

FLORIDA INTERNATIONAL UNIVERSITY  
ROBERT STEMPEL COLLEGE OF PUBLIC HEALTH AND SOCIAL WORK  
**School of Social Work**

**Spring 2010**  
SOW 6125  
**HUMAN BEHAVIOR AND THE SOCIAL ENVIRONMENT—II (PSYCHOPATHOLOGY)**  
Wednesday 7:50 pm—10:30pm, CP 101

**Professor:** David Cohen, PhD, LCSW  
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**Office Hours:** by appointment (Monday or Wednesday preferred)  
**Class website:** <http://psychopathology.fiu.edu>

#### **CATALOG DESCRIPTION**

Study of biological, psychological, and socio-cultural aspects of problems variously called psychopathology, psychological distress, mental disorder or mental illness. Critical analysis of major schools of thought defining and providing explanations for these problems and of the nature and results of interventions derived from these schools of thought. Discussion of social workers' roles in the field of mental health.

#### **PRE/CO-REQUISITES**

Completion of all 5000-level required courses or admission into Advanced Standing.

#### **COURSE OBJECTIVES**

This course aims to help graduate social work students to:

1. become familiar with one or more major theory of human behavior and the social environment (e.g., biological, psychodynamic, cognitive-behavioral, social-community, humanistic, existential) and apply it to integrate knowledge about human behavior and the social environment;
2. appreciate how socio-cultural contexts (including ethical issues) influence definitions of psychopathology and professional interventions;
3. become familiar with the DSM approach to classifying psychopathology and with selected DSM diagnostic categories;
4. become familiar with the indications, uses, and expected effects of the major prescribed psychotropic drugs.

#### **COURSE REQUIREMENTS**

1. Quizzes	30%
2. Individual take-home essay	15%
3. Group assignment	15%
4. Individual major term assignment	40%
Total	100%

#### **1. Multiple choice/short answer quizzes**

Six open-book, open-note multiple-choice/short answer exams (~ 10-20 questions each) on the class lectures and readings. The first 5 quizzes are worth 5% each (the lowest grade won't be counted) and the sixth is worth 10% of the final grade. The quizzes cover the lectures and the required readings.

## 2. Individual Take-home essay

A few short essay questions about some required readings will be posed, out of which 2 must be answered, each worth 7.5% of the final grade. The questions will be available **January 20** and **due February 24 by 7:00 pm**. Please submit your essay via email as a Word file. Please name the file

***Yourlastname\_Yourfirstname\_1.doc*** Each question should be answered in about 3 double-spaced pages. You're not required to use sources beyond the readings listed in this syllabus, but you may. Include a *single* title page with your name, assignment title, phone number and email, date, class and instructor. Please number every page.

This take-home is graded on (1) completeness of the answer, (2) accurate understanding and representation of readings, (3) clarity of expression, proper syntax and grammar, proper paragraph structure, correct spelling and absence of typos, correct use of APA style. When citing any actual passage from a written source, you *must* include the page number.

## 3. Group Assignment: "Ezine"

In this assignment, small groups of students will work together to create an "ezine" (e.g., one electronic issue of a mini-magazine or magazine cover, newsletter, home-made comic book, editorial, poetry, interview, advice column, etc.) that aims to deconstruct "official" information about a particular mental disorder category. The ezine should focus on a controversial issue, politically incorrect issue, and opinions about psychopathology. Each group will then present their ezine to the class toward the end of the semester.

## 4. Term Assignment

You may choose one of two options. Option 1 is a paper that situates historically and examines critically a DSM diagnosis. Option 2 is a psychiatric medication history of an adult acquaintance or relative. Further details on these will be provided on the second week of class. It is due by the last day of class, **April 14, by 7:00 pm**, via e-mail as a Word file. Please name the file ***Yourlastname\_Yourfirstname\_2.doc***

## FINAL GRADES

Final letter grades are assigned based on the following percentages (FIU grade points in parentheses). A grade below B is a failing grade.

A	90 – 100 (4.00)	B–	77 – 79.9 (2.67)	D+	64 – 66.9 (1.33)
A–	87 – 89.9 (3.67)	C+	74 – 76.9 (2.33)	D	60 – 63.9 (1.00)
B+	84 – 86.9 (3.33)	C	70 – 73.9 (2.00)	D–	57 – 59.9 (0.67)
B	80 – 83.9 (3.00)	C–	67 – 69.9 (1.67)	F	56.9 and below (0.00)

## SUGGESTIONS FOR DOING WELL IN THIS COURSE

To get an A or B in this course requires *engaging with* the course material. For most students, much of the material and the terminology are new, which requires effort in and outside of class to integrate it.

