I. Rationale

The President’s New Freedom Commission on Mental Health (2003) envisions “… a future where everyone with a mental illness will recover, … mental illnesses can be prevented or cured, … mental illnesses are detected early, … everyone with mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community.” Likewise the World Health Organization (2003) recognizing the critical role of behavioral mental health adopted a Mental Health Global Action Program to improve the well-being of populations throughout the world.

Behavioral mental health (BMH) social workers are, therefore, challenged to develop high levels of clinical and cultural competence working in partnership with consumers, their families and social networks, community stakeholders and interdisciplinary service providers. SW724 and 725 courses integrated with field practica engage students in organic learning processes designed to establish competencies essential to working in the behavioral mental health field.

II. 724 Student Learning Outcomes & Practice Behaviors linked to Core Competencies: Upon completion of this course students will be able to:

1. Demonstrate knowledge of the impact of historic geopolitical trauma on the behavioral health of Indigenous & other oppressed peoples; and how trauma-informed services, self-care, transference, and counter-transference can influence service delivery and effectiveness. (EPAS: Professionalism 1.1; Critical thinking 1.3; Diversity 1.4; Social Justice 1.5; Decolonize 1.11)

2. Demonstrate ability to strengthen behavioral health assessment and recovery planning through: 1) the ethical use of DSM-5 in assessment, and 2) strengths-based, culturally resonant, practice-based, research-informed intervention approaches. (EPAS: Diversity 1.4; Ethics 1.2; Social Justice 1.5; Research 1.6; HBSE 1.7; Context 1.9; Engage 1.10; Decolonize 1.11)

3. Apply Motivational Interviewing approaches in client engagement, assessment, intervention, and evaluation. (EPAS: Critical thinking 1.3; Research 1.6; Context 1.9; Engage, assess, intervene, evaluate 1.10)

4. Demonstrate the ability to formulate recovery-oriented, culturally-resonant assessment, intervention and evaluation plans in collaboration with clients & multi-disciplinary partners. (EPAS: Critical thinking 1.3; Diversity 1.4; Social justice 1.5; Research 1.6; HBSE 1.7; Policy 1.8; Engage, assess, intervene, evaluate 1.10; Decolonize practice 1.11)
724 Graded Assignments – Measures of SLOs and Practice Behaviors

Competencies are measured and demonstrated by completion of:

1) **Assignment 1**: Decolonizing practice, trauma informed care, self-care and awareness in behavioral health practice (*In-class, small group exercises & analysis paper*).

2) **Assignment 2**: Strengthening assessment and recovery planning (*DSM disorder categories teaching module development, group presentation, analytic paper & student self-assessment of assignment*).

3) **Assignment 3**: Videotaped Motivational interview and analysis (*Peer & instructor evaluated MI interview, and student self-evaluation paper*).

4) **Final Assignment**: Recovery-oriented, culturally-resonant assessment, intervention and evaluation planning. (*Collaboratively developed, comprehensive case assessment, including treatment, prevention and evaluation strategies*).

III. Values and Ethics

The values and ethics of social work in mental health practice are a specific focus of this course, and integrated throughout SW724 and SW725. The basic values which guide this course are: 1) recognition of consumer strengths, 2) promotion of individual competence through empowerment, 3) enhancing the psychological sense of community, 4) advocating for improvement in mental health services & policies, and 5) supporting cultural diversity.

IV. Diversity

Throughout the course, students will have opportunities to critically analyze the appropriateness and effectiveness of western modes of assessment (e.g. DSM 5) and treatment when applied to diverse populations. Various cultural conceptualizations of health/mental health/spiritual health will be examined along with traditional forms of healing. The strengths of cultural traditions in healing from Asian and Pacific Islander perspectives will be explored.

V. Promotion of Social Justice

Emphasis is on applying knowledge and skills to promote social justice across gender, class, race and cultural differences. Individuals with behavioral and mental health problems may require specific forms of support and intervention in order to maintain optimal levels of functioning. Eliminating barriers to required services which enable optimal functioning are critical to achieving social justice for this population.

