LAND ACKNOWLEDGEMENT

Our students, faculty and staff are located across Indigenous lands. On our Calgary campus, we acknowledge and pay tribute to the traditional territories of the peoples who made Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani and the Kainai First Nations), the Tsuut'ina First Nation and the Stoney Nakoda (including Chiniki, Bearspaw and Goodstoney First Nations). The city of Calgary is also home to the Métis Nation of Alberta (Districts 5 and 6). Our Calgary campus is situated on land northwest of where the Bow River meets the Elbow River, a site known as Moh'kins'tsis to the Blackfoot, Wîchîspa Oyade to the Îyâxe Nakoda (Stoney Nakoda), and Guts'ists'i to the Tsuut'ina and Otos-kwunee to the Metis.

At our Edmonton campus, we acknowledge the Treaty 6 region, the traditional homelands of Cree, Blackfoot, Nakota Sioux, Iroquois, Dene, Ojibway/ Saulteaux/ Anishinaabe, Inuit and Métis people (Districts 9 and 10). We recognize the rich cultural history of the place, now called the City of Edmonton, which has, for centuries, been a traditional gathering place of Indigenous peoples from across Alberta, BC, and Saskatchewan.

At our Lethbridge campus, we acknowledge the traditional territories of the Blackfoot people of the Canadian Plains and pay respect to the Blackfoot people past, present and future while recognizing and respecting their cultural heritage, beliefs and relationship to the land. We offer respect to the Metis and all who have lived on this land and made Lethbridge their home.

OUR COMMITMENT TO EQUITY, RACIAL JUSTICE, DIVERSITY, INCLUSION AND DECOLONIZATION

The Faculty of Social Work (FSW), University of Calgary (UCalgary), is committed to promoting and actualizing equity, racial justice, diversity, inclusion and decolonization**.** We affirm that diversity and uniqueness are enriching and valuable, and that they can strengthen our teaching, learning, research, scholarship, and community connections. We aim to foster an inclusive, thriving and equitable environment for our students, non-academic and academic staff, and community members. We take the stand that equity does not mean sameness in treatment of people, but rather requires measures and accommodations for diverse life experiences and circumstances to ensure that no one of a particular social group is disadvantaged, underrepresented or overlooked in all aspects of our work. We intend to address systemic inequities and compounded disadvantages due to intersectionality of social locations, particularly for those who are members of racialized communities, Indigenous peoples, Black peoples, persons with disabilities, migrant groups (including refugees and immigrants), 2SLGBTQ+ communities, linguistic minorities as well as those who have experienced socioeconomic, caregiving, religious, political, and/or cultural barriers to their education and employment. We also recognize, honour, and integrate into our work diverse perspectives, ways of knowing and doing, experiences, and strengths. An anti-oppressive lens, particularly intersectional, anti-colonial, anti-racist and decolonizing frameworks, will inform our work.

Please refer to our full statement of our [Commitment to Equity, Racial Justice, Diversity, Inclusion and Decolonization](#), our [Statement on Anti-Black Racism](#) and the work of the faculty's [Anti-Black Racism Task Force](#), our [Statement on Anti-Asian Racism](#), and the university's [Indigenous Strategy.](#)

Course & Session Number	SOWK 427 S01	Classroom	Online
Course Name	Multiple Dimensions of Mental Health		
Dates and Time	**Start of Classes**: May 5, 2025 **End of Classes**: June 16, 2025 **Dates and Time**: Mondays & Wednesdays 5:30-8:30 pm MST; May 5, 7, 12, 14, 21, 26, 28; June 2, 4, 9, 11, 16.		
Instructor	Alan McLuckie, MSW, PhD, RCSW	Office Hours	As requested, and by appointment.
UCalgary E-mail	amclucki@ucalgary.ca	UCalgary Phone	403-220-2926 (email contact recommended/ preferred).

SYLLABUS STATEMENT

Learners develop theoretical knowledge and practical skills to address a continuum of mental well-being to mental illness, classification of mental disorders, and addictions within diverse local and international contexts.

COURSE DESCRIPTION

This course combines an introduction to social work practice in mental health with critical perspectives examining dominant and common approaches to practice. The focus of this course will be on developing foundational knowledge, or building on existing knowledge and experience, for generalist social work practice in mental health. Historical, contextual, and professional factors influencing social work practice in mental health will be considered and current assessment, diagnostic and treatment approaches will be examined. Equal emphasis will be placed on the significant and growing body of literature that seeks to understand the social, cultural, and historical factors that have shaped our understanding of mental health and current diagnostic and treatment practices. You will be required to demonstrate an understanding of the historical and contemporary issues of mental health for racialized, Indigenous, 2SLGBTQIA+, people with disabilities, women, and Francophone community members in Canada. Culturally and spiritually informed practice are discussed as core areas of ongoing learning and critical competencies for practice. Thus, you will demonstrate development of a culturally and spiritually sensitive practice approach to mental health. You will also learn about and practice the skills required for interprofessional communication and client/family centred care which is often critical in mental health treatment.

Important Note: This course covers content with topics and issues that can be difficult and may evoke strong emotions for some students. You may find yourself engaging in reflection on your own experiences or those of others you know. You also may find that you are taking an honest look at your feelings and beliefs related to content in the course. For some students, this may be emotionally challenging because it may bring up unresolved grief from the past or it may relate to current life issues that are emotionally difficult. Please ensure you access supports through your own networks, through the university, or from professionals in your community as required.

COURSE LEARNING OUTCOMES

Upon completion of this course, you will be able to:

1. Identify and describe the broad historical, socioeconomic, and political impacts and nature of mental health care within various systems.
2. Develop and integrate strengths-based, trauma-informed and harm reduction approaches to mental health practice.
3. Analyze the intersections of trauma, addictions, personal agency and self-determination, human rights, prevention, recovery, stigma and advocacy, and the important role(s) of social work and ethical practice.
4. Apply a biopsychosocial lens to mental health social work practice, including policies, models, assessment, diagnoses, and interventions.
5. Compare, and contrast previous and ongoing critiques of mental health theoretical perspectives, policies, systems, research, and practices.
6. Recognize and respectfully integrate, as appropriate, other cultural models of mental health, Indigenous ways of knowing, being and doing, anti-racist perspectives, and anti-oppressive practice.
7. Navigate the complexities of ethical social work practice and role clarification within interprofessional contexts.