1. Read the syllabus carefully: If you don't follow instructions for the assignments, your grade will suffer.
2. Use a dictionary to look up the meaning of unclear words. If you're unable to define the new words and concepts introduced in this course, your grade will suffer.
3. Read assigned readings before class, write down any questions you have about it and ask them in class.
4. After class, write a 2-paragraph summary of the key points of any readings. This summary will help you when you're reviewing your materials for the quizzes.
5. Take notes during class, and re-write them after class. Bring up any unclear points for discussion at the start of next class.
6. Begin your final assignment right away, as it involves considerable work and development. Use every available opportunity to discuss your ideas in class and with the professor.

## CLASS POLICIES

Students are expected to:

1. attend class regularly, arrive on time for class, and turn off cell phones; students are expected to notify the instructor if they cannot attend.
2. participate actively and appropriately in class by making relevant contributions to discussions, engaging in peer learning activities, showing respect for diverse opinions expressed by other class members, sharing journal articles, books, newspaper clippings, articles, videos, or other information of relevance to the class topics.
4. read assigned readings prior to class sessions and come prepared to discuss these readings in class. **Every week, students must email the instructor 1 or more questions on each assigned reading prior to the class. Failure to do so will result in a penalty (up to 10% of the final grade point total may be deducted for not sending in questions.)**
5. the instructor will not accept late assignments except under the most extraordinary circumstances.
6. Florida International University is a community dedicated to generating and imparting knowledge through excellent teaching and research, the rigorous and respectful exchange of ideas, and community service. All students should respect the right of others to have an equitable opportunity to learn and honestly to demonstrate the quality of their learning. Therefore, all students are expected to adhere to a standard of academic conduct, which demonstrates respect for themselves, their fellow students, and the educational mission of the University. All students are deemed by the University to understand that if they are found responsible for academic misconduct, they will be subject to the Academic Misconduct procedures and sanctions, as outlined in the Student Handbook. In this class, *evidence of cheating or plagiarism will result in failure of the assignment and disciplinary action in accordance with University policies*. Students sometimes plagiarize inadvertently by failing to give citations for ideas that are not their own. Using another's exact words requires quotation marks, page number, and citing the author. Even paraphrasing another's work requires citing the author. **Please consult Dr. Ruggiano's brief *Guide to Writing Papers* which is posted on the class website, which provides tips to overcome common writing mistakes and avoid unintentional plagiarism.**
7. speak with the instructor **as soon as possible** if they have any concerns about the course or their performance in it;
8. Special Needs: If you believe you need special assistance in lecture, reading assignments, and/or testing, please contact the instructor.

## DATES TO REMEMBER

Jan 20	Quiz 1; Take-home handed out
Feb 10	Quiz 2
Feb 17	Quiz 3
Feb 24	Take-home due
Mar 3	Quiz 4
Mar 24	Last date to hand in a <u>complete draft</u> of your Major assignment if you want written feedback from instructor
Mar 31	Quiz 5
Apr 14	Quiz 6; Major assignment due; group presentations

## REQUIRED READINGS

Required readings are posted on the class website: <http://psychopathology.fiu.edu>

The readings are listed below in this syllabus, but *the list of required readings is subject to change as the class progresses*.

## RECOMMENDED BOOKS

There are no required books for this course. However, two books are highly recommended:

1. Either one of the following editions of the *DSM*:
  - American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (fourth edition, text revision)*. (DSM-IV-TR). Washington, DC: American Psychiatric Association. [starts at about \$63+shipping on Amazon.com]
  - American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (fourth edition)*. (DSM-IV). Washington, DC: American Psychiatric Association. [starts at about \$23+shipping on Amazon.com]
2. Roberts, A. R. (Ed.). (2009). *Social workers' desk reference* (2nd ed.). New York: Oxford University Press. [starts at about \$63+shipping on Amazon.com]

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## COURSE OUTLINE

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### 1. January 6: Course Introduction/ Introduction to the Mental Health System

