Course Description

This course continues the work of biopsychosocial assessment from a social-work value base that was presented in Advanced Clinical Assessment and Diagnosis I. After a review of the core human rights and social justice values that serve as foundation for both 6430 and 6431, it focuses on specific areas of biopsychosocial well being and illness, beginning with those first observable in childhood and adolescence. In subsequent modules, the course considers biopsychosocial functioning related to confronting trauma, connecting to reality, relating to others, managing the body experience, being cared for, and responding to the vicissitudes of life. The course presents the skills and knowledge for the differential assessment of people across the life span, emphasizing the importance of recognizing both strengths and vulnerabilities at all ages and in all areas of functioning. As in Advanced Clinical Assessment and Diagnosis I, at the conclusion of the course students should be able to: complete comprehensive assessments of mental well being and mental illness in various areas of biopsychosocial functioning; create working case formulations based on their assessments; critically utilize the DSM-IV when appropriate; and identify empirically informed interventions relevant to their case formulations and diagnoses.

Place in Curriculum

The foundation values and approach of both SWGS 6430 and SWGS 6431 are established in Advanced Clinical Assessment and Diagnosis I (6430), both courses are required for those students electing a clinical concentration. Students specializing in Client-Centered Management are required to take SWGS 6430 only, but may also take SWGS 6431 as an elective.

Students do not have to be currently in field placement while taking 6431. However, being able to connect course content to live clients could be advantageous to their learning.

The Relationship of Advanced Clinical Assessment and Diagnosis II to Human Rights and Social Justice

Advanced Clinical Assessment and Diagnosis II begins with the premise that all people have inherent dignity and capacity for personal growth. This course underscores the values of human rights and social justice in that it advocates for the right to access quality care for all individuals. Individuals are viewed as participants and products of the comprehensive network of families, support systems, communities, and organizations with which they interact, and as collaborators in the assessment and diagnosis of mental health issues or addictions they experience. The course presents multiple theoretical perspectives, current research on psychopathology, mental health and addictions, diverse cultural constructs, knowledge of psychopharmacology, and prevalent service delivery systems, specific knowledge and skills are taught to prepare students to develop strengths-based, comprehensive mental health assessments, determine a prognosis and prepare a clinically-sound diagnosis that allow them to craft preventive and empowering
COURSE COMPETENCY OUTCOMES

<table>
<thead>
<tr>
<th>CSWE Competencies</th>
<th>Practice Behavior</th>
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<tbody>
<tr>
<td>2.1.10 (b) Assessment</td>
<td>PB1. Use theoretical and empirical knowledge to complete bio, psycho, social, spiritual and cultural assessments relevant to client well-being. PB2. Use differential diagnoses to inform interventions.</td>
</tr>
<tr>
<td>2.1.10 (c) Intervention</td>
<td>PB1. Identify, critically evaluate, select, and apply evidence-based change strategies across the stages of clinical practice.</td>
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<tr>
<td>2.1.7 Apply knowledge of Human Behavior and the Social Environment</td>
<td>PB1. Utilize theoretical frameworks that promote well-being to guide advanced clinical practice. PB2. Identify and respond to the impact of power, privilege, and oppression, in clinical practice. PB3. Apply multi-axial diagnostic classification when appropriate.</td>
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<tr>
<td>2.1.4 Engage diversity and difference in practice</td>
<td>PB1. Work with diverse client values, beliefs, and practices in clinical social work.</td>
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COURSE OBJECTIVES

<table>
<thead>
<tr>
<th>CSWE Competencies</th>
<th>Course Objectives</th>
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<tbody>
<tr>
<td>2.1.4-PB1</td>
<td>1. Demonstrate a beginning understanding of how agency and community context, availability of resources and institutionalized oppression influence the engagement, assessment and contracting phases of practice</td>
</tr>
<tr>
<td>2.1.7-PB1, PB2, PB3</td>
<td>2. Articulate and critically apply conceptual frameworks to guide the process of assessment and evaluation</td>
</tr>
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<td>2.1.10 (b)-PB1, PB2</td>
<td>3. Develop collaborative and mutually agreed on intervention goals and objectives that are evidence informed, strengthen client capacity and well-being through assessments that identify strengths and address obstacles.</td>
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</table>
2.1.10 (c) PB1

4. Demonstrate an understanding of evidence-based intervention models and identify the best practices for differential diagnoses.