LEARNING RESOURCES

REQUIRED TEXTBOOKS AND/OR READINGS

Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice* (3rd ed.). Oxford University Press. Available online via UCalgary Libraries.

LEARNING TECHNOLOGIES AND REQUIREMENTS

A D2L site is set up for this course, which contains required readings and other relevant class resources and materials. A laptop, desktop or mobile device with Internet access, microphone and speaker is required for D2L and Zoom access.

RELATIONSHIP TO OTHER COURSES

This course will prepare you with essential knowledge, skills, and attitudes for mental health practice that can be applied to learning in other BSW courses.

Course Hours: 3 units; (3S-0)
Prerequisite: Admission to BSW Program

CONNECTIONS TO PRACTICE

You will be prepared with critical knowledge and skills for mental health care in diverse contexts, including child welfare, counselling and therapy, community development, international social work, and interprofessional practice. You will consider the systemic, contextual, identity, cultural, spiritual, religious, and lifespan factors that intersect with mental health and addiction. The course will challenge you to apply theory and research to mental health practice and to develop your critical reflection and practice skills through experiential learning activities and assignments. You will apply approaches to understanding mental health and addiction, mental health assessment, diagnosis, intervention, and recovery to interprofessional practice, advocacy, and policy analysis.

CLASS SCHEDULE

Important Dates for Spring 2025
- Start of Term: May 1, 2025
- First Day of Class: May 5, 2025
- End of Term: June 29, 2025
- Last Day of Class: June 16, 2025
- Fee Deadline: May 13, 2025
- Last day to add/swap a course: May 8, 2025
- Last day to withdraw from a course: June 16, 2025
- Victoria Day, no classes: May 19, 2025

Module 1: Introduction to Mental Health, Wellness and Well-being: Concepts, History, Legal and Ethical Foundations and Frameworks
In this module, you will:
   a. Define key terms including mental health, wellness, and wellbeing.
   b. Conceptualize 3-tiered framework of mental health service delivery.
   c. Describe where mental health services fit within Canadian healthcare system.
   d. Define the critical role and scope of practice for social workers in the mental health field and in interprofessional practice.
   e. Identify and describe theories, approaches and frameworks for mental health and service-user care.
   f. Demonstrate compassion, respect, empathy and support self-determination and personal agency.
   g. Examine various historical policies and Acts that influence society and analyze their practice implications across Canadian provinces.

Week	Key Topics	Preparation, Readings and Important Dates
Class 1 May 5, 2025	**Introduction to Mental Health Practice Concepts** o Mental health, wellness and wellbeing o 3-Tier framework - universal/primary, secondary/early intervention, tertiary/care o Mental health at micro, mezzo and macro levels of practice o Scope of social work practice in mental health o Interprofessional practice context	**Required Readings:** Gonzales, M. J., & Gelman, C. R. (2015). Clinical social work practice in the twenty-first century: A changing landscape. *Clinical Social Work Journal, 43*(3), 257-262. Palay, J., Taillieu, T. L., Afifi, T. O., Turner, S., Bolton, J. M., Enns, M. W., Smith, M., Lesage, A., Bakal, J. A., Rush, B., Adai, C. E, Vigod, S. N., Clelland, S., Rittenbach, K., Kurdyak, P., & Sareen, J. (2019). Prevalence of mental disorders and suicidality in Canadian provinces. *Canadian Journal of Psychiatry, 64*(11), 761-769. **Recommended Readings** August, G. J., Piehler, T. F., Miller, F. G. (2018). Getting "SMART" about implementing multi-tiered systems of support to promote school mental health. *Journal of School Psychology, 66*, 85-96.
Class 2 May 7, 2025	**History, Legal and Ethical Bases of Practice & Mental Health Strategies** o Pan-Canadian context of health care system and relationship between federal and provincial/territorial governments. o The Charter of Rights and Freedoms, Canadian Human Rights Act, provincial mental health acts, criminal code, PCHAD, ACSW guidelines o Involuntary hospitalization, mature minors, age of consent, community treatment orders, adult guardianship	**Required Readings** Alberta College of Social Workers [ACSW]. (2023). *Standards of practice*. ACSW. Mental Health Commission of Canada [MHCC]. (2012). *Change directions, changing lives: The Mental health strategy for Canada*. MHCC. **Recommended Readings** Government of Alberta (2024*). Mental health act*, R.S.A. 2000. M-13. Alberta Queen's Printer. Available from Kutcher, S., & McLuckie, A. (2010). *Evergreen: A child and youth mental health framework for Canada*. MHCC.
Class 3 May 12, 2025	**Mental Health Theories, Approaches and Frameworks** o Biopsychosocial frameworks, diathesis-stress models, differential susceptibility o The Neurobiology of mental health: Nature/nurture debate,	**Required Readings** Belsky, J., & Pluess, M. (2009). Beyond diathesis stress: Differential susceptibility to environmental influences. *Psychological Bulletin, 135*(6), 885–908. Bolton, D., & Gillett, G. (2019). The biopsychosocial model 40 years on. In D.