- Review of course syllabus and personal introductions
- Expectations related to preparation and performance on tests and assignments
- Importance of a “critical approach” in psychopathology
- Clients, professions, treatments, institutions, ideologies, reforms, trends, and role of social work profession in the *mental health system*

**Required readings:**

- Lacasse, J., & Gomory, T. (2003). Is graduate social work education promoting a critical approach to mental health practice? *Journal of Social Work Education*, 39, 383-408.
  - Szasz, T. (2000). Remembering masturbatory insanity. <http://www.szasz.com/iol8.html>
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### 2. January 13: Medicalization and “Disease Mongering”

- Trends contributing to medicalization
- From medicalization of deviance to medicalization of normality
- Social work and medicalization
- The future of medicalization

**Required readings**

- Conrad, P. (2005). The shifting engines of medicalization. *Journal of Health and Social Behavior*, 46, 3-14.
  - Moynihan, R., Heath, I., & Henry, D. (2002). Selling sickness: The pharmaceutical industry and disease mongering. *British Medical Journal*, 324, 886-891.
  - Healy, D., & LeNoury, J. (2006). Pediatric bipolar disorder: An object of study in the creation of an illness. *International Journal of Risk & Safety in Medicine*, 19, 209-221.
  - Offman, A., & Steinplatz, P. J. (2004). Does PMDD belong in the DSM? Challenging the medicalization of women's bodies. *Canadian Journal of Human Sexuality*, 13, 17-27.
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### 3. January 20: Major Schools of Thought in Mental Health

**⇒QUIZ #1 TODAY, COVERING WEEK 2**

**⇒TAKE-HOME ASSIGNMENT HANDED OUT TODAY, DUE FEBRUARY 24**

- Theories and definitions of mental illness
- Brief history, evolution, and key assumptions of major schools of thought in mental health
- Applying evidence-based practice paradigms in practice settings

**Required reading:**

- Gambrell, E. (2006). Evidence-based practice and policy: Choices ahead. *Research on Social Work Practice*, 16(3), 338-357.

**Recommended readings:**

- Chapters 25-44 in *Social Workers' Desk Reference*

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#### 4. January 27: Diagnosis, Classification, and the DSM—Part I

- History and development of DSM system • Validity and reliability in psychiatric diagnosis • Role of categorical (DSM) diagnostic system in epidemiology, prevalence rates and comorbidity

**Required readings:**

- Kessler, R. (2005). Prevalence, severity, and comorbidity of 12 month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627.
- Cosgrove, L., Krinsky, S., Vijayaraghavan, M., & Schneider, L. (2006). Financial ties between DSM-IV panel members and the pharmaceutical industry. *Psychotherapy & Psychosomatics*, 75, 154-160.

**Recommended readings:**

- DSM-IV-TR, pp. xxx-xxxv, and 27-37 [or DSM-IV, pp. xxi-xxv, and 25-35]
  - Chapters 45-56 in *Social Workers' Desk Reference* (2009).
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#### 5. February 3: Diagnosis, Classification, and the DSM—Part II

- Strengths and limitations of DSM diagnostic system, including those related to sex and gender and race and ethnicity • Diagnosis in psychiatry and assessment in social work

**Required readings:**

- Tucker, G. J. (1998). Putting DSM-IV in perspective. *American Journal of Psychiatry*, 155, 159-161.
  - Robertson, M., & Walter, G. (2007). The ethics of psychiatric diagnosis. *Psychiatric Annals*, 37, 792-797.
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#### 6. February 10: Coercive Treatment; Mental Illness and “Dangerousness”

**⇒ QUIZ #2 TODAY, COVERING WEEKS 4-5**

- Civil commitment—inpatient and outpatient; social workers' roles & duties under Florida's “Baker Act”
- The relationship between violence and mental illness, and jails and mental hospitals
- Predicting dangerousness to self or others

**Required readings:**

- Carpenter, J. (2002). Outpatient commitment for adults with psychiatric disabilities: Examining the underlying assumptions. *Families in Society*, 82(3), 293-301.
- Cook, J., & Jonikas, J. (2002). Self-determination among mental health consumers/survivors. *Journal of Disability Policy Studies*, 13(2), 87-95.
- Fazel, S., et al. (2009). Schizophrenia and violence: Systematic review and meta-analysis. *PLoS Medicine*. Available online at: <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000120>
- Ivanoff, A., & Gomory, T. (2002). Does the goal of preventing suicide justify placing suicidal clients in care? In Gambrill & Pruger (Eds.) *Controversial issues in social work: Ethics, values, and obligations* (pp. 63-75).

