

Instructor's Manual and Test Bank

for

Sands and Gellis

Clinical Social Work in Behavioral Mental Health *Toward Evidence-Based Practice*

Third Edition

prepared by

Roberta G. Sands
University of Pennsylvania

Zvi D. Gellis
University of Pennsylvania

Eric Stein
University of Pennsylvania

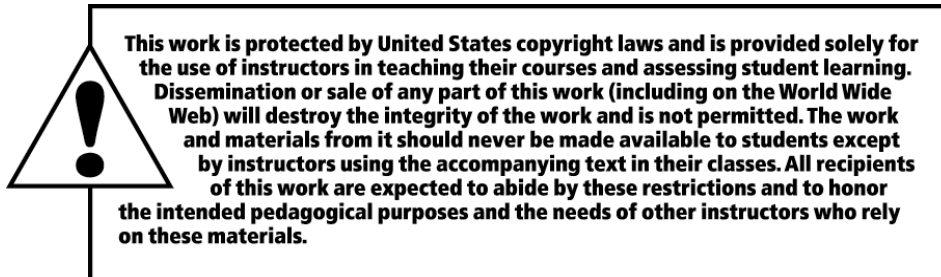
Allyn & Bacon

Boston Columbus Indianapolis New York San Francisco Upper Saddle River
Amsterdam Cape Town Dubai London Madrid Milan Munich Paris Montreal Toronto
Delhi Mexico City Sao Paulo Sydney Hong Kong Seoul Singapore Taipei Tokyo

Copyright © 2012, 2001, 1991 Pearson Education, Inc., publishing as Allyn & Bacon, One Lake Street, Upper Saddle River, NJ 07458. All rights reserved. Manufactured in the United States of America. The contents, or parts thereof, may be reproduced with *Clinical Social Work Practice in Behavioral Mental Health: Toward Evidence-Based Practice* by Roberta G. Sands and Zvi D. Gellis provided such reproductions bear copyright notice, but may not be reproduced in any form for any other purpose without written permission from the copyright owner. To obtain permission(s) to use material from this work, please submit a written request to Pearson Education, Inc., Permissions Department, 501 Boylston Street, Suite 900, Boston, MA 02116, or fax your request to 617-671-3447

10 9 8 7 6 5 4 3 2 1

15 14 13 12 11



Allyn & Bacon
is an imprint of



www.pearsonhighered.com

ISBN-10: 0-205-82018-2

ISBN-13: 978-0-205-82018-4

Contents

Sample Syllabus		v
Chapter 1	Getting Oriented: <i>Themes and Concepts</i>	1
Chapter 2	Historical Context: <i>Changes in Mental Health Policies and Social Work Practice</i>	11
Chapter 3	Biopsychosocial Conceptual Framework	21
Chapter 4	The Biopsychosocial Assessment	32
Chapter 5	Legal and Ethical Issues	42
Chapter 6	Culturally Competent Mental Health Practice	53
Chapter 7	Feminist Social Work Practice	64
Chapter 8	Evidence-Based Practice with Depressed Clients	74
Chapter 9	Evidence-Based Practice for Clients with Anxiety Disorders	85
Chapter 10	A Framework for Intervention with Persons with Serious Mental Illness	97
Chapter 11	Evidence-Based and Best Practices with Adults with Severe Mental Illness in a Community Context	107
Chapter 12	Evidence-Based Interventions for Individuals with Severe Mental Illness and Their Families	119
Chapter 13	Clinical Practice with Persons with Co-Occurring Substance Use and Serious Mental Illness	130
Appendix	Assess Yourself (<i>by chapter</i>)	141

SAMPLE SYLLABUS

[INSERT UNIVERSITY NAME HERE]

[INSERT COURSE NAME HERE]

[INSERT COURSE NUMBER HERE]

Professor:

Office Number/Location:

Office Hours:

Professor Phone:

Professor Email:

Course Meeting Times:

COURSE DESCRIPTION

This course aims to develop the student's knowledge and skills to enhance the student's ability to engage in clinical social work practice with individuals with moderate to severe mental illness, their families, and other systems with which they are involved. It will contribute to the student's knowledge of the historical background, legislation, and policies that inform practice in today's mental health/behavioral health environment and describe theories, the process of biopsychosocial assessment, and methods of practice. Cultural competence, gender issues and needs of aging adults will be emphasized throughout the course.

