Builds culturally competent ways to enhance client choice, client motivation, and client hopefulness in change process (intervention)</td>
<td>Dual role-play assignment</td>
<td>Knowledge: Articulate the consequences for the client of assigning a DSM diagnosis and diagnostic formulation (2.4, 2.5, 2.7, 2.10); demonstrate an understanding of how to adapt assessment approaches to address the needs of the person of diverse ethnic, cultural, social, economic and religious backgrounds, including understanding of assessment related issues of gender and sexual orientation (2.4, 2.5, 2.7, 2.10); and cite empirical studies and clinical theory to support treatment recommendations (2.4, 2.5, 2.7, 2.10).</td>
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<td>Synthesizes and applies a broad range of interdisciplinary knowledge and skills consistent with current evidence informed practice (intervention)</td>
<td>Dual role-play assignment</td>
<td>Values including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.</td>
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<tr>
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<td>Critically analyze multiple client system intervention processes for effectiveness and cultural competence (evaluation)</td>
<td>Dual role-play assignment</td>
<td>Skills: Apply major classification schemes from the DSM to assess clients and their presenting problems (2.4, 2.5, 2.7, 2.10); use clinical theory and empirical studies to inform diagnoses and treatment plans (2.4, 2.5, 2.7, 2.10); and make a systematic diagnostic formulation by gathering and organizing information from all relevant areas of a client’s life, including family, social network, housing, neighborhood, self-care, education, work, school, health, and mental health and community organizations (2.4, 2.5, 2.7, 2.10).</td>
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<td></td>
<td>Evaluates the impact of intentional and unintentional practice approaches (evaluation)</td>
<td>Dual role-play assignment</td>
<td></td>
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</table>

**Course Structure**

This course is structured according to the chapters and corresponding diagnostic classes contained in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. The primary emphasis is on assessment and diagnosis of psychiatric disorders.

As the course progresses, the instructor may upload additional resource materials into the Desire2Learn (D2L) course shell. These materials are intended to supplement the course and deepen your learning. Please note, too, that all course examinations/quizzes will be offered within D2L and or in written form; this will be addressed later in the semester. See the course schedule for the start and stop dates/times for each exam.
The instructor will setup a drop box for each assignment. You should make sure your assignments are in at least Microsoft Word 2010 or later format (e.g., Word 2013). Assignments must be turned in on or before the due date and time.

**Course Requirements**

The course requirements include the following:

1. Read the syllabus and submit a signed/dated course syllabus attestation.
2. Read the *Online Student Handbook*, which is located on the upper, left-hand side of the D2L course home page in the USD Getting Started box.
3. Readings (the DSM-5 and supplemental materials [e.g., handouts, articles]). You should complete all the required and supplemental readings for each unit of study before beginning the corresponding unit of study. An important aspect of the course is to have you reflect upon what you have read and learned and apply the concepts, constructs, and practice principles to your own life and practice.
4. Discussions/assignments.
5. Viewing slide presentations and online videos.
6. A mid-term examination.
7. A comprehensive final examination.
8. A dual role-play diagnostic assignment.

**IMPORTANT:** All students should submit course assignments and/or tasks as Microsoft Word 2010 or later documents (.DOC or .DOCX) via the drop box that will be set up in advance of the assignment deadline. The instructor will use Turnitin to check documents for plagiarism. In addition, the instructor will use GradeMark to score and offer written feedback to students on their written assignments.

**Contacting the Professor**

If you need to reach Dr. Jackmon, he can be contacted by telephone at (605) 357-1594 or at (i.e., Monday through Friday, 8 am to 5 pm). You can also meet with Dr. Jackmon face-to-face, but you must contact him first and set up an appointment. If you use Skype, you can arrange a time to contact him during regular office hours, Monday through Friday. In order to fully engage in and benefit from Skype, the department recommends that you purchase a USB multimedia headset—earphones with a microphone—so that you can ask questions instead of typing them. These can be purchased online, or from your local retailer (Walmart, Best Buy, Target, etc.), for around $15-$30, depending on the brand and model (Logitech is recommended).

Please note that the university email system is the official means of communicating with students. If you have not done so already, please set up your student email account, provide the address to the department secretary, and use your USD email address for all...
online correspondence. Because of privacy concerns, Dr. Jackmon will not respond to any student at any email address other than the one assigned to that student by the university.