**Recommended readings:**

- Szasz, T. (1999). Suicide as a moral issue. <http://www.szasz.com/iol2.html>
  - Oaks, D. (2006). What 30 years in the mad movement have taught me. Unpublished manuscript, presented at “Open Minds: Cultural, Activist, and Critical Perspectives in Psychiatry,” New York, Sept. 23, 2006.
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#### 7: February 17: Problems and Disorders in Childhood and Adolescence

**⇒ QUIZ #3 TODAY, COVERING WEEK 6**

- Socio-cultural changes in family life and the raising of children over 50 years • Socio-cultural factors contributing to increased attention and medicalization of childhood problems • Overview of selected

categories of childhood disorders in DSM-IV • Life-course trajectory of those diagnosed with childhood disorders

**Required readings:**

- Finn, J., Nybell, L. M., & Shook, J. J. (2010). The meaning and making of childhood in the era of globalization: Challenges for social work. *Children & Youth Services Review*, 32, 246-254.
- Cohen, D. (2006). Critiques of the “ADHD” enterprise. In G. Lloyd, J. Stead, & D. Cohen (eds.), *Critical new perspectives on ADHD* (pp. 13-33). New York & London: Routledge.
- Duncan, B. L., Sparks, J. A., Murphy, J. J., & Miller, S. D. (2007). Just say ‘no’ to drugs as a first treatment for child problems. *Psychotherapy in Australia*, 13(4), 32-40.

**Recommended reading:**

- DSM-IV-TR, pp. 39-134 [or DSM-IV, pp. 37-121]
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**8. February 24: Anxiety**

**⇒ TAKE-HOME ASSIGNMENT DUE TODAY**

- Different theoretical and treatment approaches to anxiety • Conceptualizations of stress and stressors
- Comparative effectiveness of treatments

**Required readings:**

- Overholser, J. C., & Fisher, L. B. (2009). Contemporary perspectives on stress management: Medication, meditation, or mitigation. *Journal of Contemporary Psychotherapy*, 39, 147-155.
- Szeszko, P. R., MacMillan, S., McMeniman, M., et al. (2004). Brain structural abnormalities in psychotropic drug-naïve pediatric patients with obsessive-compulsive disorder. *American Journal of Psychiatry*, 161, 1049-1056.

**Recommended readings:**

- DSM-IV-TR, pp. 429-484 [or DSM-IV, pp. 428-484]
  - DSM-IV-TR, pp. 519-533 [or DSM-IV, pp. 477-491]
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**9. March 3: Depression, Mania, and Other DSM-IV Mood Disorders**

**⇒ QUIZ #4 TODAY, COVERING WEEKS 7-8**

- Changing professional and public views of depression and manic-depression • Different theoretical and clinical approaches to depression and anxiety • Epidemiology of depression among socially vulnerable groups, including women, children, and sexual and cultural minorities • Controversies surrounding the diagnosis of depression and bipolar disorder • Comparative effectiveness of treatments

**Required readings:**

- Wakefield, J. C., Smitz, M. F., First, M. B., & Horwitz, A. V. (2007). Extending the bereavement exclusion for major depression to other losses. *Archives of General Psychiatry*, 63, 433-440.
- Leo, J., & Lacasse, J. (December 2007). The media and the chemical imbalance theory of depression. *Society*.

**Recommended readings:**

- DSM-IV-TR, pp. 345-428 [or DSM-IV, pp. 317-391]
  - DSM-IV-TR, pp. 429-484 [or DSM-IV, pp. 428-484]
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**10. March 10: Schizophrenia and the Psychotic Disorders—Part I**

- Acute and chronic psychosis (schizophrenia) as problems central to major recurring reforms in mental health services • Main components of biological approach to schizophrenia: genetics, biochemistry, neuroanatomy, drug treatment • Main causal explanations, including biological, developmental, familial and cultural hypotheses

**Required readings:**

- Read, J., van Os, J., Morrison, A. P., & Ross, C. A. (2005). Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica*, 112, 330-350.