Class / Date	Key Topics	Preparation, Readings and Important Dates
	role of genetics, adversity and epigenetics in mental health	Bolton & G. Gillett (Eds.), *The biopsychosocial model of health and disease* (pp. 1-35). Palgrave McMillan. **Recommended Readings** Gibson, M. F. (2021). The helpful brain? Translation of neuroscience into social work. *The British Journal of Social Work, 51*(7), 2665-2679. Yorke, J., & Bergere, T. (2018). Where the rubber hits the road: Neuroscience and social work. *Social Work in Health Care, 57*(2), 79-94.
Class 4 May 14, 2025	**Philosophies of Care** ○ Evidence-base care, Patient & Family-Centred Care, Strength-based, Trauma-informed-care, Culturally-informed Care, Recovery-oriented care, Indigenous Approaches to social work practice in the field of mental health.	**Required Readings** Drisko, J. W., & Grady, M. D. (2015). Evidence-based practice in social work: A contemporary perspective. *Clinical Social Work Journal, 43*(3), 274-282. MHCC. (2015). *Guidelines for recovery-oriented practice: Hope. Dignity. Inclusion*. MHCC. **Recommended Readings** Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal, 43*(1), 25-37. MHCC. (2009). *Holding hope in our hearts: Relational practice and ethical engagement in mental health and addictions*. MHCC.

Module 2: Critical Perspectives and Intersections of Mental Health
    a. Describe how various identity factors, including gender, age, sexuality, race, ethnicity, culture, religion/spirituality, socioeconomics, intersect with and influence mental health.
    b. Identify and describe developmental considerations for mental health across the lifespan, including infancy, early childhood, adolescence, adulthood, and older adulthood.
    c. Critically examine mainstream mental health ideologies, the medical model and structural factors influence and implications for practice.
    d. Assess current mental health initiatives and campaigns locally, provincially, and nationally.

Class / Date	Key Topics	Preparation, Readings and Important Dates
May 19, 2025	***No Class***	

| Class 5 May 21, 2025 | **Critical Perspectives of Mental Health: Stigma, Social justice, and Self-Determination**
o Role of stigma, self-stigma, public attitudes, structural stigma, etc.
o Mental health, anti-stigma, and social justice initiatives.
o Non-obvious impairments and discrimination.
o Self-help, social/critical disability, neurodiversity and the Mad-Society of Canada/Mad-movement. | **Required Readings**
Ahtoy, P. (2024). Behind the hidden struggle linked to invisible disabilities. Understanding their impact to increase mental health awareness for enhanced professional care. *Ethics, Medicine and Public Health, 32*. https://doi.org/10.1016/j.jemep.2024.101016
Malla, A., Joober, R., & Garcia, A. (2015). "Mental illness is like any other medical illness": A critical examination of the statement and its impact on patient care and society. *Journal of Psychiatry & Neuroscience, 40*(3), 147-150.

Recommended Readings
Arnaud, S., & Gagne-Julien, A. M. (2024). The new self-advocacy activism in psychiatry: Toward a scientific turn. *Philosophical Psychology, 37*(8), 2623-2646.
Stuart, H., Chen, S-P., Christie, R., Dobson, K., Kirsh, B., Knaak, S., Koller, M., Krupa, T., Lauria-Horner, B., Luong, D., Modgill, G., Patten, S. B., Pietrus, M., Szeto, A., & Whitley, R. (2014). Opening minds in Canada: Targeting change. *The Canadian Journal of Psychiatry, 59*(1 suppl), 13-18. |

Module 3: Nosology, Assessment, Formulation and Diagnostics
During this module, you will:
   a. Critically reflect on the history and use of the DSM, including pharmacology considerations.
   b. Identify considerations (e.g., cultural) for conducting a Mental Health Status Exam, a Suicide Risk Assessment, and for determining when further psychiatric or psychological testing is required.
   c. Explain a differential diagnosis in assessment and identify appropriate interventions.
   d. Define scope of practice for registered social worker with a BSW related to assessment component of mental health practice (e.g.: intake and gathering assessment information versus diagnosis).

Class / Date	Key Topics	Preparation, Readings and Important Dates
Class 6 May 26, 2025	o **Biopsychosocial Assessment, Risk Assessment & Mental Status Exam: Principles, Practices & Processes** o An overview of the principles, practices, and processes associated with	**Required Readings** Wiger, D. E. (2021). The biopsychosocial assessment. In D. E. Wiger (Ed.), The psychotherapy documentation primer (4th ed., pp. 59-92). John Wiley & Sons. Wiger, D. E. (2021). The clinical interview: Mental status exam. In D. E. Wiger (Ed.), The

	conducting a biopsychosocial assessment within the scope of practice related to mental health. o Introduction to screening tools, and standardized measures. o Understanding the change process within complex and diverse contexts and considering factors such as power and social justice.	psychotherapy documentation primer (4th ed., pp. 93-109). John Wiley & Sons. **Recommended Readings** Gold, L. H., (2020). Suicide risk assessment. In L. H. Gold, & R. L. Frierson (Eds.), Suicide risk assessment and management (pp. 3-16). American Psychiatric Publishing.
Class 7 May 28, 2025	**Case Formulation (case conceptualization) in Clinical Social Work Practice in Mental Health & Classification Frameworks and Diagnosis in the Mental Health Field.** • Critical examination of case formulation (case conceptualization) as pertains to clinical social work practice in the mental health field. • Classification frameworks (i.e., ICD-11, DSM-5-TR), taxonomy, nosology, and diagnosis as it pertains to clinical social work's scope of practice. • Diagnosis as a scope of clinical social work practice. • Critical examination of the DSM-5-TR as a tool for informing clinical work diagnosis in the mental health field.	**Required Readings** MacNeil, C., Hasty, M. K., Conus, P., & Berk, M. (2012*). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. BMC Medicine*, 10(1), 111. Weerasekera, P. (1993). Formulation: A multiperspective model. *Canadian Journal of Psychiatry, 38*(5), 351-358. doi.org/10.1177/070674379303800513. (Available via D2L.) **Recommended Readings** Corcoran, J., & Walsh, J. (2016). Social work and the DSM: Person-in-environment versus the medical model. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 9-30). Oxford University Press. Manassis, K. (2014). Benefits of case formulation and a conceptual framework. In K. Manassis (Ed.) Case formulation (pp. 1-23). The Guilford Press.

