The University of Michigan  
School of Social Work

S.W. 606 Mental Health and Mental Disorders of Adults and Elderly  
Prof. T. Powell;  
Fall, 2001  
Office Hours: Mon. 4:30-6; Tues. 11-12:30; Fri. 1-2 and 5-6; and by appt  
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Course Description

The map is not the terrain.

The course will examine conceptual frameworks and research findings relevant to mental health and mental disorders of adults and elderly. Biological and psycho-social frameworks and findings will be examined from an evidence-based point of view. The promotion of health and the prevention of various mental disorders will be examined. The classification (diagnosis), etiology, treatment, rehabilitation and prognosis of mental disorders will be discussed. Various factors which modify mental disorder such as socio-economic status, race, ethnicity, gender, sexual orientation, physical disability, and age will be considered. The impact of these factors on symptomatology, social functioning, quality of life and prognosis will be discussed. The relationship of people with disorders to their families, caregivers and others in supportive and regulatory roles will be explored.

Course Content

The Diagnostic and Statistical Manual (DSM-IV-TR) system of classifying behavior will be compared with other classification systems such as Person in Environment (P.I.E.). It will also be compared with other social work and social science approaches to assessment, particularly those focusing on social functioning rather than disorder. The reliability of the DSM-IV-TR system; the usefulness of the system for the purposes of promotion, prevention, treatment or rehabilitation will be discussed as well as their links to social work and social science constructs. The disorders to be considered include schizophrenia and other psychotic disorders, mood disorders, personality disorders, anxiety disorders and mental disorders of aging. The prevalence of these disorders will be considered with particular reference to their distribution according to such factors as socio-economic status, race, ethnicity, gender, sexual orientation age and physical disability. Studies exploring the influence of biological factors on the development of these disorders will be examined. This will be linked to the response of these disorders to a variety of medications and to nonpharmacological somatic treatments, such as electroconvulsive therapy (ECT) and bright light treatment. At the same time it will be recognized that biological treatments can be helpful for conditions of non-biological etiology (Think aspirin for headache). Likewise studies exploring the influence of environmental factors on the development, onset, recurrence and persistence of these disorders will be considered. Whatever the presumed etiology, the course will consider the appropriateness of various psychosocial services including psychotherapy/counseling,
residential, vocational, social, educational, and self-help and mutual aid programs for people with various types of mental disorder.

The role of families and community caregivers in supporting individuals with these disorders will be addressed. Family and environmental factors will be identified that may be amenable to modification, thus preventing relapse. Special attention will be given to understanding the processes by which stigma develops and is maintained.

The potential of the mental disorder classification system to create deviance will be examined. Misuses of the system and their negative consequences will be discussed especially as they fall disproportionately on persons from “minority” groups which include women, racial and ethnic minorities, LGBT persons, persons with primary medical conditions and persons of low socio-economic status. Strategies for avoiding these misuses will be discussed. Concerns about ethically questionable uses of the DSM-IV-TR to influence eligibility or reimbursement for services will be discussed.

Prevention will be discussed in relation to each of the disorders. For example, obstetric difficulties will be discussed in relation to schizophrenia, race in relation to the misdiagnosis of bipolar disorder, loss in relation to depression and dysthymia, and violence in relation to post-traumatic stress syndrome. Web sites will be used to obtain information about the disorders and their treatment as well as about the social justice and change goals and activities of family advocacy and consumer support and empowerment groups. A comprehensive site with numerous links to other sites is http://www.mentalhealth.com/. You may also want to check out some of the links on my home page: http://www-personal.umich.edu/~tpowell/. In turn, I would be interested in some your favorite sites.

**Course Themes:**

Multiculturalism and Social Diversity will be addressed through discussions of different patterns of health promotion opportunities and diagnosing practices affecting diverse cultural groups including women, racial and ethnic minorities, persons with variant sexual orientations, persons with other primary medical conditions and persons of low socio-economic status.

Social Justice and Social Change will be addressed through examination of the discrimination experienced by people with mental illness, particularly those from disadvantaged groups. The social justice and social change agenda of family advocacy
and consumer support and empowerment groups will be examined as a source of
information about needed social changes.