**Recommended reading:**

- DSM-IV-TR, pp. 297-343 [or DSM-IV, pp. 273-315]
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**11. March 17 — SPRING BREAK — NO CLASS****12. March 24: Schizophrenia and the Psychotic Disorders—Part II**

- Continuing controversy surrounding the concept and reality of “schizophrenia,” early treatment, & necessary components of treatment • Short- and long-term effects of drug treatments • Psychosocial interventions in first-episode psychosis

**Required readings:**

- DeGirolamo, G. (1996). WHO studies on schizophrenia: An overview of the results and their implications for the understanding of the disorder. *The Psychotherapy Patient*, 9, 213-231.
- Harrow, M., & Jobe, T. H. (2007). Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications: A 15-year multifollow-up study. *Journal of Nervous and Mental Disease*, 195, 406-414.
- Seikkula, J., Aaltonen, J., Alakare, B., et al. (2006). Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies. *Psychotherapy Research*, 16, 214-228.

**⇒March 24: TODAY IS LAST DATE TO HAND IN COMPLETE DRAFT OF MAJOR ASSIGNMENT IF YOU WANT WRITTEN FEEDBACK FROM INSTRUCTOR**

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**13. March 31: Psychopharmacology: Trends and Issues for Social Workers—Part I**

**⇒ QUIZ #5 TODAY, COVERING WEEKS 9, 10, and 12**

**Required readings:**

- Moncrieff, J. & Cohen, D. (2009). How do psychiatric drugs work? *British Medical Journal*, 338, b1963.
  - *other readings to be posted on website*
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**14. April 7: Psychopharmacology: Trends and Issues for Social Workers—Part II****15. April 14:**

**⇒ QUIZ #6 TODAY, COVERING WEEKS 13-14**

**⇒MAJOR TERM ASSIGNMENT DUE TODAY**

**⇒GROUP PRESENTATIONS OF EZINES**

## Term Assignment Option #1

### CRITICAL EXAMINATION OF A *DSM* DIAGNOSTIC CATEGORY

The aim of this assignment is to help you situate historically and evaluate critically a DSM diagnostic category of your choosing by reviewing (1) its major features, (2) its history and development, and (3) the empirical evidence about its reliability and validity. Many behaviors and problems classified by the DSM have been viewed and dealt with in a variety of ways (i.e., moral, religious, legal/criminal, medical) throughout history. Further, the evidence supporting the inclusion of a behavior/problem in the DSM is not often examined once it becomes officially accepted as part of the DSM. This assignment is an opportunity to carry out such an examination. It should be about 8-18 pages long (excluding title page, abstract, and references).

The major sections of the assignment should include:

1. A title page with your a clear and descriptive title for the assignment, your name, email, and phone number, the course and semester, the instructor's name, and the date
2. An abstract (~ 200 words) that summarizes (1) your aims, (2) your method and sources, (3) your main findings, and (4) your conclusion
3. Major current features of the "disorder" as characterized by the DSM-IV or DSM-IV-TR (briefly describe/summarize its diagnostic criteria). (~1-2 pp)
4. History and development of the diagnostic category
  - a. In which version of the DSM was the diagnosis first included? Did its diagnostic criteria change over subsequent versions of the DSM? Describe the changes if they occurred and explain the rationales offered for such changes. (You will need to locate via the library earlier versions of the DSM and/or the DSM Sourcebook or DSM casebooks.) (~1-3 pp)
  - b. Provide a brief overview of how the disorder(s) described in the DSM diagnosis has been viewed generally over the past century (for example, how was the problem of aggressive/rule-breaking/truant children viewed, discussed, or dealt with prior to its classification as a psychiatric, "Conduct Disorder" in the DSM?) (~1-3 pp)
5. Review of empirical studies on validity/reliability
  - a. Discuss the meaning and relevance of the concepts of *reliability* and *validity* with respect to psychiatric diagnosis in general and/or your psychiatric diagnosis in particular. (~1-3 pp)
  - b. Review some relevant studies that provide evidence concerning the reliability and validity of the diagnostic category. Describe the major methods, samples, and findings of these studies. (~2-4 pp)
  - c. If no such studies exist, please state so, and describe what you did to reach this conclusion, and speculate how and why the diagnosis came to be in the DSM nosology. (~1-2 pp)
6. Value of the DSM diagnosis
  - a. Based on your research and readings, what do you conclude about the usefulness, relevance, and validity of the DSM diagnosis that you have examined? From the point of view of a clinical social worker in a mental health setting, what can you conclude about the overall value and/or difficulty, if any, of using this diagnostic category? (~1-3 pp)