Module 4: Treatment and Interventions
During this module, you will:
   a. Explain the relationship between intervention and case conceptualization.
   b. Identify and describe the most appropriate treatment/intervention modalities and approaches for specific disorders.
   c. Define scope of practice for registered social worker with a BSW related to intervention component of mental health practice and explain the role of the social worker in case management (treatment versus case management)

d. Appraise current research and evidence-based practice as well as emerging practice-based evidence.		

Class / Date	Key Topics	Preparation, Readings and Important Dates

Class 8
June 2, 2025
	○ **Infant-Early Childhood & Parental Mental Health**
	    ○ Disorders of infancy and early childhood: An overview.
	    ○ Implications for and interactions with attachment and socio-emotional-behavioural functioning of the child, caregiver(s) and family.
	    ○ Examination of Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Selective Mutism, Separation Anxiety, and Adjustment Disorders including diagnostic features, prevalence, development and course, and comorbidity.
	    ○ Overview of evidence-based interventions (e.g., Circle of Security, Play-based therapies, Behavioural Therapies).
		Required Readings
		Barton, M. L., & Chen, J. (2019). Autism spectrum disorder. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 313-329). The Guilford Press.
		Finelli, J., Zeanah, C. H., & Smyke, A. T. (2019). Attachment disorders in early childhood. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 452-466). The Guilford Press.
		
		Recommended Readings
		Murray, L., Halligan, S., & Cooper, P. (2019). Post-natal depression and young children's development. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 172-188). The Guilford Press.
		Peris, T. S., & Rozenman, M. (2019). Assessment of pediatric anxiety. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 301-316). Elsevier Science & Technology. ProQuest Ebook Central - Reader (ucalgary.ca)
		Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC:0-5 approach. *Infant Mental Health Journal, 37*(5), 509-520.

Class 9
June 4, 2025
	○ **School-age & Adolescent Mental Health: Part I**
	    ○ Disorders common to school-age populations.
	    ○ Examination of ADHD, ODD/CD, Social Anxiety, GAD, including diagnostic features, prevalence, development and course, and comorbidity.
		Required Readings
		Corcoran, J., & Walsh, J. (2016). Neurodevelopmental Disorders: Attention-deficit/hyperactivity disorder. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 91-125). Oxford University Press.
		Corcoran, J., & Walsh, J. (2016). Anxiety disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 164-198). Oxford University Press.

	o Overview of evidence-based interventions (e.g., CBT, Family Therapies).	**Recommended Readings** Corcoran, J., & Walsh, J. (2016). Oppositional defiant disorder and conduct disorder. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 126-163). Oxford University Press. Villabo, M. A., & Compton, S. N. (2019). Cognitive behavioral therapy. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 317-334). Elsevier Science & Technology.

Class 10
June 9, 2025
	o **Emerging Adults/Adult Mental Health: Part I**
	  o Disorders common to adult populations.
	  o Examination of Schizophrenia, and Bipolar.
	  o Overview of evidence-based interventions (e.g., Case management and Behavioural Family Therapy).
		Required Readings
		Corcoran, J., & Walsh, J. (2016). Bipolar and related disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 423-450). Oxford University Press.
		Corcoran, J., & Walsh, J. (2016). Schizophrenia and other psychotic disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 486-520). Oxford University Press.
		
		Recommended Readings
		Jhadry, R., Fadden, G., Atchison, M., Conneely, P., Danks, J., Lee, A., & Mansell, C. (2015). Applying behavioural family therapy model in complex family situations. *Social Sciences, 4*(2), 459-468.
		Kanter, J. (2016). A clinical case management perspective. *Clinical Social Work Journal, 44*, 341-344.

Class 11
June 11, 2025
	o **School-age & Adolescent Mental Health: Part II**
	  o Disorders common to adolescent populations.
	  o Examination of MDD, PTSD & Eating Disorders including diagnostic features, prevalence, development and course, and comorbidity.
		Required Readings
		Corcoran, J., & Walsh, J. (2016). Post-traumatic stress disorder. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 220-246). Oxford University Press.
		Corcoran, J., & Walsh, J. (2016). Depression. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 302-30). Oxford University Press.

		Recommended Readings
	o Overview of evidence-based interventions (e.g., CBT, Maudsley).	Corcoran, J., & Walsh, J. (2016). Eating disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 270-301). Oxford University Press.
Class 12 June 16, 2025	o **Emerging Adults/Adult Mental Health: Part II** o Disorders common to adult populations. o Examination of Personality Disorders and Substance Use Disorders. o Overview of evidence-based interventions (e.g., Motivational Interviewing & DBT).	**Required Readings** Corcoran, J., & Walsh, J. (2016). Substance use disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 346-388). Oxford University Press. Corcoran, J., & Walsh, J. (2016). Personality disorders. In J. Corcoran & J. Walsh (Eds.) *Clinical assessment and diagnosis in social work practice* (3rd ed., pp. 451-485). Oxford University Press. **Recommended Readings** Brodsky, B. S., & Stanley, B. (2013). The ABC's of DBT- The theoretical perspective. In B. S. Brodsky & B. Stanley (Eds.), *The dialectical behavior therapy primer: How DBT can inform clinical practice* (pp. 63-74). Wiley-Blackwell. Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (Chapters, 1, 2, 3). The Guilford Press. ProQuest Ebook Central - Reader (ucalgary.ca)

ADDITIONAL CLASSROOM CONDUCT AND RELATED INFORMATION

INSTRUCTOR EMAIL POLICY

All course communication must occur through your @ucalgary email. I will respond to emails sent via your @ucalgary emails within 48 hours excluding weekends and statutory holidays.