* For more information on the specifics of the CSWE’s educational policy, go to http://www.cswe.org/File.aspx?id=13780

READINGS

Required Texts

Instructors will choose one of the following as a primary text:


The following texts are among many that may be used for supplemental reading purposes:


**Fordham University G.S.S.S Video Tape collection includes:**


**Additional resources**

The readings for each unit are a very small sample of the available literature. Students are strongly encouraged to utilize search engines such as ProQuest and PsychInfo (available via the Fordham Library site) to locate additional relevant readings, and to share these with their peers and instructors.
Assignment | Practice Behavior | Contribution to final grade
--- | --- | ---
Guided Instruction, Class Participation, Other (e.g. discussion board, quizzes, exercises, etc.) | 2.1.10 (b) PB1, PB2 | 25-35%
Common Assignment: Final Exam* | 2.1.7 PB 1, PB2, PB 3 | 2.1.4 PB1

*Common assignment is one assignment for all sections of the course. Individual instructor will develop additional assignment(s)

See Appendix A for common assignment and/or grading rubric. If the common assignment is a paper, the paper must be uploaded onto TK20.

**Guided Instruction**
To successfully complete this course, students are expected to participate in 15 sessions of one hour and fifty minute class and 10 hours of guided instruction time. In addition, students are expected to spend approximately 5 hours per week doing the assigned reading and working on the required written assignments for this class.

**Assessment & Grading**

**Grading Guide**
The criteria for grading the common assignments for this course are included in Appendix B.

Grades for GSS are:
95-100 A 90-94 A- 87-89 B+ 83-86 B 80-82 B- 76-79 C+ 70-75 C Below 70 F

**Tk20**
You are required to use the TK20 system to submit your common assignment paper. If the common assignment is an exam, no action needs to be taken in the TK20 system. Your instructor will also provide a competency rating for your common assignment.
# COURSE OUTLINE

<table>
<thead>
<tr>
<th>Module-1 (Weeks 1-3)</th>
<th>Biopsychosocial Challenges in Childhood and Adolescence – Developmental, Emotional and Behavioral Issues</th>
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</thead>
</table>
| Description of Module | Many challenges faced by parents and children are developmental and influenced strongly by environmental factors. Children are often labeled and medicated at alarming rates. This module will focus on the following topics:  
1. The rights of children to well being  
2. Promotive, risk and protective factors: Early detection and intervention  
4. The "good enough" environment. The family and/or nurturing system.  
5. The social context of treatment: how SES, culture, ethnicity and race influence treatment options.  
6. Evidence-informed practice, psychoeducation, importance of social support, parent education and involvement, role of social workers  
7. Prevention: Case management and community resources.  
8. The DSM classification of disorders first manifested in infants and children:  
   a. Types: Behavior disorders, learning disorders, communication disorders, developmental disorders, attachment and anxiety disorders  
   b. Epidemiology: Prevalence estimates; over diagnosis and under diagnosis; vulnerable populations, stigma  
   c. Etiology Genetic, acquired, environmental, social, family.  
   e. Differential diagnosis |
| Competencies to be mastered in this module | 2.1.10 (b) PB 1, PB2  
2.1.10 (c) PB1 |
| Module-2 (Weeks 4-5) | Dissociation and Depersonalization: The impact of trauma on memory, splitting and ego integrity |
| Description of Module | This module will explore how we react to trauma as a form of self protection. The focus will be on a bio-psychosocial assessment of depersonalization and dissociation, relating the individual's experience of trauma to human rights, social justice and social policy through the following topics:  
1. Reflexive reactions to trauma from minor to major.  
3. Diverse expressions in children and adults.  
4. Complex trauma.  
5. Evidence-informed practice, community supports, social |
work role
6. Assessment with PIE
7. Treatment: Psychoanalysis, Hypnosis, In vivo Exposure Therapy, Family Counseling
8. DSM criteria for dissociative disorders:
   a. Types: Dissociative Amnesia, Fugue, Identity and Depersonalization Disorders
   b. Epidemiology: Prevalence estimates
   c. Etiology: Impact of trauma, abuse and neglect; intersection with the justice system
   d. Course: Impact on individual and family
   e. Differential diagnosis