While Dr. Jackmon strives to be available to students, he is also a very busy person. If you send him an email message, please allow him 1-2 work days to respond. This also applies to any emails sent on weekends or during holidays.

Assignments

Class Participation

Students will accrue points over the course of the semester for online participation. The instructor will note the degree and quality of each student’s participation in online class sessions. At the end of the semester, the instructor reserves the right to reduce a student’s class participation points if she/he has not been an active participant in discussions and online class-related activities.

Dual Role-Play Diagnostic Mastery Exercise

This is a two-part exercise. The first part involves each student developing a character with a complete background story and assuming the role of patient with a specific psychiatric diagnosis (randomly assigned by the instructor). In this patient role, the student will be interviewed by a fellow student posing as a social work clinician/diagnostician.

The second part involves each student assuming the role of a social work clinician/diagnostician, who demonstrates interviewing and clinical judgment skills through a simulated interview with a fellow student. The fellow student will pose as a psychiatric patient. Two students will be randomly paired to complete both parts of this assignment as a team. All interviews are to be videotaped.

It is important to note that both the audio and video quality of each video recording must be excellent. The instructor will assign considerably less points to any video interview that reflects poor quality and/or shoddy role-playing.
Part One. The instructor will assign a specific diagnostic category for you to role-play for no more than 20 minutes in a simulated interview. A fellow student will serve as the interviewer. The interview is to be videotaped and uploaded to YouTube. The person interviewing you will formulate a complete a DSM diagnosis (along with a rationale for his/her diagnostic impressions) based on your portrayal (see Part Two of the Dual Role-Play Diagnostic Mastery Exercise for more details). The Part One and Part Two of this assignment will be due near the end of the semester.

1. You are to study your assigned diagnostic category completely, mastering all of the criteria so you can accurately and realistically portray a client who fits into this diagnostic category.

2. You are to develop a character with a complete, comprehensive back story that includes pertinent developmental data. To ensure this is done properly, you are to write-up a complete social history and corresponding life narrative of the person you portray. The history and narrative should contain biopsychosocial elements that would help account for the development of the particular disorder you demonstrate in Part One of the role-play.

3. In the role-play, you are to portray the client convincingly. Within reason, you are to cooperate with the fellow student, who is assigned to interview you.

4. Do NOT share your diagnosis with anyone else until this course is over.

5. For this portion of the assignment, you are to turn in a 5-7 page paper (including your references) that profiles your character’s personality, personal and family history, current family constellation (i.e., three-generation genogram) and social network make-up (i.e., ecomap), as well as a list of his/her biopsychosocial-spiritual issues. Please note that you may share all of this information (i.e., except for your assigned diagnosis) with your teammate as you both prepare for your respective role-play recordings. Make sure you use the Genogram Analytics software to construct your character’s genogram and ecomap—the software can be used to draw both types of graphics.

Part Two. In this portion of the assignment, you are to interview a fellow student who will role-play a client. As noted above, the interview is to be videotaped and uploaded to YouTube. You are to be familiar with the major DSM diagnostic categories and criteria as well as the recommended guidelines for interviewing clients who represent these various psychiatric conditions.

1. You are to gather as much clinically relevant information as you can within the prescribed time frame in order to make an accurate DSM diagnosis.

2. You and your fellow student will complete a frank and constructive critique of your interview approach and style. The instructor will provide everyone in the class with a rating form for this purpose: one for you (as a self-assessment) and one for your role-play partner to rate you as the interviewer.

3. For this portion of the assignment, you are to turn in a 2.5 – 3 page intake progress note that documents:
   a. The client’s presentation and chief complaint;
   b. Your explanation of confidentiality and its limitations;
   c. The client’s history of the presenting problem;
   d. Your exploration of the client’s symptoms (to reflect differential diagnostic work);
   e. Your thorough risk assessment of the client;
f. The client’s personality, personal and family history, current family constellation (i.e., a three-generation genogram) and social network make-up (i.e., an ecomap), as well as a list of his/her biopsychosocial-spiritual issues (remember to use the Genogram Analytics software to construct your client’s genogram and ecomap);

g. Your DSM diagnosis of the client (including any “Z” or “T” codes and/or other conditions that warrant clinical attention);

h. Your treatment recommendations (e.g., inpatient treatment, partial hospital care, intensive outpatient treatment) along with a justification for the recommended level of care;

i. Any follow-up plans you may have as a social work clinician.

j. Do NOT ask your fellow student what his/her diagnosis is.