GUIDELINES FOR ZOOM SESSIONS IN ONLINE CLASSES

You are expected to participate actively in all Zoom sessions. Please be prepared, as best as you are able, to join class in a quiet space that allows you to be fully present and engaged in Zoom sessions. **Unless advised (or agreed) otherwise by your instructor, your video camera should be turned on during class and you are expected to manage your microphone as required**. Please reach out to your

instructor if you experience challenges that prevent you from having your camera turned on. You are expected to behave in a professional manner during all Zoom sessions. Please do not share the Zoom links with anyone who is not registered in this course.

 RECORDINGS OF CLASSES (By Students)

Recording of lectures is generally not permitted. You must seek authorization from your instructor to record any lecture. Any student with a disability who is registered with Student Accessibility Services (SAS), and who requires an accommodation to make audio recordings of course material shall be provided with such an accommodation if determined necessary by an Access Advisor in SAS. Please refer to the [Recording of Lectures Policy](#) and [Student Non-Academic Misconduct Policy](#) for the additional information.

ASSESSMENT COMPONENTS

Assignment 1: Knowledge Translation / Psychoeducation Materials (worth 20%+5%=25%). Due May 23 by 11:59pm MST.

Assignment Description:

This is a group-based assignment. Engaging knowledge translation skills to develop accurate and accessible educational resources for clients, families, and community members. The primary purpose of this assignment is to solidify your knowledge about the nature of patient/client philosophies-of-care while simultaneously developing/enhancing the clinical skill related to knowledge-translation and psychoeducation. Accurate and accessible educational resources help inform client/patient and family members regarding health care decisions. The information materials (e.g., brochure) developed should be designed as if you are social workers and you will be sharing this material with ***new clients/patients*** and their families, **OR potential clients/patients and their families** (i.e., those considering/ contemplating accessing social work / counselling services, but who have not yet accessed these services).

- Students will self-select into one of eight (8) groups (i.e., 4-5 students; groups of relatively balanced/equivalent numbers). Consistent with the course outline the options pertaining to the philosophies-of-care include 1.) Evidence-based Care, 2.) Patient & Family-Centred Care, 3.) Strength-based Care, 4.) Trauma-informed Care, 5.) Culturally-informed Care, 6.) Recovery-oriented Care, 7.) Indigenous Approaches to Care, and 8.) Neurodiversity-affirming care.
- ***THE KEY TO THIS ASSIGNMENT IS TO CREATE REAL-WORLD INFORMATION THAT HELPS INFORM POTENTIAL CLIENTS/PATIENTS/SERVICE-USERS REGARDING THE NATURE OF SPECIFIC PHILOSOPIES, PRINCIPLES AND PRACTICES ASSOCIATED WITH YOUR SELECTED PHILOSOPHY-OF-CARE (E.G., EVIDENCE-BASED CARE, TRAUMA-INFORMED CARE ETC.). THIS MATERIAL SHOULD BE PRESENTED IN A MANNER THAT INCLUDESS PRACTICAL APPLICATIONS OF HOW THIS PHILOSOPHY-OF-CARE IS BROUGHT TO LIFE BY AN (IMAGINED) PROGRAM/ SERVICE/ CLINIC/ AGENCY AND WHAT REAL-WORLD THINGS WOULD CLIENTS EXPEREINCE ON A DAY-TO-DAY/SESSION-BY-SESSION BASIS.
- Students will draw upon course materials, as well as practice/community-wisdom, clinical-sources (i.e., information from real-world clinical service; clinical readings/texts) and research to inform the creation of their materials.

- Students may also elect to focus on a specific population/segment of the community consistent with the coverage of the course including infant/early childhood populations, school-age, adolescents, emerging-adults, or adult-populations.
- This information should be written in a manner that is accessible to the intended audience. In creating these materials, special consideration should be given to factors such as reading level and be inclusive/meaningful/accessible to diverse populations (e.g., culture, social location, language etc.), as well as written in a manner congruent with social work values/ethics.
- It is also important to consider that in order to heighten the chances of clients/patients and their families reading literacy/educational materials, these materials must be engaging (e.g., visually etc.) and useful/meaningful (e.g., containing helpful information that is easily understood). Therefore, it is important to consider how best to balance the use of 'content' and the 'process' through which your materials convey/present this content.
- This material will be posed into a D2L for the review by members of the class.
- Group members are responsible for monitoring and responding with thoughtful responses to the posts/discussion items contributed by their classmates (per Assignment #2) who are taking on the role of simulated clients **(worth 5% of the total grade)**.

This material will be no longer than two (2) pages. References throughout the paper (within text citation) and the reference section must be included within the two-page limit and are required to conform to APA format [American Psychological Association, 2020 Publication Manual (7th ed.)]. Assignments are to be POSTED TO D2L as well as submitted via the D2L Dropbox for the instructor's review (only one copy per group is required).

Assessment Criteria: A marking/grading rubric will be provided via D2L.

Assignment 2: Reflecting on Patient-Care Philosophies - (worth 5%). Due between May 23rd 11:59pm MST and Noon May 26th (MST).

Aligned Course Learning Outcomes: 1, 2, 3.

Assignment Description:

This assignment is completed individually. Students will reflect upon the philosophies-of-care of their colleagues as conveyed in their D2L posts (i.e., made to satisfy the requirements of Assignment #1). Specifically, students will review the D2L posts of their colleagues and select two (2) separate posts, in which they will interact with. These interactions will be an opportunity for students to practice engaging empathically with client populations considering accessing mental health services/programs/agencies.
- Specifically, from the perspective of a client (i.e., imagine yourself as an individual, or a family affected by a mental health/substance-use issues who are seeking services) students will present a question to the group members via D2L. Students will post one (1) well crafted-thoughtful question to each of the two (2) chosen philosophies-of-care.
- Students will not post questions about their own group's philosophy-of-care (i.e., Assignment #1). Students will decide on which two (2) philosophies to comment upon; however, students are invited to be considerate to their peers and try and be balanced in relate to which posts receive commentary, ensure that all student groups have a chance to practice fielding questions and responding.
- These two (2) questions may pertain to such things as i) imagining yourself in the client's shoes and asking a question of the agency/clinic/program staff related to some aspect of the

presented materials that was of interest, or required clarification, ii) relate to seeking an expansion/elaboration of a specific posted piece of information, iii) may relate to a specific clinical scenario, such as the imagined client considering the goodness-of-fit between the philosophy-of-care and their own values, presenting concerns, contextual factors or client/patient preferences.