Particular attention will be given to evidence-based and "best" practices as they apply to working with persons with depression, anxiety, serious mental illness, and dual diagnosis (serious mental illness and substance use disorders). Several sessions will be devoted to working with adults with serious mental illness, as they are a high need population. The course will introduce students to the philosophy, principles, and values associated with working with persons with severe mental illness, especially psychiatric rehabilitation and the recovery perspective. Students will learn methods of psychiatric rehabilitation, including ways of collaborating with families, community support services, and consumer groups. Students will learn to examine research literature to determine the various levels of support for specific interventions and essential principles for translating research into mental health practice. Each evidence-based practice presented in the course will also be examined for its utility with diverse groups.

STUDENT LEARNING OBJECTIVES/OUTCOMES

By the end of this course:

- Students will be able to describe the policies and philosophies that undergird practice in mental health.
- Students will understand theories and apply them to work with clients with moderate to severe mental health challenges.
- Students will be familiar with several evidence-based practices and toolkits that have been developed by SAMHSA.
- Students will have acquired a framework for practice and methods of intervention with adults--including older adults--with serious mental illness, depression, anxiety, and dual diagnoses.
- Students will increase their awareness, knowledge, and skills in working with clients who are diverse in relation to culture, race/ethnicity, gender, age, sexual orientation, gender identity, and disability.

REQUIRED TEXT(S)

Sands, R.G. and Gellis, Z. (2012). Clinical social work practice in behavioral mental health: Toward evidence-based practice. Boston, MA: Allyn and Bacon.

Recommended Text(s)

ASSIGNMENTS AND EVALUATION

There are four types of assignments used throughout this course. Below, you will find the grading scale and percentages.

Grading/Evaluation

<i>Assignment</i>	<i>Due Dates</i>	<i>Possible Points</i>
Chapter Assignment(s)		
1	Friday	10
2	Friday	10
3	Friday	10
5	Friday	10
		10
7	Friday	
8	Friday	10
9	Friday	10
10	Friday	10
11	Friday	10
12	Friday	10
Midterm Paper	7 th class	70
Final Paper	2 nd to last class	130
Total Points		300

Letter Equivalent

A+ – 290-300	B+ – 260-269	C+ – 230-239	D – 200-209
A – 280-289	B – 250-259	C – 220-229	F – 0-199
A- – 270-279	B- – 240-249	C- – 210-219	

Chapter Assignments

These assignments are meant to assess your understanding of the readings, your ability to connect theory to practice, and your ability to critically reflect on your learning. Each week where indicated on the syllabus you are to do either Assignment 1 or Assignment 2.

- Assignment #1.** Discuss at least two key content areas from the assigned chapter in the Sands and Gellis book and the additional reading and your reactions to these ideas. This paper should be about 2 pages long.
- Assignment #2.** Discuss at least two ways in which the content of the assigned chapter in Sands and Gellis and the supplementary reading applies to practice. What challenges (ethical, personal, skill-level) would you face in implementing these methods? This paper should be about 2 pages long.

Midterm Paper

This paper should be six pages long, double spaced. No references other than Chapter 3 and 4 in the Sands and Gellis book are required, but use of additional references will enhance the grade. It is due in class in the seventh week of the semester. It is worth 70 points. The paper should be 5-6 pages double-spaced.

- Perform and write up in narrative form a comprehensive biopsychosocial assessment of a client you are working with in the field. Follow the outline provided in the Sands and Gellis book in Chapter 4 and refer to theories discussed in Chapter 3. Be sure to include an analysis using a theoretical framework.

Final Paper

This paper is due in the second to last class of the semester. It should be referenced, APA style, and follow the instructions below. It is worth 130 points.