Take-Home Mid-Term Examination

The take-home mid-term examination will consist of ten (10) clinical case examples representing a variety of diagnostic groups studied up to that point in the course. Students will be asked to render a complete DMS diagnosis (“V” codes and “other” codes included) for each case, including comments explaining the rationale for making the diagnosis, especially in those situations where differential diagnosis and clinical judgment are required. The final examination is worth a total of 200 points.

Comprehensive Final Take-Home Examination

The comprehensive final take-home examination will consist of ten (10) clinical case examples representing a variety of diagnostic groups. Students will be asked to render a complete DMS diagnosis (“Z” and “T” codes and “other” codes included) for each case, including comments explaining the rationale for making the diagnosis, especially in those situations where differential diagnosis and clinical judgment are required. The mid-term examination is worth a total of 200 points.

Grading

Here are the assignments and associated points:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>100</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>Midterm Examination</td>
<td>250</td>
<td>07/05/2016</td>
</tr>
<tr>
<td>Dual Role-Play Assignment</td>
<td>200</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>Comprehensive Final Examination</td>
<td>250</td>
<td>08/02/2016</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>800</strong></td>
<td></td>
</tr>
</tbody>
</table>

Final grades will be assigned based on the percentages shown below and total points earned by each student at the end of the semester:
Coursework is graded according to:

1. Specific guidelines for each assignment.
2. The overall quality of work (i.e., typed and double-spaced, clarity, organization, use of and integration of class materials, readings, and correct punctuation, grammar and spelling).
3. Use of the latest, standard style of APA writing and referencing.
4. Confidentiality (Please DO NOT IDENTIFY CLIENTS BY NAME. Change names and limit information when necessary to protect client anonymity and confidentiality).
5. Ability to integrate theoretical concepts into practice.

The instructor will provide each student with a grade and written feedback on each writing assignment within 10-14 days of the due date/time for that particular assignment. If, for some unforeseen reason, there is a delay, the instructor will promptly notify students and set a date for when students can expect to receive a grade/feedback from the instructor.

Dr. Jackmon will also abide by all policies set forth in this syllabus and those by the Online Student Handbook, The University of South Dakota, and the South Dakota Board of Regents.

Please see the graduate catalog and the MSW program’s student handbook for information regarding the University’s grading policy.

**Freedom in Learning**

Students are responsible for learning the content of any course of study in which they are enrolled. Under Board of Regents and University policy, student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards but is related instead to judgment of their personal opinion or conduct should contact the dean of the college which offers the class to initiate a review of the evaluation.

**Academic Fraud, Plagiarism, Dishonesty, and Cheating**

The School of Health Sciences and the Department of Social Work considers academic fraud, plagiarism, dishonesty, and cheating to be serious acts of academic misconduct. Violation of the University Academic Honesty Policy could result in disciplinary action. Academic dishonesty includes cheating on exams or course assignments, plagiarism (using the ideas or words of another as one’s own without crediting the source), lying to get extensions on projects or exams, and any other form of dishonesty. See the student
handbook for definitions and consequences which may include expulsion from the University.

The Department of Social Work regards any form of academic dishonesty to be a sign that the student’s values and ethics are incompatible with the values and ethics of the social work profession. An incident of academic dishonesty may result in a grade reduction for the assignment, an F for the course, and/or dismissal from the Social Work Program.

No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:

a. Given a zero for that assignment.
b. Allowed to rewrite and resubmit the assignment for credit.
c. Assigned a reduced grade for the course.
d. Dropped from the course.
e. Failed in the course.

Make-Up Policy

Unless explicit arrangements have been worked out by the student with the instructor well in advance, no points will be granted for late or missed assignments.

Class Participation Policy

Points are assigned for online participation in each week’s lesson/unit of study. Because of the interactional nature of social work and the online format of the class, this is especially important; hence, a total of 200 points are set aside for class participation.