All posts to D2L must be made by not later than Noon May 26th MST.

Assessment Criteria: A marking/grading rubric will be provided via D2L. This assignment is worth 5% of the total grade for the course.

Assignment 3: Option A: Demonstration of Clinical Competencies: Anti-stigma Program Review (worth 25%) - **Due** June 2nd by Noon MST

Assignment Description:

This is an individual assignment. The ability to be knowledgeable of anti-stigma programming/campaigns related to Mental Health/Addictions is an important clinical competence and is aligned well with CASW Value #2 (i.e. Pursuit of Social Justice).

- ****STUDENTS WILL WRITE THIS ASSIGNMENT AS IF THEY WERE A SOCIAL WORKER PRESENTING MATERIALS TO THEIR DIRECTOR/CEO OF AN (IMAGINARY) AGENCY/ SERVICE/ PROGRAM OF THEIR CHOICE IN ORDER TO ADVOCATE FOR THE INCLUSION OF THIS ANTI-STIGMA PROGRAMMING
- Students will identity one (1) program/service/campaign that is specifically related to anti-stigma for those impacted by mental health and addiction issues, their families, and/or community.
- Students will describe in-depth the nature of the program, including philosophy, principles, and practices, drawing upon a range of practice/community wisdom, clinical materials (i.e., articles/text) and research.
- Students will provide a critical evaluation of the research on this programming including consideration of its relevance to specific age-groups, presenting concerns/clinical situations and/or contexts (e.g., social location, culture, geographic location).
- Students may consider additional factors such as the accessibility of this programming (i.e., cost involvement; access due to language; access due to geography; medium of service provision, such as online vs: in-person).
- Students may consider how this programming is positioned in relation to the 3-tier framework of mental health service provision (i.e., universal, selected/targeted, direct service) reviewed in the course.
- This submitted paper will be **no longer than five (5) typed pages** using 11-point Calibri font and 1-inch margins. It **IS expected** that students will explicitly reference materials/ resources (i.e., literature) in their paper and they should be referenced within the paper and on the reference page in a manner conforming to APA guidelines [American Psychological Association, 2020 Publication Manual (7th ed.)]. Assignments are to be submitted via the D2L Dropbox.

Assessment Criteria: A grading/marking rubric will be available via D2L. This assignment is worth 25% of the total grade for the course.

Assignment 3: <u>Option B</u>: Demonstration of Clinical Competencies: Biopsychosocial Assessment (worth 25%) - Due June 2nd by Noon MST

Assignment Description:

This is an individual assignment. The ability to write a biopsychosocial assessment report is a key competence (skill and knowledge) that is integral to clinical social work services. This assignment will help support students moving from a theoretical knowledge/understanding of best-practices (i.e., principles, processes, and parameters) towards synthesizing this knowledge into their skill base and clinical practice repertoire. From a case scenario (i.e., simulated patient/client file posted to D2L), provided by the course instructor and consistent with the template for a general biopsychosocial assessment template (posted to D2L) utilized within the course, students will identify the bio-psycho-social influences/ factors and organize them according to the subsections of the assessment template provide (i.e., family, medical, school etc.). This assignment is **NOT** a theoretical paper about biopsychosocial assessments and will be completed using the provided template (posted to D2L). This will be written as if you were the social worker writing a full/formal biopsychosocial report for your place of employment (i.e., clinical service).

This submitted paper will be **no longer than five (5) typed pages** (consistent with the template provide) using 11-point Calibri font and 1-inch margins. As the formatting for this assignment is to be consistent with a clinical report/document, it is **NOT** expected that students will explicitly reference materials/ resources (i.e., literature) in their paper. However, if sources are drawn upon, then they should be referenced within the paper and on the reference page in a manner conforming to APA guidelines [American Psychological Association, 2020 Publication Manual (7th ed.)]. Assignments are to be submitted via the D2L Dropbox.

Assessment Criteria: A grading/marking rubric will be available via D2L. This assignment is worth 25% of the total grade for the course.

Assignment 4: - Demonstration of Clinical Competencies: Case Study (worth 20%). Group Assignment.

Due: June 2, 4, 9, 11, 16 (during class; submission deadline is dependent on which disorder/diagnosis is being covered by your group. For example, if the disorder/diagnosis for your group is being covered in Class #8 (i.e., reactive-attachment disorder), your case study must be ready to be shared with the class on June 2, 2025 during Class #8.

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5.

Assignment Description:

This is a group-based assignment. Students will continue in their groups from Assignment #1 and will select a disorder/diagnosis covered in the course. Students can remain in the same groups A sign-up sheet for these groups will be created by the instructor in a timely manner at the outset of the course, thereby allowing students to select their respective groups and begin to meet as a group.

Mirroring real-world clinical practice environments, eight small clinical teams/peer consultation groups will work collaboratively to enhance their clinical knowledge-base regarding DSM-5-TR based disorders/diagnoses. Specifically, each of the eight teams will meet to review the course materials (i.e., required readings, lecture materials/slides), as well as any additional materials deemed relevant/important to develop a solid working knowledge of their selected disorder/diagnosis.

The main outcome/ deliverable of this process is for each group to create one clinical case-study/vignette that has direct relevance to their select disorder/diagnosis. This case study/vignette may be based on materials the group has reviewed from the course in preparation for this assignment, as well as lived experience including personal experiences, clinically relevant employment and/or volunteer experiences. Case materials should **NOT** have any identifying information, and it is best practice to use an amalgamation of situations (personal or professional) to construct a single case (i.e., clinical case studies/vignettes are typically constructed in a manner that brings together components from a variety of cases). Specifically, the case developed by each group should be constructed in a manner that allows for enriched learning about each group's disorder/diagnosis. For example, consistent with case-vignettes provided in the course, this material may include such features as age, gender, culture, family composition, history of the problem, family history, medical history, developmental history, symptom presentation, and functional impairments, as well as prior services/programming accessed, and treatment goals.