7. Attach a copy of the best research article you found on the reliability/validity of the diagnosis you examined. If no research article is to be found you must provide published discussion of the problem and of course you need to discuss the meaning of this absence of critical research.
8. An APA-style reference list of all sources cited in the assignment

Your paper should be based mainly on readings other than those required from class, although class readings can also be used. It is expected that at least 12-20 references (other than current and previous versions of the DSM) will be used in this assignment. Information should be found through a search of the relevant literature (*peer reviewed journal articles*) found via FIU's electronic databases and general catalog.

Grading criteria:

- (1) Organization and presentation of the assignment according to the above guidelines (10%)
- (2) Quality of analysis, completeness of each section and sub-section, evidence of critical thinking: accuracy, relevance, depth, breadth, logic, fairness (60%)
- (3) Clarity of written expression (correct syntax, grammar, and spelling), proper paragraph structure, exact use of APA style (30%)

## Term Assignment Option #2

### THEORY-DRIVEN ASSESSMENT & PSYCHIATRIC MEDICATION HISTORY

The aim of this assignment is to improve your assessment skills by interviewing an individual, taking their psychiatric medication history, and integrating your observations in a **theory-driven** assessment of the individual's situation and circumstances, especially including how the individual experiences medication and manages its effects.

The person you interview should be: (1) a consenting adult, (2) not a client, (3) currently taking (or having stopped taking within the past 1-6 months) one or more prescribed psychotropic drug (e.g., antidepressant, antipsychotic, anticonvulsant, stimulant, tranquilizer).

To do this assignment, you must use the attached *Psychiatric Medication History: An Interview Schedule*, and any other interview schedule or guideline if you wish. Tape the interview(s) and then transcribe it entirely on your word processor. Then, use the interview transcript and other sources of information (other people, published writings) to evaluate how the person manages his or her medication and interprets the medication's effects. **The assignment requires you to use at least one major theory of human development, as discussed in this course and/or other courses and readings, in order to make sense of your observations. Organize your work immediately to start getting familiar with such a theory.**

If students don't undertake some prior reflections about the use of psychiatric medications in our society and by the helping professions, their assignment often turns out to be mediocre. To the extent that you think about some specific questions you'd like to answer with such an interview, to that extent will your assignment be useful to you.

It's crucial to familiarize yourself with, and understand the point of, the questions before the interview, otherwise your assignment will suffer. Cohen's (2003) article, "The Psychiatric Medication History," discusses the purpose of each group of questions and offers one critical perspective on the use of medications.

A few days before the interview, arrange to give a copy of the questions to your interviewee, inform him/her that it will be taped, but only your instructor will listen to some parts of the tape, which will then be returned to you or destroyed, and no personally identifying information of any kind is needed.

During the interview, don't ask questions in a rote manner, and *don't to be satisfied with brief "yes/no" answers*. Probe, in a relaxed manner, to get more insights and information from your interviewee. Don't hesitate to explore any issue in greater depth, but be sensitive to your interviewee's comfort. Let your curiosity and interests guide you. **If you are not too interested, don't choose this assignment.** During the interview, also pay attention to the interviewee's state: does he/she seem to be of normal intelligence, oriented to place/time, showing evidence of logical thinking or capacity, having memory problems, preoccupied, delusional? Does his/her energy level seem unusual (e.g., lethargic or hyperactive)? Does he/she display odd or peculiar motor behaviors (tics, mannerisms, shakes, stereotypical movements)? Does his/her emotional state seem flat or blunted, excited or animated?

After the interview, transcribe it completely on a word processor. Read it over a few times and note any usual, unusual, interesting, or unclear material. Remove any personally identifying material (such as real name, address, birth date, place of work, school or class, etc.). Write down any questions, thoughts, or observations you have. Perhaps you'll want to conduct a second or a third interview with the person, to explore issues that you now notice need elaboration. Do some research on the medication(s) that the person reported taking, its effects, and try to come to some informed judgment about any discrepancies between

what the person is reporting and what you discover. See if/how any issues that the person has raised or described are reported in the literature. (Research on the medication does not mean looking up the drug on WebMD, for example. It means reading about drug effects from varied sources whose objectivity can be assessed, or that provide comprehensive information. Remember that you are writing a professional social work assessment, that reflects a careful, professional judgment.)