Special Needs/Accommodations

Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class or as soon as possible after the diagnosis of a disability. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester.

Please note: If your home institution is not the University of South Dakota but one of the other South Dakota Board of Regents system institutions (e.g., SDSU, SDSMT, BHSU, NSU, DSU), you should work with the disability services coordinator at your home institution.

Ernetta L. Fox, Director
Disability Services, Room 119 Service Center
(605)677-6389
Web Site: www.usd.edu/ds
E-mail: disabilityservices@usd.edu
<table>
<thead>
<tr>
<th>#</th>
<th>Week (2016)</th>
<th>Topic/Focus</th>
<th>Readings/Activities¹</th>
<th>ONLINE MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June 28</td>
<td>Introduction to SOCW 741 Assessment and Diagnosis – Content and Process DSM Overview and Organization Neurodevelopmental Disorders Interviewing the Psychiatric Patient Schizophrenia Spectrum</td>
<td>DSM, pp. xiii-xliv, 5-25, 31-86, DSM, pp. 87-122</td>
<td>Lesson 1 and 2</td>
</tr>
<tr>
<td>2</td>
<td>July 5</td>
<td>Bipolar and Depressive Disorders Anxiety, OC, Trauma, and Dissociative Disorders Somatic Symptom Disorders</td>
<td>DSM, pp. 123-188, DSM, pp. 189-233, 235-264, 265-290, 291-307, 309-327</td>
<td>Lesson 3 and 4</td>
</tr>
<tr>
<td>5</td>
<td>July 26</td>
<td>Other Mental Disorders and Conditions Medication-Induced Movement Disorders Cases in Psychiatry</td>
<td>DSM, pp. 707-708, 709-714, 715-727</td>
<td>Lesson 8 and 9</td>
</tr>
<tr>
<td>6</td>
<td>Aug 2</td>
<td>Cases in Psychiatry Final Comprehensive Examination</td>
<td>None</td>
<td>Lesson 10 and 11</td>
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¹ Please note that there may be additional readings included with each of the module.
² Subject to change at the instructor’s discretion.
Useful Resources

Aronson, E. (2007). *The social animal* (10th Ed.) NY: W.H. Freeman. A comprehensive introduction to social psychology, with topics including conformity, mass communication, propaganda, persuasion, aggression, prejudice, attraction and loving. Could be a textbook, but far too readable for that!

Baum, W.M. (2005). *Understanding behaviorism Behavior, culture and evolution.* Malden, MA: Blackwell Publishing. Behaviorism has provided some of the most powerful ideas in modern psychology and a foundation for scientific research in this field. The book explains the history and ongoing significance of this approach to understanding human behavior.

Budiansky, S. (1998). *If a lion could talk: animal intelligence and the evolution of consciousness.* NY: Free Press. Trying to understand animal behavior and intelligence in human terms is poor science. Anthropomorphism must be rejected if we are to understand the way animals truly think. The author proposes an alternative.

Burton, R. (2008). *On being certain. Believing you are right even when you’re not.* NY: St. Martin’s Press. An examination of evidence from recent studies in neuroscience that suggests that “being certain” of anything is more a “mental sensation” or neurological state than it is the product of careful reflection and reasoning. What we think we know is not always so.

Chabris, C. and D Simons. (2010). *The invisible gorilla: and other ways out intuitions deceive us.* NY: Harmony. Combine the work of other researchers with the authors’ findings on attention, perception, memory, and reasoning to reveal how faulty intuitions often get us into trouble.


Cialdini, R.B. (2009). *Influence: the psychology of persuasion* (5th Ed.). NY: Pearson. This updated classic outlines six basic principles of influence and persuasion. What does psychology have to tell us about selling, marketing and political persuasion?


Gay, P. (1998). *Freud: a life for our time*. NY: W.W. Norton. Seminal biography examines Freud's life in the context of Victorian culture. Although lengthy, if you are interested in European history, this is a wonderful study of how psychoanalysis developed to become one of the most influential theories of the 20th century.


Hilts, P.J. (1995). *Memory's ghost: The strange tale of Mr. M. and the nature of memory*. NY: Simon & Schuster. Henry M. underwent experimental brain surgery in 1953 and has since lived only in the present. He can talk and read and write, but has no memory for what has just happened – every minute is a new experience for him.