The course instructor will be available for consultation to support the development of this case and must provide final approval for the case study prior to its being shared with other members of the class. The case study/clinical vignette should be created either in a Word Document (maximum 2 pages double spaced) OR PowerPoint slides (maximum: 4 slides) that provide a concise presentation of the case.

The list of options of disorders (per the course outline include)

- Two groups may select from the following- Infant/early-child Populations: Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Selective Mutism, Separation Anxiety
- Two groups may select from the following - School-age Populations: ADHD, ODD/CD, Social Anxiety, GAD,
- One group may select from the following - Adolescent Populations: MDD or PTSD
- One group may select from the following - Adolescent Populations: Eating Disorders (select from AN or BN)
- Two groups may select from the following - Emerging-adult/Adult Populations: Schizophrenia, Bipolar I or Bipolar II, Personality Disorders (select one of the PDs); Substance-abuse Disorder (select one of the SA disorders)

Clinical case studies/vignettes will be used by the class in relation to Assignment # 5. Therefore, one copy of the final case study/vignette per group must be uploaded to D2L to allow the instructor to post these materials.

Assessment Criteria: A grading/marking rubric will be available via D2L. All members of the group receive the same grade for Assignment #4.

Assignment 5: Demonstration of Clinical Competencies: Working case formulation/case conceptualization & Plan of Care (i.e., 4P Grid) (worth 25%). - Due: June 19th by 11:59pm MST

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5.

Assignment Description:

This is an individual assignment. The ability to develop a working formulation with preliminary plan-of-care is integral to guide/inform intentional clinical social work practice. The working formulation (i.e., represented by the 4-P Grid) is also an important intermediary step that informs the development of formal written case formulations/case conceptualizations (i.e., a step that will be covered in specialized courses).

Selecting any of the seven case-studies/vignettes presented by your colleagues during class, you will adopt the stance/perspective that YOU are the clinical social worker working with this case. You are NOT permitted to complete Assignment #5 using the same case study you created in Assignment #4. ***IT IS THE STUDENTS RESPONSIBILITY TO CLEARLY LABEL ON THEIR GRID SUBMISSION WHICH OF THE SEVEN CASE STUDIES THEY WERE USING TO INFORM THEIR FORMULATION GRID/PLAN OF CARE.

The task of this social worker is to develop a working case formulation/case conceptualization informed by the bioecological frameworks of mental health. Specifically, in relation to the case vignette materials provided you will complete a "4-P Formulation Grid" examined in the course. Students will identify and concisely describe the specific life "problem" they are attempting to explain, and indicate the predisposing, precipitating, perpetuating, and protective factors in a succinct manner (i.e., point form/bullet points). These P's will also take into account whether clinical factor associated with the P's pertain to biological, psychology, socio-structural factors/contexts relevant to the case. A template for the Formulation Grid will be provided. Students will be required to write succinctly in bulleted/point-form (8-point Ariel Narrow font) typing the relevant information from the case vignette into the area of the Grid they determine to be most relevant/applicable to the information provided in the case-vignette.

You are also required to complete a (treatment) Plan associated with this 4-P Grid. Indicating via bullet points a preliminary multidisciplinary plan-of-care, that identifies formal and informal services/supports that relate to the case formulation components (i.e., 5th P -Plan row x columns).

Assessment Criteria: A grading/marking rubric will be available via D2L. This assignment is worth 25% of the total grade for the course.

ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION

ATTENDANCE AND COURSE ENGAGEMENT EXPECTATIONS

Students are expected to be fully present and engaged in each class activities and discussions. If a student must miss a class, it is the student's responsibility to catch up on discussions, notes and other information through other classmates and/or D2L. All class PowerPoints, videos, reading and other material will be posted on D2L. If classes are conducted virtually, Zoom sessions will be recorded when appropriate for lecture material but some class discussion may not be recorded due to confidentiality concerns of other students

GUIDELINES FOR SUBMITTING ASSIGNMENTS

Please submit all assignments electronically through their respective Dropbox in D2L. Assignments may be submitted in Word or PDF format. Assignments should have a file name as follows: "Full name and assignment number" (e.g., Jane Smith Assignment 2). Please note that it is the student's responsibility to keep a copy of each submitted assignment and to ensure that the proper version is submitted.

MISSED OR LATE ASSIGNMENTS

A penalty of 10% per day will apply for assignments submitted late, without prior communication and approval from the course instructor.

EXPECTATIONS FOR WRITING

All assignments will be assessed partly on writing skills. Writing skills include not only surface correctness (grammar, punctuation, sentence structure, etc.) but also general clarity and organization. Sources used in research papers must be properly documented and referenced in APA 7th edition format (2020). If you need writing support, please connect with the Student Success Centre, at: https://www.ucalgary.ca/student-services/student-success/writing-support

ACADEMIC MISCONDUCT

It is expected that all work submitted in assignments is the student's own work, written expressly by the student for this particular course. Students are reminded that academic misconduct, including plagiarism, has serious consequences, as set out in the University Calendar: http://www.ucalgary.ca/pubs/calendar/current/k.html

USE OF ARTIFICIAL INTELLIGENCE TOOLS

Restricted use
The use of generative AI, including the use of work created by generative AI tools and applications in course assignments and assessments may be considered in accordance with the University's academic misconduct policy. If you are in doubt as to the use of generative AI tools in this course, please discuss your situation with the course instructor. AI tools can be used for learning course material but not for completing assignments. Students must not copy or paraphrase from AI applications for assignments

GRADING

A student's final grade for the course is the sum of the separate assignments. It is not necessary to pass each assignment separately in order to pass the course. The University of Calgary Undergraduate Grading System and Faculty of Social Work Percentage Conversion will be used. This grading system overrides the grading system in D2L. The rounding up of grades will occur when the earned grade is calculated to be greater than, or equal to a 0.5, in situations where this will result in an elevation of the submitted Letter Grade (i.e., 84.5 will be rounded up to 85; 94.5 will be rounded up to 95 etc.). The

rounding of grades only occurs in relation to the calculation of the final course grade and not to individual assignments.