Your written assignment (typed double-spaced throughout, except for the transcript which can be single-spaced) with a 1-inch margin on all sides of each numbered page, should contain:

1. title page with a clear and descriptive title for the assignment, your name, email and phone number, the course and semester, the instructor's name, and the date.
2. an introduction: describe your relationship with the interviewee, any preparations you undertook, the circumstances and context of the interview(s), interruptions or memorable events, the interviewee's general demeanor, cooperativeness and state of mind, as well as your own.
3. the complete word-for-word transcript of the interview(s), showing clearly which speaker says what. As noted above, the only thing you should alter or remove is identifying information about the interviewee (e.g., actual name or birth date, place of work or school, residence, etc). Hand in the tape of the interview (it will be returned to you or destroyed). Note that transcribing 1 hour of an audiotaped interview can take anywhere from 1.5 to 3 hours.
4. a brief introduction to the theory of human behavior and development (e.g., psychodynamic, cognitive, behavioral/learning, or cognitive-behavioral, humanistic/person-centered, existential, sociological, biological, life-stages, etc.) that you will use in this assignment.
5. the assessment of the person, where you explicitly, frequently (and perhaps creatively) use the major theory of human behavior and development identified in point 4, to integrate the information contained in the transcript, as well as any other evidence from the published literature or elsewhere, to discuss:
  - the interviewee's main strengths, main difficulties, and their main coping resources
  - your diagnostic formulation, defined here as: your idea of what the person sees as the problem(s), how these might have come about, and what is keeping the problems going. Although diagnostic formulations are collaborative (developed between worker and client) and are "best guesses" to be tested and changed over time, it is here understood that the student is providing a formulation resting on only one or two interviews.
  - the interviewee's history of using "resources" (personal/familial, concrete, mental health or other, including psychotropic medication) to help deal or resolve their problem
  - the effects of the medication (benefits and harms) on the interviewee's functioning
  - how valid you think are the interviewee's perceptions and beliefs about his/her own functioning on medication, and about how medications act upon and affect him/her
  - any discrepancies/commonalities between his/her account and/or "expert" information
  - whether his/her use of medication is consistent with what you understand to be his/her best interests
  - the contextual influences on this interviewee's use of medications (family, professionals, media/internet, culture/ethnicity, friends, previous uses, etc.)
  - your recommendations for social work intervention, if any, with this person, based on all the preceding points.
5. conclusion/final summary/final comment/reflection/parting thoughts/questions, where you can discuss whatever you wish.

6. reference list in APA style of any source cited in the text.

**Criteria for Grading**

- (1) organization and presentation of the assignment according to the above guidelines (10%)
- (2) evidence of understanding the interview questions; richness of the material gathered from the interviewee; appropriate probes (20%)
- (3) quality and depth of the assessment, given the student's identified theory of human behavior/development; use of examples from the interview(s); evidence of critical thinking skills (50%)
- (4) clarity of written expression, correct syntax, grammar, spelling, proper use of APA style (20%)

### ***The Psychiatric Medication History: An Interview Schedule***

Adapted and expanded from: Cohen, D. (2003). The psychiatric medication history: Context, meaning, and purpose. *Social Work in Mental Health, 1*, 5-28.

#### **Baseline**

- What is your most important problem right now?
- What do you see as a good solution for this problem?
- Tell me how you might be working toward such a solution.
- What specific help do you think you need as you work toward resolving this problem (e.g., skill, education, respite, money, person/therapist, supportive friends, drugs, resources, service, move, vacation)?
- Are there barriers to getting or using this help?
- Tell me a bit about your strengths.
- Do you have any medical conditions or problems?

#### **Drugs taken**

*Record names and dosages of substances (licit and illicit, prescription, over the counter, vitamins, supplements, herbal preparations, coffee/tea, alcohol, etc.) that client reports taking.*

- How long have you taken each drug, and why? Any psychiatric diagnoses?
- Have you received any instructions from your physician or nurse about taking the prescribed drugs? Have they discussed any desirable or undesirable effects with you?