*Behavioral and Social Sciences Research will be addressed* through the review of
epidemiological studies dealing with the frequency and distinguishing characteristics of
those who experience particular disorders; controlled trials of various interventions
including medication, intensive outreach services, social skills training and
psychoeducational services; and follow-up surveys of persons affected by the disorders.

*Promotion, Prevention, Treatment and Rehabilitation will be addressed* through the
following means: Epidemiological studies of the influence of, for example, poverty on the
incidence and prevalence of particular disorders will be reviewed for their promotion and
prevention implications. Prevention will also be addressed by an examination of the
avoidable negative social consequences of severe mental illness, e.g. homelessness,
joblessness, and disrupted educational careers. Prevention, still further, will be considered
from the point of view of averting their occurrence by early intervention. Treatment will
be discussed in terms of the clinical efficacy and service effectiveness of various
interventions. Rehabilitation will be considered in the context of the effectiveness of
various residential, vocational, social and educational services for people with mental
disorders.

*Values and ethics will be addressed* through the emphasis placed on working on behalf of
the most disadvantaged persons with mental disorders. It places special value on
advocacy and environmental modifications. The potential harm associated with
classification is discussed as are ethically questionable practices that have arisen as the
*DSM-IV-TR* has been embedded in insurance reimbursement and service eligibility
policies.

**Course Objectives:**

Students should be able to:

1. Compare and contrast the utility of the mental disorders diagnostic system with broader
social work and behavioral science frameworks focusing on social functioning.

2. Discuss the bio-psycho-social aspects of the disorders below in terms of clinical
presentation, prognosis, etiology, prevention, treatment, and rehabilitation.
   a. schizophrenia and other psychotic disorders
   b. mood disorders (including major depression, bipolar disorder, and dysthymia)
   c. personality disorders (including anti-social and borderline personality disorders)
   d. anxiety disorders (including obsessive-compulsive, panic and post traumatic
      stress disorders, and phobias)
   e. mental disorders of aging (including Alzheimer’s and other dementias).

3. Discuss the impact of culture and race on the disorder and the person with the
diagnosed with the disorder.
4. Discuss the potential of the mental disorder classification system to generate deviance and discuss strategies to minimize those risks and to combat stigma.

5. Discuss the appropriate use of diagnostic/classification systems and the ethical questions surrounding the use of these systems.

6. Distinguish empirically based generalizations about mental disorders from clinical wisdom or authoritative opinions, and demonstrate ability to use the scientifically based literature in search for solutions to problems.

**Course Assignments:**

Please come to class having done the readings and prepared to discuss the questions on the course schedule. Regular attendance is expected. Please e-mail me if you anticipate an unavoidable absence. No explanations are necessary. However, I can help you begin to “makeup” the session but please note, since my personal copies of videos are in fragile condition, I will not be able to loan them to you.

**Required:**

“All wisdom is plagiarism; only stupidity is original.”


Coursepack is available at the Michigan Union Bookstore, 530 S. State St. from Grade A Notes M-F 9-6, S/S 12-5

**Recommended**


Books are available from Shaman Drum Bookshop, 311-315 South State Street (734) 662-7407, 1-800-490-7023, http://www.shamandrum.com/ books@shamandrum.com

**Internet Assignment**

1) **Intervention and multicultural factors in mental disorder:** Select one of the following disorders as the topic for your paper: a) schizophrenia or schizoaffective disorder b) major depression or bipolar disorder, c) borderline personality disorder or antisocial personality disorder, d) generalized anxiety disorder, obsessive-compulsive disorder, panic disorder or posttraumatic stress disorder. (If you would like to work on another disorder, let’s talk.) Discuss the disorder you select from the point of view of one
of the following interventions: a) treatment, b) rehabilitation or c) prevention. Then
discuss what the effect might be on the disorder of any one of the following factors:
gender, age, poverty, sexual orientation, ethnicity, or race.
Thus, for example, you might do a paper on the prevention of posttraumatic stress
disorder among gay males. Or another example: a rehabilitation plan for an elderly person
with major depression.

Illustrate your ideas with observations from your experience (including your practice) or
from fiction or first-person accounts. The paper should not attempt to provide
comprehensive coverage of the disorder but only coverage of the cultural and intervention
perspectives you selected. The assignment will be discussed in class in order to stimulate
your thinking about which of the intervention and multiculturalism perspectives you wish
to focus on. The length of the paper should be 5-8 pages and should include 3 references
not in the coursepack. Some papers may be selected for classroom presentation; group
projects are also welcome (let’s discuss your ideas). (Grade = 25%, due October 12).