1. Choose a specific intervention related to individuals with a diagnosis of serious mental illness, depression, anxiety, or dual diagnosis. If you choose one that is discussed in the readings, you must go well beyond the readings in your paper. You can also use an intervention that is not discussed in the readings. Write a paper that addresses the following questions/points: A) description of the intervention (including key components of the intervention and steps to be taken); B) goals/targets/ desired outcomes of this intervention; C) critical analysis of the research evidence supporting the intervention, indicating where the support is strongest (which populations); D) discussion of what additional research is needed on the chosen mental health intervention to enhance its level of empirical support, and to demonstrate it's effectiveness with specific populations that you are working with. Your paper should include detailed attention to at least 8 research articles (documenting peer-reviewed studies, not review articles). You should have a minimum of 12 references for the paper. Make sure to use the most current research literature available. The paper should be 10-12 double-spaced pages, using APA reference style, and one inch margins all around. References and citations should be from empirically-based academic (peer reviewed) journal article.

[Insert Additional Assignment Type]

Describe expectations of assignment and other important general information

1. Describe Assignment

[Insert Additional Assignment Type]

Describe expectations of assignment and other important general information

1. Describe Assignment

[Insert Additional Assignment Type]

Describe expectations of assignment and other important general information

1. Describe Assignment

COURSE OUTLINE

Week	Assignment Type
Week 1	<p>Text Reading: None: Overview of class</p> <p>Chapter Assignment(s): None</p> <p>Other Assignment(s): None</p>
Week 2	<p>Text Reading: Sands & Gellis, Chapter 1 + Gambrill</p> <p>Chapter Assignment(s): Assignment 1 or 2 on Chapter 1</p> <p>Other Assignment(s): Gambrill, E. (2003) . Evidence-based practice: Implications for knowledge development and use in social work empirical foundations for practice guidelines in current social work knowledge. In A. Rosen and E. Proctor (Eds.), <i>Developing practice guidelines for social work intervention: Issues, methods, and research agenda</i> (pp. 37-58). New York: Columbia University Press.</p>
Week 3	<p>Text Reading: Sands & Gellis, Chapter 2</p> <p>Chapter Assignment(s): Assignment 1 or 2 on Chapter 2 + Mechanic</p> <p>Other Assignment(s): Mechanic, D. (2008). <i>Mental health and social policy: Beyond managed care</i> (5th ed.). Boston: Allyn & Bacon, Chapter 1.</p>
Week 4	<p>Text Reading: Sands & Gellis, Chapter 3</p> <p>Chapter Assignment(s): Assignment 1 or 2 on Chapter 3 + Garland & Howard</p> <p>Other Assignment(s): Garland, E. L., & Howard, M. O. (2009). Neuroplasticity, psychosocial genomics, and the biopsychosocial paradigm in the 21st century. <i>Health and Social Work, 34</i>(3), 191–199.</p>
Week 5	<p>Text Reading: Sands & Gellis, Chapter 4</p> <p>Chapter Assignment(s): None</p> <p>Other Assignment(s): Folstein, M. F., Folstein, S. F., & McHugh, P. R. (1975). Mini-mental state: A practical method for coding the cognitive state of patients for the clinician. <i>Journal of Psychiatric Research, 12</i>, 189–198.</p>
Week 6	<p>Text Reading: Sands & Gellis, Chapter 5</p> <p>Chapter Assignment(s): Assignment 1 or 2 on Chapter 5 + Simone & Fulero</p>

	Other Assignment(s):	Simone, S., & Fulero, S. M. (2005). Tarasoff and the duty to protect. <i>Journal of Aggression, Maltreatment & Trauma</i> , 11(1), 145-168.
	Text Reading:	Sands & Gellis, Chapter 6
Week 7	Chapter Assignment(s):	Midterm paper is due; no chapter assignment
	Other Assignment(s):	Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W.-C., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. <i>Annual Review of Clinical Psychology</i> , 1, 113-142.
	Text Reading:	Sands & Gellis, Chapter 7
Week 8	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 7 + West
	Other Assignment(s):	West, C. K. (2005). The map of relational-cultural theory. <i>Women & Therapy</i>, 28(3/4), 93–110.
	Text Reading:	Sands & Gellis, Chapter 8
Week 9	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 8 + Kessler
	Other Assignment(s):	Kessler, R. C. , Berglund P., Demler O., Jin R., Koretz, D, Merikangas, K. R., Rush, A. J., Walters, E. E., Wang, P. S. (2003). The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). <i>Journal of the American Medical Association</i> , 289(23):3095-105.
	Text Reading:	Sands & Gellis, Chapter 9
Week 10	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 9 + Thuile
	Other Assignment(s):	Thuile, J, Even, C., & Rouillon, F. (2008). Long-term outcome of anxiety disorders: a review of double blind studies. <i>Current Opinions in Psychiatry</i> , 22, 84-89.
	Text Reading:	Sands & Gellis, Chapter 10
Week 11	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 10 + Onken
	Other Assignment(s):	Onken, S. J., Craig, C. M., Ridgway, P., Ralph, R. O., & Cook, J. A. (2007). An analysis of the definitions and elements of recovery: A review of the literature. <i>Psychiatric Rehabilitation Journal</i> , 31(1), 9-22.
Week 12	Text Reading:	Sands & Gellis, Chapter 11
	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 11 + Solomon