VI. Populations-at-risk

Vulnerable populations such as women, children, minorities, gays and lesbians, the aged and people with disabilities are at risk for stress related mental health and health problems. In this course, we will examine factors that contribute to mental illness in high-risk populations. Emphasis is placed on developing trauma-informed systems of care, proactive interventions such as psychoeducation, reducing barriers to service and a strong commitment to consumer empowerment and advocacy.
VII. Research-based Content

The use of empirical research to inform practice is emphasized throughout the course. For example, students will review the most recent research in treatment for various diagnostic categories, examine the efficacy of treatments, and determine, along with the consumer, appropriateness of treatments.

VIII. Course Content

Teaching Methods. This course will utilize a combination of teaching methodologies: In-class skills development exercises, lecture, seminar-format discussions, problem-based learning formats, presentations by practicing professionals to stimulate critical discussion, and assignments that develop critical thinking and clinical skills in the areas of assessment, research informed practice, and evaluation.

Students with Disabilities. Academic access services to students with disabilities are available through the campus Kokua Program (956-7511, 956-7612) located in the Student Services Center room 013. Students with disabilities who need testing or class accommodation should contact the Kokua Program. Disclosure of disability and related need is voluntary.

Basic expectations for this course:
The development and integration of knowledge and skills are ongoing processes, which must challenge our assumptions, improve our critical thinking, relational and communication skills. The learning process requires earnest investment of time, mutual respect and collaboration on the part of students and the instructor. Optimal learning is more likely to occur when students:

- Engage skill and knowledge development as ongoing processes requiring exploration and integration of course work beyond the classroom;
- Read required reading assignments prior to the session, this means looking up the meaning of words you do not understand, thinking about and discussing your thoughts about the readings with colleagues and others;
- Seek out and utilize information and materials beyond what is presented in the syllabus for class presentations;
- Share and discuss insights, rationale and reasoning, i.e. develop your critical thinking skills;
- Take leadership roles and support others in leadership roles in study groups and at practicum sites;
- Are respectful, responsible, responsive team members in class, study groups, etc.;
- Develop clear, succinct writing skills that reflect relevance, and depth of understanding.

Assignments & Attendance:

- Unless otherwise specified, all assignments should be submitted on the due dates. Late submissions will receive an automatic deduction of 10% of the specific assignment points. Thereafter, 10% of the remaining assignment points will deducted for each week the assignment is late.
- Attendance of all classes is required. Participation and attendance will account for 10% of each student’s overall grade (10 points).
  - Attendance: 
  - Missing 3 classes will result in no higher than a “B” grade for the semester.
  - Missing more than 3 classes will result in a failing grade.
- Arrangements are made for military deployment situations.
• Please call if you have an emergency or are ill.
• Students are responsible for securing missed-class materials via colleagues.

IX. Required Texts & Reader


Reader articles are located under RESOURCES in Laulima.

Optional Recommended:
Hart, Michael Anthony. (2007). Seeking Mino-Pimatisiwin: An aboriginal approach to helping. Manitoba: Fernwood Publishing. (Purchase online Barnes & Noble or Amazon used copies start at $5.50)

Course Content and Schedule

I. Overview of 724, Professional Use of Self in Behavioral Mental Health, Framework of National Mental Health Policy

August 27, 2014, Session 1: Course Overview
➢ Behavioral Mental Health Course Syllabus: EPAS competencies, learning objectives, & assignments
➢ Professional Use of Self: The importance of self-knowledge, identity, culture and strengths in professional development (Weather ball exercise & name, sense of place & gift exercises)
➢ Preview of Portfolio Capstone Assignment for the Mental Health Concentration; Tips on ways to get started now

Assignment for the next class: Identity in a Bag: Bring a container that represents your sense of family; place something in it that represents your sense of health and wellbeing.
II. Developing Client-Centered Skills and Attitudes for Advanced Practice in Behavioral Mental Health: Sessions 2-5

September 3, 2014, Session 2: Understanding the nature of client-centered clinical skills and therapeutic relationships

- Transference and counter-transference: Are they viable concepts in current practice?
- Understanding self in relation to becoming a facilitator of wellbeing: Trauma stewardship
- Cultural competence: What does it mean to be culturally competent and social justice oriented in collaborating with clients?
- Form Study Groups for DSM-5

**Required Reading:**
- From the **Laulima reader** (useful for Assignment 1):

Supplemental Readings:
- New Freedom Commission Report on Mental Health
  [http://www.mentalhealthcommission.gov/reports/reports.htm](http://www.mentalhealthcommission.gov/reports/reports.htm)

September 10, 17, 2014, Sessions 3 & 4: Trauma informed services & trauma stewardship

- What constitutes trauma informed services & systems?
- What is trauma stewardship?