Grade	Grade Point	Description	Percentage Range
A+	4.0	Outstanding performance	95-100
A	4.0	Excellent performance	85-94
A-	3.7	Approaching excellent performance	80-84
B+	3.3	Exceeding good performance	77-79
B	3.0	Good performance	73-76
B-	2.7	Approaching good performance	70-72
C+	2.3	Exceeding satisfactory performance	67-69
C	2.00	Satisfactory performance	63-66
C-	1.70	Approaching satisfactory performance	60-62
D+	1.30	Marginal pass. Insufficient preparation for subsequent courses in the same subject	57-59
D	1.00	Minimal pass. Insufficient preparation for subsequent courses in the same subject.	50-56
F	0.00	Failure. Did not meet course requirements.	Below 50
CG		Credit Granted. Not included in the GPA calculation. See section F.1.3 for additional detail.	
CR		Completed Requirements. Carries no weight in calculating the grade point average. This will be noted in the calendar description as "Not Included in GPA" where applicable.	

COURSE EXPERIENCE FEEDBACK

At the close of each term, students can provide feedback on their academic learning experience in their courses, including their instructors, through university-wide online surveys. They will receive an email from UCalgary Course Experience Surveys with direct links to their current course surveys, or they can access within the D2L course shell. Students are welcome to discuss the process and content of the course at any time with the instructor. They are expected to provide comments that are consistent with

the University of Calgary Code of Conduct, the Alberta College of Social Work Standards of Practice (2023) and the Canadian Association of Social Workers Code of Ethics (2024).

ADDITIONAL SUGGESTED READINGS

Additional suggested readings will be posted to D2L.

UNIVERSITY OF CALGARY POLICIES AND SUPPORTS

Professional Conduct

As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary's Code of Conduct. They are also expected to demonstrate professional behaviour in class that promotes and maintains a positive and productive learning environment. Consistent with the aims of the Social Work Program and the University of Calgary, all students and staff are expected to respect, appreciate, and encourage expression of diverse world views and perspectives; to offer their fellow community members unconditional respect and constructive feedback; and to contribute to building learning communities that promote individual and collective professional and personal growth. While critical thought and debate is valued in response to concepts and opinions shared in class, feedback must always be focused on the ideas or opinions shared and not on the person who has stated them.

Students and staff are expected to model behaviours in class, including evaluations of teaching and learning, that are consistent with our professional values and ethics, as outlined in the Canadian Association for Social Workers, Code of Ethics (2024) and the Alberta College of Social Work Standards of Practice (2023).

Academic Accommodation

It is the student's responsibility to request academic accommodations according to the University policies and procedures. Students seeking an accommodation based on disability or medical concerns should contact Student Accessibility Services (SAS). SAS will process the request and issue letters of accommodation to instructors. Students who require an accommodation in relation to their coursework based on a protected ground other than disability should communicate this need in writing to their instructor. Please refer to the full policy on Student Accommodations.

Research Ethics

Students are advised that any research with human participants – _including any interviewing (even with friends and family), opinion polling, or unobtrusive observation – _must have the approval of the Conjoint Faculties Research Ethics Board or the Conjoint Health Research Ethics Board.
In completing course requirements, students must not undertake any human subjects research without discussing their plans with the instructor, to determine if ethics approval is required. Some courses will include assignments that involve conducting research with human participants; in these cases, the instructor will have applied for and received ethics approval for the course assignment.

Academic Misconduct

For information on academic misconduct and its consequences, please refer to the Integrity and Conduct section in the University of Calgary Calendar.

Instructor Intellectual Property

Course materials created by professor(s) (including presentations and posted notes, labs, case studies, assignments and exams) remain the intellectual property of the professor(s). These materials may NOT be reproduced, redistributed or copied without the explicit consent of the professor. The posting of course materials to third party websites such as note-sharing sites without permission is prohibited. Sharing of extracts of these course materials with other students enrolled in the course at the same time may be allowed under fair dealing.

Copyright Legislation

All students who use materials protected by copyright are expected to comply with the University of Calgary policy on Acceptable Use of Material Protected by Copyright and requirements of the Copyright Act to ensure they are aware of the consequences of unauthorised sharing of course materials (including instructor notes, electronic versions of textbooks etc.). Students who use material protected by copyright in violation of this policy may be disciplined under the Non-Academic Misconduct Policy.

Freedom of Information and Protection of Privacy

Student information will be collected in accordance with typical (or usual) classroom practice. Students' assignments will be accessible only by the authorized course faculty. Private information related to the individual student is treated with the utmost regard by the faculty at the University of Calgary.

Sexual and Gender-Based Violence Policy

The University recognizes that all members of the University Community should be able to learn, work, teach and live in an environment where they are free from harassment, discrimination, and violence. The University of Calgary's Sexual and Gender-based Violence Policy guides us in how we respond to incidents of sexual violence, including supports available to those who have experienced or witnessed sexual violence, or those who are alleged to have committed sexual violence. It provides clear response procedures and timelines, defines complex concepts, and addresses incidents that occur off-campus in certain circumstances.

Other Important Information

Please visit the Registrar's website for additional important information on the following:
- Wellness and Mental Health Resources
- Student Success
- Student Ombuds Office
- Student Union (SU) Information

- Graduate Students' Association (GSA) Information
- Emergency Evacuation/ Assembly Points
- Safewalk