WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY
MSW PROGRAM

PSYCHOSOCIAL PATHOLOGY
SWK 6111

COURSE DESCRIPTION

Psychosocial pathology, is a required course for second year advance clinical practice with individual and families majors, it introduces students to content on the assessment and classification of human behavior that often requires social work intervention. This course expands the knowledge learned in Foundations of Social Work Practice and Human Behavior in the Social Environment.

It is a continuation of the human behavior sequence which includes HBSE I&II with a focus on "normative" development and this course, with a focus on the distinctions between what is commonly thought to be abnormal and that which is clinically understood as abnormal. This course examines signs, symptoms and complexity of mental health diagnostic categories. Students learn to examine mental health concerns of diverse social, racial, ethnic and social class groups with special emphasis on those who have historically been devalued and oppressed.

The initial identification of individuals, whose symptoms and level of functioning indicate that they have a psychologically and/or sociologically based disorder, is often a social work function. Therefore, social workers need to understand how to use the DSM 5 and the ICD 10. The under-pinning of use of these manuals is accurately assessing the behavior and competency functioning of clients to expedite referrals, provide concurrent treatment and provide information to other involved mental health disciplines.

I.   SOCIAL WORK COMPETENCIES   (click the link for a list of all nine competencies)

The Council of Social Work Education (CSWE) requires all accredited schools of social work to assess nine competencies. The rubric below evaluates the following competency using the final assignment. The CSWE rubrics scores will NOT apply to your class grade.

Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental

Justice

Social workers understand that every person regardless of position in society has fundamental

human rights. Social workers are knowledgeable about the global intersecting and ongoing

injustices throughout history that result in oppression and racism, including social work's role

and response. Social workers critically evaluate the distribution of power and privilege in society

in order to promote social, racial, economic, and environmental justice by reducing inequities and ensuring dignity and respect for all. Social workers advocate for and engage in strategies to eliminate oppressive structural barriers to ensure that social resources, rights, and responsibilities are distributed equitably, and that civil, political, economic, social, and cultural human rights are protected.

Social workers:

Competency 2:
Competency Indicator 2A

2A – a. advocate for human rights at the individual, family, group, organizational, and community system levels.

2B - . engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

I. DEMOGRAPHIC DESCRIPTION: Identify and place client in his current reality situation including age, sex, race, ethnicity, religion, nationality, marital status, social class, sexual orientation etc.

II. PRESENTING PROBLEM: Include problem for which client seeks help. What is the source and reason for referral; whether problem is of recent origin or a long standing issue? What is client's perception of problem? What precipitated the referral at this time? Is this client mandated and if so, what is the client's response to this?

III. APPEARANCE: Describe physical appearance and any comments client makes about his appearance. Indicate if client description seems accurate.

IV. LEVEL OF CONSCIOUSNESS: Describe level of alertness of the client; level of distraction; ability of client to stay connected to the worker. Did client seem sleepy, lethargic, drugged?

V. BEHAVIOR: Include quality, tone, and rate of speech. Include statement of any unusual movement and when occurred.

VI. MOOD AND AFFECT: Describe mood and affect of client. Were mood and affect consonant? Were they consonant with content? What is the evidence of mood and affect?

VII. THOUGHT CONTENT AND PERCEPTION: Describe the content of the client's thoughts and perceptions. Indicate accuracy and appropriateness of them. Indicate whether there are any indications of hallucinations, delusions, suicidal or homicidal thinking. Are there any indications of thought disturbances such as thought broadcasting, thought withdrawal, thought insertion, ideas of reference, illusions or projections?

VIII. THOUGHT PROCESS: Describe the thinking process. Indicate whether the thinking includes magical thinking, blocking, self critical thinking, tangential thinking, echolalia, clanging, circumstantial thinking, loosening of associations, nonproductive thinking or flight of ideas.

IX. INTELLECTUAL FUNCTIONING: Describe level of abstract thing or lack of this; describe ability to calculate numbers, how distractible is the person? Indicate if there is agnosia, apraxia, dementia or concrete thinking. How much schooling has the person had?

X. MEMORY SPHERES: Describe short- and long-term memory. Indicate if there is confabulation, word finding difficulties.

XI. ORIENTATION: Awareness of self in person, place and time.

XII. INSIGHT: Refers to level of awareness and understanding of the illness.

XIII. JUDGMENT: Ability to make good judgments, and pragmatic choices appropriate to protecting self and others.

XIV. IMPRESSIONS AND DIAGNOSTIC STATEMENT: Include the following:

a. Significant personal history of client
b. Assessment of client's current social functioning in immediate social situations (family relationships, work, recreation, school etc.)

c. Assessment of personality structure of the client with particular reference to intellectual endowment, capacity for and quality of object relationships, tolerance for frustration and capacity to delay; capacity for reality testing; discuss interplay between client's current reality situation and his/her ability (ego strengths and weaknesses) to deal with the situation. Discuss the nature and appropriateness of his/her defense mechanism in relation to the social factors and influences of current external pressures.

d. Assessment of the nature of the client's problem in light of his/her history. Tie together the significant history and factors in cause-effect relationship as understood from the history. If the history does not contain sufficient information about a specific aspect, it is important to state that this is unclear, thus pointing out areas for further exploration and assessment.

XV. HYPOTHESIZE(HES), V.2 (en B.90.6) (i)-365(()B.2y(c)-2)2s6-(24)107Estn.R00r283p(0)h)ep0Chstu(t)-6.6 ND3-I

VI. <u>EVALUATION</u>

ACCESSING E -RESERVES
FROM CANVAS

1. Go to your class Canvas page.
2. Click the link "Library Resources & E-Reserves" (no password required)\

FROM CAMPUS

1. If you wish to access e-reserves from the library home page (library.yu.edu),
2. Use "wurzweiler" all lower case, as the password.

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maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

X. <u>HIPAA</u>
In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified.
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mental health education. Journal of Mental Health Training Education and Practice, 6, (2), 65-71.

x   Davidson, L. et al. (2006). Play, pleasure and other positive life events: Non-Specific factors in recovery from mental illness? Psychiatry, 69 (2), Summer, 151-161.

x   Gove, W. (2004). The career of the mentally ill: An integration of psychiatric labeling/ social construction and lay perspectives. Journal of Health and Social Behavior,

-Chapter 4: Etiology

UNIT V: Diagnostic Categories, DSM 5 and ICD 10

These manuals are classifications

x   American Psychiatric Association, (2013). Diagnostic and Statistical Manual of

Mental Disorders (5th