September 24, 2014, Session 5: Field Trip: Kalihi Palama Community Health Center

- Community-based BMH
III. Motivational Interviewing

October 1, 2014, Session 6: Introduction to Motivational Interviewing
➢ What is Motivational Interviewing?
➢ Developing empathic, efficient, effective interviewing skills in data gathering
➢ Change and resistance; building motivation for change
➢ What happens when using MI within cultural contexts?

Required Reading:
Engaging/Interviewing:

October 9, 2014, Session 7: Field Trip, Ho`oulu ʻAina
➢ Engaging an ʻaina-based program
➢ Direct practice in prevention and healing

IV. Assessment: Client-centered, recovery & healing-oriented treatment planning & evaluation; Ethical Practice in BMH; Intro to DSM-5: Sessions 8 & 9.

October 15, 2014, Sessions 8: Assessment & MI continued
➢ Developing client-centered recovery-based, culturally resonant, bio-psycho-social-spiritual assessments
➢ Consumer-driven service plans and customized interventions
➢ Mental status examination
➢ Writing clear, well-documented assessments
➢ Suicide risk assessment

Required Reading:
- Go to the American Psychiatric Association (www.psychiatry.org) DSM-5 Online Assessment Measures (You will need these for the presentations) for the following:
  o Level 1 Cross-cutting symptom measures
  o Level 2 Cross-cutting symptom measures
  o Disorder-specific severity measures
  o Disability measures
  o Personality inventories
  o Early development and home background
  o Cultural formulation interviews
Laulima Reader (these readings are useful for completing the final assessment assignment):


- Ward, N., Peskind, E., Ries, R. & Raskind, M. Data Base

- The Psychiatric Assessment (Mental Status Exam)

**Session 9: October 22, 2014: Ethical social work practice in BMH; laws, dilemmas**

- Health Insurance Portability and Accountability Act (HIPAA)
- Analyzing ethical dilemmas

**Recommended Resources:**

- See code NASW Code of Ethics at [www.nasw](http://www.nasw)
- Website: [www.socialworkers.org/pubs/standards/default.htm](http://www.socialworkers.org/pubs/standards/default.htm) or just use key words NASW Clinical Standards: Code of Ethics; Standards for the Practice of Clinical Social Work;
Standards for Cultural Competency in Social Work; Standards of Social Work Practice with Adolescents.


**Laulima Reader useful readings:**

- Health Insurance Portability and Accountability Act Fact Sheet

**Introduction to DSM-5**

- History, changes, organization, structure, use
- DSM-IV-TR vs DMS-5
- Schizophrenia Spectrum Disorders

**Required Reading:**

- DSM-5, Pages: xiii-25. & Schizophrenia Spectrum and other Psychotic Disorders From the **Laulima Reader:**
- DSM-5 The Future Arrived & DSM-5 handouts

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**V. DSM-5: Selected Disorder Categories, Student Presentations Sessions 10-14**

**October 29, 2014, Session 10: Neurodevelopmental Disorders-Study Group Presentation**

- Clinical presentation, etiology, prevalence across age, gender, ethnicity, cultural and socioeconomic groups in the US
- Research on promising treatments and their efficacy
- Treatment modalities: theories, research, evaluation

**Required Reading:**

- Seek additional, current research literature in the topic area in order to provide your colleagues with relevant practice information.

**November 5, 2014, Session 11: Bipolar & Depressive Disorders-Study Group Presentation**

- Clinical presentation, etiology, prevalence across age, gender, ethnicity, cultural and socioeconomic groups in the US
- Research on promising treatments and their efficacy
- Treatment modalities: theories, research, evaluation

**Required Reading:**

- DSM-5. Bipolar and Depressive Disorders
- Seek additional, current research literature in the topic area in order to provide your colleagues with relevant practice information.
November 12, 2014, Session 12: Anxiety & Trauma- and Stressor-Related Disorders-Study Group Presentation

- Clinical presentation, etiology, prevalence across age, gender, ethnicity, cultural and socioeconomic groups in the US
- Research on promising treatments and their efficacy
- Treatment modalities: theories, research, evaluation

Required Reading:
- DSM-5. Anxiety & Trauma- and Stressor-Related Disorders.
- Seek additional, current research literature in the topic area in order to provide your colleagues with relevant practice information.