Comperencies to be mastered in this module
2.1.10 (b) PB 1, PB2
2.1.10 (c) PB1

Readings


Module-3
(Week 6-7)  The Struggle for Reality

Description of Module
This module will focus on people who display symptoms of psychosis and will emphasize the importance of the environment on recovery. It will cover the following topics:
1. Wellbeing and living with psychotic disorders.
| Competencies to be mastered in this module | 2.1.10 (b) PB 1, PB2  
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<th>2.1.10 (c) PB1</th>
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### Module-4
(Week 8-9)

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<th>Description of Module</th>
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<td>This module will concern the topic of personality and challenge students to become aware of the interrelation of well-being, personality and relations with others. It will include the following topics:</td>
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<tr>
<td>1. Defining personality</td>
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<td>2. The dimensions of personality</td>
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<td>3. Personality as influenced by culture, family, peer group, contextual factors.</td>
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<td>4. The social definition of what constitutes a personality &quot;problem&quot;. Gender and personality.</td>
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<td>5. Evidence-informed practice, psychoeducation, early intervention, developing skills, role of social workers</td>
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<td>6. How can we promote recovery in people with severe personality difficulties. Community care of persons with severe mental illness: Case management and community resources.</td>
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<td>7. When is personality considered a “disorder”? The <em>DSM</em> classification:</td>
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<td>a. <strong>Types:</strong> Dependent, Antisocial, Narcissistic, Histrionic</td>
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<td>b. <strong>Epidemiology:</strong> Prevalence estimates; over diagnosis and under diagnosis; vulnerable populations, stigma</td>
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<td>c. <strong>Etiology:</strong> Genetic, acquired, environmental, social, family.</td>
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<td>d. <strong>Course:</strong> With treatment and without treatment.</td>
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<td>e. <strong>Differential diagnosis.</strong></td>
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<th>Competencies to be mastered in this module</th>
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<td>2.1.10 (b) PB 1, PB2</td>
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<td>2.1.10 (c) PB1</td>
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| Module-5 (Week 10-11) | Cognitive Functioning: Risk and Resilience Factors |
| Description of Module | There is a great deal of the illogical in thinking: we block thoughts, go off on tangents, allow the intrusion of irrelevancies and adhere to prejudices and rules in spite of evidence to the contrary. This module will help students to understand cognitive functioning and help promote wellbeing in this area. Topics covered will include: 1. Helping to promote cognitive and intellectual wellbeing. 2. Understanding spirituality and assessment. 3. The diversity of values and meanings across individuals and groups. 4. Subjectivity 5. Factors that affect cognition: age, organic disorders, disease, injuries, war injuries 6. Evidence-informed practice, psychoeducation, family support, community resources and support. 7. The DSM classification of cognitive disorders: |
### Module 6 (Week 12)  
**Managing the body experience.**

**Description of Module**

This module presents the bio-psycho-social assessment of well-being and disorder in the realm of the body experience, paying particular attention to the influence of human rights and social justice factors. It then critically reviews the *DSM-6-TR* categorization of disorders in the area of the body experience. Topics covered include:

1. Bodily well-being
2. Health-promoting factors and health-hindering factors
3. What does it mean to “somatize”?  
4. Seeing the body as it is or as it is not: The prevention and genesis of eating disorders.
5. Cultural differences in body expression

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**Competencies to be mastered in this module**

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<th>2.1.10 (b) PB 1, PB2</th>
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<tr>
<td>2.1.10 (c) PB1</td>
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</table>

**Readings**


6. **Assessment perspectives:**
   a. **Types** recognized in *DSM IV-TR*: Somatization Disorder, Hypochondriasis, Conversion Disorder, Body Dysmorphic Disorder, Pain Disorder; Eating Disorders.
   b. **Epidemiology**: Prevalence estimates of various Somatization Disorders; Occurrence in children, adolescents, and adults, differences between men and women, differences among specific clinical populations
   c. **Etiology**: The causes of somatization – depression, anxiety, abuse, personality disorders, and trauma
      a. Heightened body awareness coupled with cognitive biases about the meaning of normal physical occurrence
      b. Genetic and environmental influences
   d. **Course**: Impact on the life of the individual and Families
   e. **Treatment**: Physician education, psycho-education, cognitive-behavioral treatment, use of medications to treat underlying causes; key issues in patient and family education
   f. **Differential diagnosis**

| Competencies to be mastered in this module | 2.1.10 (b) PB1, PB2  
|                                      | 2.1.10 (c) PB1 |