2) Clinical Assessment and Treatment Discussion Using either Observations of a
Client(s), or Fictional Accounts, or First-Person Accounts, or Ethnographic
Observations (e.g., at self-help group meetings) Instructions will be handed out
separately. Grade =35%. Due November 16.

3) Final exam: Includes short-answer essay questions on class lectures and discussions,
readings, handouts, and earlier assignments. The exam will be available December 7. The
exam will be graded according to your knowledge of the concepts dealt with in the class
and your ability to integrate and discuss their relevance to practice situations. Due
December 14. Grade equals 40% of the course grade.

Assignment Notes: With the exception of the final exam, assignments can be modified to
suit your interests. I will welcome the opportunity to discuss your interests and paper
options. Please try to come to office hours before Oct 5th or schedule an appointment
before that time.
Late assignments will be graded down one level (e.g. B+ to B) and will not receive
comments except where arrangements have been made at least two weeks in advance.
Assignments cannot be redone. The numerical equivalents of the letter grades will be
used to compute the course grade using the Excel spreadsheet program. They are: A+
4.33, A 4.0, A- 3.67, B+ 3.33, B 3.0, B- 2.67, C+ 2.33, C 2.0, C- 1.67.

Please do not put papers in folders as they are easier to handle without them.

Coursepack Contents
symptomatology, work skills, and future vocational performance. Psychiatric Services, 46(4), 353-358.


Source Materials


Kaye, L. W. (1997). Self-help support groups for older women: Rebuilding elder networks through personal...


It's a complicated business. Here is what one observer says about an aspect of our subject matter. What do you say? And will it change over the course of your study?

Factually, it is quite uncertain that the clusters of symptoms that we bind together under discrete diagnostic labels really represent discrete conditions or disease processes at all, and even more uncertain that even highly trained clinicians can identify them reliably or treat them discriminately when they are recognized. Diagnostic descriptors are proliferating at a much faster rate than the accumulation of supportive research or the expansion and growth of new symptoms, with every new edition of the DSM-IV-TR adding new diseases to our vocabulary. … [Even if skilled professionals] do agree, moreover, they assign different treatments. And finally the treatments they assign, while different in assumed mechanism and form both chemical and psychological are non-specific. That is, they produce similar effects, and most of the effects take place early in treatment. It seems that every new practitioner develops his or her own theory of how behavior develops and changes, which often is no more than a rationale for why his or her special skills are needed. The evidence available indicates that factors that are incidental to most of the these theories account for most of the benefits of the treatments. Most of the factors that help people are inherent to the patient, and involve his or her resources expectancies, and faith. What change is not accounted for by these qualities of the person who seeks treatment, is largely accounted for by how well the therapist can relate to the patient. Indeed, in this day of trying to identify empirically supported treatments, the treatment that has earned the strongest research support is any specific one in which therapist and client/patient collaborate, the therapist is supportive and caring, and both or all participants share a perspective of where they are going. From the Foreword by Larry E. Beutler, xi-xii in Duncan, Barry L. and Miller, Scott D. The heroic client doing client-directed, outcome-informed therapy. 1st ed. San Francisco: Jossey-Bass; 2000. xix, 292 p.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tr>
<td>9-7</td>
<td>Introduction: Description, Content, Objectives and Assignments. Questions re people with mood disorders: a) What misunderstandings are dispelled about people with mood disorders? b) Is there any hope for persons with chronic depression or rapid cycling? c) What are the benefits and risks of a support group? d) Under what circumstances might it be an advantage for the service provider to have the condition, and when might it be a disadvantage? Discuss one thing you have learned and formulate one question you have about mood disorders. 9/10 (2nd Monday) AMI Washtenaw meeting, St. Clare’s Church/Temple Beth Emmeth, 2309 Packard, 7pm.</td>
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<td>9-14</td>
<td>Bernheim (B) pp. 3-10, After reading Neil Cargile, discuss other disorders that should not be treated (or only rarely treated and only with modification of the usual assumptions about treatment). After reading Martin, B. discuss the propriety of giving a diagnosis to certain kinds of problems in order to qualify those who struggle with them for service benefits under managed care. DSM-IV-TR xxiii-xxxv. Discuss validity, reliability and limitations. What other kinds of information are necessary for a comprehensive assessment? Discuss the error of using the DSM-IV-TR to classify people rather than problems. DSM-IV-TR 1-37 How are Axis I disorders different from Axis II? Recall someone you are familiar with who has a mental disorder and fill out a copy of the multiaxial form on p. 36. (Make copies of p. 36 before you write anything on it so you can use the form again.) Classification and Assessment of mental disorders, psychosocial problems or social functioning. Anthony, Karls &amp; Wandrei, Mattaini. What are the strengths and limitations of DSM-IV-TR? Discuss the contribution it can make to a more comprehensive assessment.</td>
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<td>9-21</td>
<td>Schizophrenia: DSM-IV-TR 297-345, Lehman &amp; Steinwachs; Bernheim 126-131 What issues might you bring up with Steve M. to begin to address the challenges and stigma posed by the illness? What issues or topics would you be less apt to bring up? Answer question 5, p. 132.</td>
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<td>9-28</td>
<td>Schizophrenia and other psychotic disorders: bio-psycho-social perspectives; prognosis, etiology, prevention, treatment, and rehabilitation, Fenton &amp; McGlashan; Harding Bernheim 136-140; Is this recovery? What are the successful elements of recovery? Seligman (optional) 386-406 10/8 AMI mtg, see 9/7 NAMI Mental Illness Awareness Week Activities, 10-7 to 10-13.</td>
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<td>10-5</td>
<td>Medication and non-pharmacologic treatments. Acocella; Bentley &amp; Walsh</td>
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<td>10-12</td>
<td>Anxiety disorders (including obsessive-compulsive, panic and post traumatic stress disorders, and phobias), DSM-IV-TR 429-484, Ballenger, Baxter; Stekete Bernheim 21-26 Discuss the relative merits of cognitive techniques, self-help group participation and kittens. How does a supportive family fit in?</td>
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If you saw Miss F. soon after the trauma, what advice would you give her about dealing with its aftermath? Discuss possible roles of treatment, support group, fiancé, and self care.