#### **First uses**

- Tell me about your problems when you first took prescribed psychotropic drugs.
- Tell me about how you felt drugs affected you then (i.e., how they affected your problem or other circumstances in your life).
- Tell me about how your problems today are different/similar than when you first started your medication use.

#### **Main effects**

- Today, how would you say that drugs impact you *overall*?
- Tell me about how you think the drugs act upon your body?
- Do you think the drugs correct a “chemical imbalance”?
- Why or why not? [*If answers “yes”*: Imagine that you had no chemical imbalance. In that case, how do you think the drugs might be working/helping you?]
- Tell me about how you think the drugs affect your emotions and/or how you experience your emotions (for ex., do you feel unusually cheery, or flattened, or somewhat indifferent, or impulsive, etc.)?
- Tell me about how you think the drugs affect your thoughts and/or how you think (for ex., do you feel some slowness or speeding up in thinking, difficulties remembering or improved memory, etc.)?
- Tell me about how you think the drugs affect your speech/talking, interacting with family/other people, working/ looking for work, taking initiative, exercising, planning, paying attention, sitting quietly somewhere, reading, writing, driving? [*Query about each separately.*]
- Do the drugs affect your urinating/bowel movements, sweating, sleeping/waking, sensitivity to light/sun, sexual desire/intercourse, muscular aches and pains, twitches/spasms/jerks? [*Query about each separately.*]
- [*If client is taking more than one drug simultaneously*: Tell me about how you decide which drug causes which effects?]
- Do you ever feel that your medication affects your identity/who you are, what your life is for?

### **Naming**

- Do you sometimes give any personal/metaphoric names to your drugs (for ex., the little red pill, my happiness pill, tranquilizer, medication, mood stabilizer)?
- How might you name any unique psychological effect(s) that your drug produces? That is, how might another person understand just what the drug does to your emotions, thoughts, and actions?
- How might you name any unique physical effect(s) that your drug produces? That is, how might another person understand just what the drug does to your body or bodily functioning?
- Now imagine for a moment that you had to give your own label to the drug. What might that be?

### **Other problem-solving attempts**

- Besides the medications that we're discussing, tell me about other problem-solving attempts you've made or you're making presently.
- Tell me about how you mix—or separate—these different problem-solving attempts or treatments. Do you encounter difficulties in doing so?
- Tell me about what sort of mix you've found most helpful, and why.
- Of all the different ways you're trying to solve your problem or help yourself besides medication, tell me if there is one that you couldn't do without.

### **Pattern of use/compliance with regimen**

- Do you notice a pattern to your drug consumption (continuously/ intermittently/ erratically, in accordance/not in accordance with doctor's regimen, self-medication, etc.)?
- Tell me how you might explain/justify this pattern?

### **Withdrawal/discontinuation**

- (*If this hasn't been discussed already*) Have you tried to reduce the dosage or stop taking your medications? How much of this was planned/unplanned? Tell me about who you might have discussed this with.
- Tell me, as best as you remember it, how you actually made dosage reductions/withdrew?
- Tell me about any unusual emotional/psychological/physical effects that you might have experienced as you reduced/withdrew.
- Would you say that your problems returned quickly/each time you ceased taking medications? Why do you think this happened?
- Have you ever wondered if you are now taking drugs because of difficulties you've experienced when trying to stop taking them?

### **Sources of drug information**

- Tell me about how your immediate family/relatives view psychiatric medications. Did any of your relatives use such medications?
- Has any family member experienced any negative/positive reactions to drugs? Which reactions, which drugs?
- What about any valued friends or acquaintances—how do they view medications?
- Overall, how actively do you seek information about your medications?
- What do you see as your most reliable/credible source of information on medications?
- Do you have any concerns about how the pharmaceutical industry may influence your doctor? How much do you trust your doctor's advice and knowledge on medications? Do you feel your doctor's recommendations are mostly based on his or her knowledge of you and your problems?
- Can you tell me about a couple of news/articles/shows that you saw, that discussed the sorts of medications that you take—and you how felt afterwards?
- Can you tell me about a couple of discussions you had with friends, acquaintances, or relatives about your medication use—and you how felt afterwards?

- If you had to identify one single person or source of information about medications that has influenced your taking medication the most, which might it be?

**Conclusion**

- If you could summarize your whole experience with medications in one sentence, what might that be?
- If you could have the answer to one question about your medication or your medication use, what question might that be?