	Other Assignment(s):	Solomon, P. (2004). Peer support/peer provider services: Underlying processes, benefits, and critical ingredients. <i>Psychiatric Rehabilitation Journal</i> , 27, 392-401.
	Text Reading:	Sands & Gellis, Chapter 12
Week 13	Chapter Assignment(s):	Assignment 1 or 2 on Chapter 12 + Roe
	Other Assignment(s):	Roe, D., Penn, D. L., Bortz, L., & Hasson-Ohayon, I. (2007). Illness management and recovery: Generic issues of group format implementation. <i>American Journal of Psychiatric Rehabilitation</i> , 10, 131-147.
	Text Reading:	Sands & Gellis, Chapter 13
Week 14	Chapter Assignment(s):	Final paper is due; no chapter assignment
	Other Assignment(s):	Burke, B., Arkowitz, & Dunn, C. (2002). The efficacy of motivational interviewing and its adaptations: What we know so far. In W. Miller & S. Rollnick (Eds.), <i>Motivational interviewing: Preparing people for change</i> (2nd ed.) (pp. 217-250). New York: The Guilford Press.
	Text Reading:	None; wrap up of course
Week 15	Chapter Assignment(s):	No chapter assignments
	Other Assignment(s):	
	Text Reading:	
Week 16	Chapter Assignment(s):	
	Other Assignment(s):	

UNIVERSITY/COLLEGE POLICIES AND ETHICS

[INSTRUCTOR: Insert Your University's Academic Policies]

CHAPTER 1

Getting Oriented

Themes and Contexts

CHAPTER SUMMARY

- Clinical social workers need to be informed about scientific developments, theories, and methods. Practice roles emphasized in this book are case manager and therapist.
- Community mental health is a concept, philosophy, and ideology that influences today's behavioral health environment.
- Caplan incorporated a public health model into community mental health-- including primary, secondary, and tertiary prevention.
- Community mental health principles such as comprehensiveness and continuity of care influence behavioral health today.
- Deinstitutionalization is a predecessor movement and process whereby the primary locus of treatment is in the community.
- Managed care dominates mental health care today, including services in the public sector.
- Psychiatric epidemiology refers to the distribution of mental illness and mental health in a population. Knowledge of epidemiology enables clinicians to identify high risk groups and environmental factors that influence mental illness.
- Social workers benefit from knowledge about biological research, including genetics.
- Evidence-practice is defined in two ways in the social work literature: a process of researching, applying and evaluating the best research related to a clinical problem; and using empirically based interventions.
- Definitions of normality, mental health, and mental illness have been contested. The World Health Organization recognizes multiple interacting factors in its conceptualization of mental health.
- Recovery and strengths are important concepts. These concepts reinforce positive developments of the consumer's trajectory and positive attributes.

CSWE COMPETENCIES FOUND IN THIS CHAPTER

Professional Identity

Critical Thinking

Research Based Practice

Human Behavior

CHAPTER OUTLINE

Community Mental Health

Three Levels of Prevention

Principles of Community Mental Health Practice

Deinstitutionalization

Behavioral Health under Managed Care

Implications of Behavioral Health for Clinical Social Work

Scientific Knowledge and Evidence-Based Practice

Psychiatric Epidemiology

Biological Research

Evidence-Based Practice

Definitional Issues

Normality, Mental Health, and Mental Illness

Recovery and Strengths

Postmodernism as a Critical Framework

SUGGESTED IN CLASS DISCUSSION QUESTIONS

1. How is the role of the clinical social worker in mental health similar to the role of the clinical social worker in other fields of practice? How is it different?
2. To what extent do you think primary prevention is used in work with adults in mental health?
3. Compared with the past (before deinstitutionalization), how are psychiatric hospitals used today?
4. How is research useful to the practitioner?
5. Explain different ways in which evidence-based practice is defined.