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<th>Readings</th>
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**Module-7 (Week 13)**

**The wish to be cared for: Well-being and disorder**

**Description of Module**

This module discusses the normative desire of people to be in a caring relationship. It presents the bio-psycho-social factors, including those related to human rights and social justice, that foster a healthy resolution of this desire, or that contribute to a more disordered outcome. Topics include:

1. Relational well-being
2. Factors of health promotion and vulnerability
3. Assessment perspectives
4. Types recognized in *DSM IV-TR* Factitious disorder; NOS (Munchhausen’s by proxy)
   a. **Epidemiology**: Results of prevalence studies in U.S. and abroad; mortality; gender age differences
   b. **Detection**: Factors that increase the probability that a reported illness is not present; self-induced signs; results from mental status exam
   c. **Etiology**: Unclear – hypothesized reasons include background of abuse and neglect, masochistic tendencies, narcissistic tendencies, dependency needs, superiority needs.
   d. **Risk Factors**: Presence of serious childhood illness that resulted in excessive attention; grudges against medical profession; history of extremely close relationship with a physician; personality disorders
   e. **Course**: Acute vs. chronic; high rates of relapse
   f. **Treatment**: Possibility of medication to treat underlying disorders (i.e. SSRI for impulse control); family treatment, hospitalization if patient is at risk of self-harm; patient education; Legal obligations when the disorder is by proxy (child protection, criminal charges against offending parent)
   g. **Differential diagnosis**

<table>
<thead>
<tr>
<th>Competencies to be mastered in this module</th>
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<tbody>
<tr>
<td>2.1.4 PB1</td>
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<tr>
<td>2.1.7 PB 1, PB2, PB3</td>
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<tr>
<td>2.1.10 (b) PB 1, PB2</td>
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<td>2.1.10(c) PB1</td>
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<tr>
<th>Module-8 (Week 14)</th>
<th>Facing the vicissitudes of life</th>
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<tr>
<td>Description of Module</td>
<td>This module addresses how people manage what Shakespeare called “the slings and arrows of outrageous fortune.” It begins by considering a “good enough” adjustment to the trials of life and the bio-psycho-social factors that promote this. The module then presents various perspectives for assessing adjustment to life,</td>
</tr>
</tbody>
</table>
ending with the DSM view.

Topics include:

1. Well being
2. Factors of health promotion and vulnerability
3. When Life Circumstances Cause Significant Distress (More than a “reasonable” reaction to a stressor but less than a full-blown disorder)
4. The cross-cultural perspective
5. Assessment perspectives: PIE, PDM
6. The *DSM IV* perspective
   a. **Types**: Depressed mood, anxious mood, mixed anxiety & depression; disturbance of conduct; mixed disturbance of emotion and conduct; and NOS
   b. **Epidemiology**: Incidence and prevalence rates; most common subtypes, differences between adults and children/adolescents
   c. **Etiology**: Role of stress; vulnerabilities in children and adults.
   d. **Course**: Mortality rates: suicide, deliberate self-harm; Acute vs. chronic
   e. **Treatment**: Differences for children and adults; lack of official consensus on optimal treatments; psychotherapy aims to identify stressor and improve coping; medication may be helpful if improvement not seen; importance of constant risk assessment for impulsivity
   f. **Differential diagnosis**

| Competencies to be mastered in this module | 2.1.4 PB1 |
| 2.1.7 PB 1, PB2, PB3 |
| 2.1.10 (b) PB 1, PB2 |
| 2.1.10(c) PB1 |

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<tr>
<th>Readings</th>
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**WEEK 15**  
**FINAL EXAM**
APPENDIX A

Common Assignment

There will be a common assignment for each section of this course (I & II). The common assignment will be an exam that comprises:

a. Multiple Choice Questions
b. Case Vignettes

The exams will have questions that assess the advanced practice behaviors identified below:

Common Assignment #2: 2.1.10 (b) PB 1, PB2; 2.1.7 PB1, PB2, PB3; 2.1.4 PB1

Each exam will be worth 30-35% of the final grade.