Seligman (optional) 190-237.

Paper due

Mood Disorders-Bipolar Disorder. DSM-IV-TR 345-428.
Bernheim 107-112, What can be done for Noreen and others like her who have “lost” years of development at critical stages of their lives?
Bernheim 95-101, In a managed care environment, what are the arguments Hannah should continue to receive psychotherapy, or alternatively that she should not because it would not be cost-effective and it would be unfair (unjust) to the rest of the subscribers?

Mood Disorder-Major Depression and Dysthymia, DSM-IV-TR, Solomon Bernheim 91-95, Are biological or psychosocial factors primary in Mr. A.’s situation? What is the case for antidepressants or for psychotherapy for Mr. A?
Bernheim 101-106 Discuss the pros and cons of the statement: “the mother’s authority should be reinforced and redirected.” Also answer #2 of the “questions to consider.”
Seligman (optional) 150-189

Eating Disorders, Compulsive Gambling DSM-IV-TR 583-596, Brody

Family issues, deviance creation, stigma and ethical issues. Dawidoff; Johnson; Lefley; Purdy.
Epidemiology and Multicultural Perspectives, Adebimpe, Kessler

Personality disorders (including anti-social and borderline personality disorders) Axis II of DSM-IV-TR 685-730. Silk
DSM-IV-TR. Clinical Assessment and Treatment.
Bernheim 273-278 What are the uses and misuses of conventional wisdom overviews? Bernheim 255-260 Formulate three principles for working with Roberta and other persons with BPD.
Seligman (optional) 328-385 Paper due

Mental disorders of aging (including Alzheimer’s and other dementias), DSM-IV-TR 147-171, Schneider.
Bernheim 236-245 How could a social worker be helpful to Mr. Artley in dealing with his wife with Alzheimer’s disease.
Adjustment Disorders 679-683; Other conditions and Relational problems (V codes) 731-743

Integrating informal helping systems and formally organized consumer/self-help and advocacy systems. Powell
Knowledge gaps, future developments and the role of the helping professional. Review of take home exam questions which will be available in today’s session.

Take Home Exam due