CLASS ASSIGNMENTS

1. Read the "Cautionary Statement" in the American Psychiatric Association's Diagnostic and Statistical Manual. Explain why you think this statement is there.
2. Do some research on the mental hospitals that were in your geographic area prior to deinstitutionalization. Find out their capacities, when and if they closed, and how, if at all, they are being used today.
3. Why was it possible to move hospitalized clients into the community?

ADDITIONAL RESOURCES

<http://www.naswdc.org/>

<http://www.helpstartshere.org/tag/evidence-based-practices>

<http://www.nimh.nih.gov/index.shtml>

ASSESSMENT FOR IN-CLASS USE

Pick the best possible answer from each of the four options provided with each questions.

Difficulty: 1 = Easy; 2 = Moderate; 3 = Challenging

Multiple Choice Questions

1. Which of the following most closely represents the percentage of social workers who work in the field of mental health?
 - a) 20%
 - b) 30%
 - c) 40%
 - d) 50%

Answer: C

Difficulty: 1

Competence: Professional Identity

2. The federal action agenda on mental health included all the following except:
 - a) primary prevention
 - b) promising practices
 - c) cultural competence
 - d) prevention and treatment of co-occurring disorders

Answer: A

Difficulty: 2

Competence: Policy Practice

3. Multidisciplinary teams contribute to all of the following except
 - a) Multidimensional treatment
 - b) Comprehensive understanding
 - c) Indigenous mental health
 - d) Multidimensional rehabilitation

Answer: C

Difficulty: 2

Competence: Practice Contexts

4. Which of the following did not contribute to deinstitutionalization?
 - a) The development of psychiatric medications
 - b) Abusive practices in hospitals
 - c) Switching of costs from the state to the federal level
 - d) Advocacy for the elimination of hospitals by different groups

Answer: B

Difficulty: 3

Competence: Critical Thinking

5. Psychiatric epidemiology is concerned with all of the following except
- person-environment relationship
 - the spread of disease
 - distribution of mental illness in a population
 - distribution of mental health in a population

Answer: B

Difficulty: 2

Competence: Research Based Practice

6. A client was concerned that her psychiatric disorder could be passed onto her children. Which of the following avenue of research and practice would provide the best answer?
- epidemiological research
 - psychosocial research
 - evidence-based practice
 - biological research

Answer: D

Difficulty: 1

Competence: Human Behavior

7. A worker was puzzled about how to clinically treat a client with a diagnosis of schizophrenia who had a college degree, held a steady job in an office, and complained of intrusive voices. To identify an evidence-based practice, the worker would need to search the literature all of the following except:
- treatment
 - schizophrenia
 - high functioning
 - voice control

Answer: D

Difficulty: 1

Competence: Research Based Practice

8. After a young woman was found in a man's basement for years, where she was held prisoner for five years, the man who imprisoned her claimed that he was insane. Psychiatric testing, however, found that he did not have a mental disorder. Most likely, his behavior would be considered.
- Sadistic
 - Criminal
 - Abnormal
 - Subthreshold mental illness

Answer: B

Difficulty: 3

Competence: Critical Thinking

9. Consumers of mental health services have embraced the concept of recovery. This is because recovery means that
- a) they will be cured
 - b) they will work toward goals of their own choosing
 - c) they will be able to move out of the mental health system at some point
 - d) they will be able to live without medication

Answer: B

Difficulty: 2

Competence: Policy Practice

10. According to postmodern thinking, mental illness is a
- a) discourse
 - b) binary category
 - c) deconstructed category
 - d) subjugated category

Answer: A

Difficulty: 3

Competence: Critical Thinking

11. Which of the following is a setting in which clinical practice in mental health is most likely to take place?
- a) outpatient clinic
 - b) employee assistance program (EAP)
 - c) homeless shelter
 - d) all of the above

Answer: D

Difficulty: 1

Competence: Professional Identity

12. An example of a prevention on the primary level is:
- a) case finding
 - b) assessment
 - c) education of high risk groups
 - d) rehabilitation