Hobson, J.A. (2002). *Dreaming: An introduction to the science of sleep*. NY: Oxford University Press. Recent work by one of the foremost experts on sleep and the emergence of dreams.

Jamison, K.R. (1995). *An unquiet mind*. NY: Knopf. A beautifully written account of manic bipolar disorder (manic depression) written by a professor of psychiatry who is a victim of the disorder. A central theme is her reluctance to take the drug lithium even though it will be beneficial because she is afraid to lose the creative energy that comes with the disorder.


Lane, H. (1976). *The wild boy of Aveyron*. Cambridge, MA: Harvard University Press. Critical account of a boy whose early life was spent in the wild forests of Aveyron in southern France in the late 1700s. He was eventually captured, institutionalized, and then sent to Paris for study and display.

LeDoux, J. (2002). *Synaptic self: How our brains become who we are*. NY: Penguins Books. Synthesis of recent research in neuroscience to explain how the interactions between nerve cells in the brain creates what we experience as personality.


Loftus, E. & Ketcham, K. (1994). *The myth of repressed memory: false memories and allegations of sexual abuse*. NY: St. Martin's Press. Renowned expert on memory attacks the belief in "recovered memories" (particularly repressed memories of alleged sexual abuse). Argues that there is no scientific evidence in support of such memories and that they are in most cases confabulations.

Lyubomirsky, S. (2007). *The how of happiness: a scientific approach to getting the life you want*. NY: Penguin Press. Lyubomirsky argues that personal happiness is not entirely dependent on biological predispositions or life’s circumstances. Concepts from cognitive and motivational psychology suggest that “mindfulness” and “intentional activity” will allow us to identify “happiness strategies” that she claims will give us the ability to achieve greater happiness.


Sacks, O. (2008). *Musicophilia: Tales of music and the brain*. NY: Vintage. Sacks explores the place music occupies in the brain and how it affects the human condition. He shows us a variety of what he calls “musical misalignments,” neurological conditions which affect a person’s experience of music and reveal something of the importance of music to human behavior.

Sacks, O. (2010). *The mind’s eye*. NY: Alfred A. Knopf. Sacks tells the stories of people who are able to navigate the world and communicate with others despite losing what many of us consider indispensable senses and abilities: the power of speech, the capacity to recognize faces, the sense of three-dimensional space, the ability to read, the sense of sight.
Sacks, O. (2012). *Hallucinations*. NY: Knopf. Sacks latest book weaves together stories of his patients and of his own mind-altering experiences to illuminate what hallucinations tell us about the organization and structure of our brains, how they have influenced every culture’s folklore and art, and why the potential for hallucination is a vital part of the human condition.


Segal, N.L. (1999). *Entwined lives: twins and what they tell us about human behavior*. NY: Dutton. You will not find a more thorough presentation of what is known about twins and how they have contributed to our knowledge of psychology.


Shorter, E. (1997). *A history of psychiatry from the era of the asylum to the age of Prozac*. NY: John Wiley & Sons, Inc. Excellent historical narrative of how the treatment of the mentally ill in western society has evolved from the 18th century to the present.


Tavris, C. and E. Aronson. (2007). *Mistakes were made (but not by me)*. NY: Harvest Books. Interesting review of work by social psychologists to explain self-deception, the human tendency to justify and adhere to mistaken actions and beliefs long after there is reason to admit error.


Zimbardo, P.G. (2007). *The Lucifer effect: understanding how good people turn evil*. NY: Random House. What makes good people do bad things? How can moral people be seduced to act immorally? Who is in danger of crossing the line between good and evil? Zimbardo explains how we are susceptible to the lure of “the dark side” and offers an explanation of a variety of phenomena, from corporate malfeasance to organized genocide to how once upstanding American soldiers came to abuse and torture Iraqi detainees in Abu Ghraib. (This was the summer reading for the past three years.)
Zimmer, C. (2004). *Soul made flesh. The discovery of the brain and how it changed the world.* NY: Free Press. Seventeenth century enlightenment philosophers explored the proposition that more is to be learned about human nature by studying the brain and the body than the soul. Psychology as a result became more the object of science than religion, but no less subject to dispute, in the three centuries since.