November 19, 2014, Session 13: Substance-Related & Addictive Disorders-Study Group Presentation

- Clinical presentation, etiology, prevalence across age, gender, ethnicity, cultural and socioeconomic groups in the US
- Research on promising treatments and their efficacy
- Treatment modalities: theories, research, evaluation

Required Reading:
- DSM-5. Substance-related and addictive disorders.
- Seek additional, current research literature in the topic area in order to provide your colleagues with relevant practice information.

November 26, 2014, Session 14: Neurocognitive Disorders-Study Group Presentation

- Clinical presentation, etiology, prevalence across age, gender, ethnicity, cultural and socioeconomic groups in the US
- Research on promising treatments and their efficacy
- Treatment modalities: theories, research, evaluation

Required Reading:
- DSM-5. Neurocognitive Disorders
- Seek additional, current research literature in the topic area in order to provide your colleagues with relevant practice information.

VII. Practice Evaluation: Monitoring Client Functioning and Treatment Efficacy Sessions 15 & 16

December 3, 2014, Session 15

- Program evaluation; Logic models
- Review of Motivational Interview tapes
- Assessment Paper Discussion
Required Reading:

From the Laulima Reader:

December 10, 2014, Session 16
• Review of Motivational Interview tapes
• Course Summary & evaluation

X. REQUIRED ASSIGNMENTS
The final grade for this course will be based on an evaluation of each student’s development and progress in utilizing critical thinking elements, intellectual standards in the content areas, social work values and ethics as demonstrated in the completion of the following assignments:

<table>
<thead>
<tr>
<th>Required Assignments</th>
<th>Percent of final grade</th>
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<tbody>
<tr>
<td>Assign 1: Professionalism: Self-awareness, and decolonizing/indigenizing behavioral</td>
<td>15%</td>
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<tr>
<td>mental health practice Due September 17, 2014</td>
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<tr>
<td>Field Trips: Ho`oulu Aina &amp; Kalihi Community Health Center</td>
<td>10%</td>
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<tr>
<td>Assign 2: DSM-5 disorders presentation &amp; analytic paper Due one week after each</td>
<td>20%</td>
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<td>presentation</td>
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<tr>
<td>Assign 3: Videotaped interview &amp; self-evaluation Due November 12 for peer review &amp;</td>
<td>20%</td>
</tr>
<tr>
<td>November 19 to instructor</td>
<td></td>
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<tr>
<td>Assign 4: Final Client-Centered, Multi-Systemic Assessment Due December 10, 2014</td>
<td>25%</td>
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<td>Participation &amp; Attendance</td>
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<td>Total:</td>
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FINAL GRADE

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Method of Evaluation
724 Assignments are linked to SLOs.
Papers will be evaluated utilizing a grading rubric & the following criteria:

- Whether the objectives of the assignment are met
- **Logic, clarity, relevance, accuracy, depth & breadth of reasoning and content, i.e.** how thoroughly you have presented, developed and substantiated the main ideas of your paper and used bibliographic resources
- **Writing cohesiveness, organization & grammar, i.e.** sentence & paragraph structuring, spelling, editing, understandability, and use of APA format when applicable.

**Similarly, presentations will be evaluated on the basis of:**

- Attending to the assignment objectives
- Clear, logical presentation of content
- Relevance, interest and creativity

**XI. Methods of Evaluation of the Course and of the Instructor**

**Plan for Course Evaluation**

Course content and the learning process will be evaluated through use of a short evaluation instrument during the semester and with the university faculty evaluation form on the last day of class. Students are strongly encouraged to express their opinions and suggestions regarding course issues in class discussion periods, and to contact the instructor should questions, problems or special needs occur.

**SW724 ASSIGNMENT 1**

**Professional Practice & Decolonizing BMH Practice**

Objectives:

- To examine how trauma, values and life practices such as trauma stewardship impact wellbeing & professional development.
- To better understand what is meant by “decolonizing social work practice”.

After participating in class discussions about our socio-cultural backgrounds, attitudes and values regarding well-being, and reading about decolonizing social work practice, trauma informed care, trauma stewardship, transference and countertransference, please thoughtfully **answer with depth, clarity and specificity the following questions** (3-4 pages max, double spaced, 12pt):

1. **Transference and Counter-transference.**
   a. Are transference and counter-transference applicable concepts in contemporary social work practice?
   b. Why? Give specific, clear examples of transference & counter-transference that you’ve encountered.