Grading Rubric for Common Assignment

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Not Competent</th>
<th>Developing Competency</th>
<th>Competent</th>
<th>Advanced Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.10 (b) PB1, PB2; 2.1.7 PB1, PB2, PB3; 2.1.4 PB1</td>
<td>Scores &lt;70 on the exam.</td>
<td>Scores 70-79% on the exam.</td>
<td>Scores 80-89% on the exam.</td>
<td>Scores ≥90% on the exam.</td>
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APPENDIX B: PLAGIARISM

University Policies of Academic Integrity

A university, by its nature, strives to foster and recognize originality of thought. Originality can only be recognized, however, when people acknowledge the sources of ideas and works that are not their own. Therefore, students must maintain the highest standards with regard to honesty, effort and performance. Violations of academic integrity include, but are not limited to, plagiarism, cheating on exams, false authorship and destruction of library materials needed for a course. This policy gives definitions and instances of violations of academic integrity, the procedures used to arrive at a judgment, possible sanctions and the processes of appeal. This policy will be enforced rigorously and without discrimination.

Violations of Academic Integrity:

A. Plagiarism: Plagiarism occurs when individuals attempt to present as their own what has come from another source. Plagiarism takes place whether such theft is accidental or deliberate. Examples of plagiarism include but are not limited to:

- Using the ideas of another person, whether or not such ideas are paraphrased, from whatever source including oral, print, broadcast or computer-mediated communication.
- Rewriting borrowed material by simply dropping a word here and there, substituting a few words for others, or moving around words or sentences.
- Presenting borrowed material without placing quotation marks around borrowed material in the approved style. It is no defense to claim that one has “forgotten” to do so.
- Presenting as one’s own an assignment, paper or computer program partially or wholly prepared by another person, whether by another student, friend, or by a business or online service that sells or distributes such papers and programs.

B. Cheating: Cheating occurs when individuals share course materials or information when it is unauthorized or prohibited. Examples of cheating include but are not limited to:

- Having or using unauthorized material at an examination, test or quiz, or copying another student’s assignment or laboratory report.
- Permitting another student to copy an assignment, paper, computer program, project, examination, test or quiz.
- Obtaining and/or using an examination, test or quiz prior to its administration.
- Having another person act as proxy and take an examination, test or quiz.

C. Additional Violations of Academic Integrity: Additional violations of academic integrity include but are not limited to:

- Theft, destruction or tampering with library materials, audio and videotapes, computer
hardware or software, or other materials necessary for a course.

- The submission or presentation of a falsified excuse for an absence from a course requirement, examination, test or quiz.

- The presentation of false identification or credentials in order to gain admission to a course, examination, test, quiz or degree program.

- Submission of a paper or project to more than one course during the time in which a student is attending Fordham University, without explicit permission from the instructors. The penalty for students found guilty of plagiarism and other violations of academic integrity may range from failure for the assignment or course to dismissal from the program.
APPENDIX C: STUDENTS WITH DISABILITIES

Office of Disability Services  The Office of Disability Services at Fordham University helps to ensure equal educational access and opportunity for all members of our community. In the Jesuit tradition of cura personalis, members of the ODS staff work individually with each student to understand his or her strengths and limitations in order to develop their most effective and comprehensive accommodation plan. In addition to working in a direct service capacity with our students, the Office of Disability Services also collaborates with administrators, faculty, and staff to ensure that the facilitation of reasonable and appropriate accommodations for students with documented disabilities is provided. As a University, Fordham will offer reasonable and appropriate auxiliary aids and services to assist otherwise qualified persons in achieving access to its programs, services, and facilities once documentation is submitted to ODS and an intake appointment is conducted to develop an accommodation plan directly with the student in accordance with Section 504 of the Federal Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990.

The Office of Disability Services believe that their policies and mission carry out the intent of Section 504 of the Federal Rehabilitation Act, which states:

"No otherwise qualified individual with a disability in the United States, as defined in section 7(20), shall solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Please go to the Office of Disabilities for documentation guidelines according to type of disability. The website address is: http://www.fordham.edu/campus_resources/student_services/disability_services/

You can also contact the Office of Disability at 718-817-0655.