Answer: C

Difficulty: 2

Competence: Policy Practice

13. Which of the following is not a principle of community mental health practice?

- a) comprehensiveness
- b) accountability
- c) accessibility
- d) advocacy

Answer: D

Difficulty: 2

Competence: Policy Practice

14. Deinstitutionalization can best be described as

- a) a population management mechanism
- b) a philosophy and process
- c) a means of getting rid of undesirables
- d) a community outreach method

Answer: B

Difficulty: 2

Competence: Policy Practice

15. Managed care is a means of

- a) controlling medical expenses
- b) limiting services to those who are deserving
- c) waiving health insurance
- d) ensuring that everyone receives health care

Answer: A

Difficulty: 2

Competence: Policy Practice

16. Which of the following is not generally supported by managed care organizations?

- a) short-term therapy
- b) long-term therapy
- c) crisis intervention
- d) reduction in symptomatology

Answer: B

Difficulty: 2

Competence: Policy Practice

17. You are working with the family of a client with serious mental illness. Based on previous conceptualizations of mental illness, the family may worry that:

- a) you will focus primarily on the client's taking medication as prescribed
- b) you will blame the client for his/her disability
- c) you will blame the family for the client's illness

- d) all of the above

Answer: C

Difficulty: 3

Competence: Research Based Practice

18. From a postmodern perspective, diagnosis is problematic because
- a) diagnosis is outdated
 - b) it tends to "essentialize" clients
 - c) it ignores the social context
 - d) it uses binary terms

Answer: B

Difficulty: 2

Competence: Critical Thinking

19. The public health model of health and mental illness emphasizes three levels of prevention. Clinical practitioners today are most likely to emphasize
- a) level 1 only
 - b) level 2 only
 - c) level 3 only
 - d) levels 2 and 3

Answer: C

Difficulty: 2

Competence: Practice Contexts

20. Mental health practice today is influenced by several federal policy reports. Which of the following is not such a report?
- a) The Surgeon General's report of 1999
 - b) Institute of Medicine's report of 2001
 - c) President's New Freedom Commission of 2003
 - d) The Federal Action Agenda of 2007

Answer: D

Difficulty: 2

Competence: Policy Practice

21. Epidemiological studies of normal community samples have found that
- a) most people are normal
 - b) most people are depressed
 - c) a relatively high proportion had symptoms of mental health problems
 - d) all of the above

Answer: C

Difficulty: 2

Competence: Research Based Practice

22. The term behavioral health is used to refer to
- a) psychologically based treatment
 - b) modifying behavior in mental health treatment
 - c) prevention and treatment of mental health problems
 - d) prevention and treatment of mental health and substance abuse problems

Answer: D

Difficulty: 2

Competence: Practice Contexts

23. In the field of mental health, clinical social work practice, as compared with practice by clinicians of other disciplines, is characterized by all of the following except
- a) environmental intervention
 - b) psychotherapy
 - c) human rights advocacy
 - d) control over medication

Answer: D

Difficulty: 1

Competence: Professional Identity

24. Which of the following policies is not associated with mental health?
- a) deinstitutionalization
 - b) community mental health
 - c) deconstruction
 - d) managed care

Answer: C

Difficulty: 1

Competence: Policy Practice

25. More recent epidemiological studies have benefited from which of the following:
- a) better diagnostic instruments
 - b) the ability of lay interviewers to administer diagnostic instruments
 - c) a and b
 - d) none of the above

Answer: C

Difficulty: 2

Competence: Research Based Practice

Essay Questions

1. Suppose you are working at a mental health clinic. What would you do if an individual who looks confused and has no identification or insurance on him or her?

Difficulty: 3

Competence: Critical Thinking

2. Some time ago Thomas Szasz described mental illness as a "myth." What do you think of this characterization? Do you think this applies to mental health today?

Difficulty: 2

Competence: Critical Thinking

3. Suppose a client questions whether her children are likely to inherit her bipolar disorder. How would you respond? What would you do?

Difficulty: 3

Competence: Research Based Practice

4. Compare incidence and prevalence.

Difficulty: 2

Competence: Research Based Practice

5. What would you do if a client exhibited "markedly deviant behavior" such as screaming in the hallways of your agency? What would you want to know about the circumstances around this behavior?

Difficulty: 3

Competence: Critical Thinking