2. **Self-care and trauma stewardship:**
   a. Does trauma stewardship apply to you? How?
   b. What self-care practices are you using or planning to develop?

3. **Decolonizing Professional Practice:**
   a. What is meant by *decolonizing social work practice*?
   b. Why is decolonization of practice important in professional social work?
Be prepared to discuss your main points in class.

SW724 ASSIGNMENT 2: DMS-5

Appropriate use of DSM-5 Seminar Presentations

Objectives:
1. To become familiar with and engage DSM-5 in relation to the DSM-IV-TR as a tool to support comprehensive assessment.
2. To demonstrate knowledge and appropriate application of DSM-5 diagnostic criteria in relationship to individual, family & cultural contexts, current research, and risk & resilience factors.

Assignment & Process:
♦ Each study group will be responsible for a seminar presentation on the appropriate use of DSM-5 focusing on a specific disorder category, and written report (maximum 8-10 pages) regarding culture and BMH. Both the presentation and paper should provide your colleagues with practical, usable information (papers will be available to colleagues).
♦ Teams are expected to research sources beyond the required readings and website information.
♦ This assignment will challenge members to work with each other’s learning and participation styles so that presentation & paper reflect relevant information.
♦ Utilize creative methods of instruction; stimulate discussion with (for example): Lecture & visuals combined with interactive and hands-on methods. This is an opportunity to practice facilitation and teaching skills.
♦ The study group will receive a grade as a whole for the presentation and paper.

GROUP PAPER:
The group paper is due one week after the presentation. It will clearly and succinctly summarize the cultural focus area and provide an analysis as described in number 4 & 5 below.

SEMINAR PRESENTATION:
The presentation should clearly and succinctly focus on the following areas:

1. Overview of the diagnostic category.
   a. Provide an overview of the diagnostic category & the specific diagnoses it covers.
   b. Select two-three specific diagnoses under the category and provide a clear, succinct description of:
      i. The disorder diagnostic criteria & features
      ii. Development & course
      iii. Culture related issues
      iv. Risk & prognostic factors
      v. Prevalence, gender-related issues, or other consequences
      vi. Diagnostic markers
      vii. Comorbidity and other factors as appropriate.
   c. How is this specific DSM-5 diagnosis category different or similar to the DSM-IV-TR?
d. Recording Procedure: Provide an example of how to write the differential diagnosis using the DSM-5 coding and the ICD-10-CM or F codes.

2. Use of Cross-Cutting Symptom Measures
   a. How can it be helpful?
   b. What are the limitations?

3. What are the current evidence-based, best practice treatments and their efficacy for the specific disorders selected.

4. Culture and Behavioral Health: Each group will select a specific cultural group (e.g. gays & lesbians, veterans, ethnic or cultural groups such as: Cambodians, Chinese, Filipino, Hawaiians, military, Samoans, Vietnamese, etc.); research and discuss the following:
   a. What is the culture’s general perspective/attitudes about physical, mental and spiritual well-being (mental illness or other behavioral health issues)?
   b. How does the cultural group treat or use traditional healing practices in regard to behavioral health issues?
   c. Can DSM-5 diagnoses be used to support clients within the context of their cultures? Why? How?

The following questions may be helpful in guiding your research:
- What are the culture’s values and beliefs about health and mental health? How do these values and beliefs function as strengths in the client’s system? Or mediate wellbeing?
- Are there any historic, geopolitical factors that need to be considered in developing a plan for wellbeing?
- Who are the key family, social network, and community people that may be collaborated with in times of crisis or when an individual is experiencing mental illness?
- What are some of the culture’s specific healing practices? Can they be integrated with compatible Western interventions? How?
- How would you evaluate treatment (e.g. integrated western and culturally traditional intervention) effectiveness?

5. Analysis/Summary
   1) Provide an analysis and summary of what practitioners need to be aware of in developing assessments and treatment plans for individuals using the DSM-5.
   2) And discuss your recommendations for developing contextually and culturally competent assessments and interventions.

♦ Presentation time: Approximately 1.5 hours, with time for discussion and questions.
   Develop a stimulating, useful presentation.
♦ Handouts: Develop a clear, succinct, useful handout for your colleagues.
SW724 – ASSIGNMENT 3: MOTIVATIONAL INTERVIEWING

Videotaped Motivational Interviewing & Self Evaluation Assignment

Tapes are due on **November 12th** for peer review & due to the instructor with the Self-Evaluation Paper on **November 19, 2014**.

Objectives:
1. To develop effective, empathic interviewing skills
2. To learn the principles of Motivational Interviewing
3. To promote the student’s self-awareness in interviewing
4. To develop interviewing skills that aid data collection and assessment

Logistics:
- Use or DVD or flash stick to record your interview. Label it with your name.
- The visual & audio must be clear (without extraneous noises). Interviews that are not audible will constitute a failing grade.
- **In the interview, focus on use of the general principles of MI skills:** 1) Expressing empathy with skillful reflective listening, 2) Developing discrepancy, 3) Rolling with resistance, and 4) supporting self-efficacy.
- **Keep your interview time 5-10 minutes.**
- **Your interview may be shown in class.** In addition to the instructor’s evaluation, this is an opportunity to receive constructive consultation from peers. **Interviews are not expected to be perfect.**

INTERVIEWING GUIDELINES:
- Prepare the interviewee to discuss an issue he/she is ambivalent about or struggling with. **(A real issue, not a role play; however, should not be a sensitive or confidential topic)**
- Identify the setting (agency, outreach, etc.), your role (agency worker, intake worker, etc.), and the context.
- Provide informed consent.
- After the interview, **debrief** with the interviewee how the interview went. Incorporate this feedback into your self-evaluation.

WRITTEN SELF-EVALUATION
- 1-page maximum **self-evaluation of your interviewing skills** at the present time. As you review the interview, answer the following:
  1. What dynamics stood out about the between yourself and the client?
  2. What are some of your interviewing strengths?
  3. What areas need improvement? What is your plan for improvement?

GRADING: Evaluation criteria for grading will include the degree to which you utilized Motivational Interviewing principles and the self-evaluation.
SW724 FINAL ASSIGNMENT:
CLIENT-CENTERED, MULTI-SYSTEMIC BEHAVIORAL MENTAL HEALTH ASSESSMENT

Client-centered, competency/strengths-based, bio-psycho-socio-cultural-spiritual Assessment

I. In collaboration with your field instructor, select an individual at your current practicum site who could benefit from a competency-based assessment. Observe all the elements of confidentiality; use a fictitious name for the client. If you are not at a practicum site, discuss with the instructor how you will locate a “client/consumer”.

II. Develop a client-centered, recovery-oriented, competency-based assessment that integrates the client’s socio-cultural-spiritual context, strengths, resources, gender-context, GLBT, and psychiatric/psychosocial data base to address the client’s needs and expectations for recovery and wellbeing. Collaborate with the consumer/client and utilize contacts with family, social network, community and interdisciplinary resources to develop a flexible, well-formulated healing/recovery plan.

III. The assessment should clearly and succinctly document and answer the following:

A. Agency or context of the client is being assessed.
B. The Bio-psycho-social Data Base (Limit to 1-1½ page max) This should provide the historic & current overview of the individual’s behavioral health from the agency perspective:

(Refer to the Ward, Peskind, Ries & Raskind “Data Base” handout, & Graybeal)
1. Identifying Data: Date of birth, gender orientation, ethnicity or cultural identification
2. BMH History: Medical History including medications; substance use/abuse; family medical and psychiatric history; brief developmental and social history; legal/violence history; mental status exam brief summary; DSM-5 diagnosis or DSM-IV-TR five axis diagnosis (if available).

C. The Client/consumer’s Socio-Cultural-Spiritual Context & Areas of identified need (refer to Graybeal)

Describe the following:
1. The client’s cultural context (i.e. values, traditions, spiritual beliefs, economic, environmental, and other factors).
2. Potential community supports to sustain the client in his/her community
3. Client’s concerns, needs and expectations.

D. Assessment of Client/consumer’s Strengths & Readiness: Abilities, interests, hopes, desires, sources of meaning, successes, coping ability, resources, challenges, (Graybeal - ROPES) etc.

Describe:
1. The client’s specific characteristics, behaviors, skills, motivation, attitudes and other areas of strength and competency, provide examples.
2. How well the client currently meets her/his needs (functioning level).
3. How her/his strengths can be supported and further developed.

E. **Action/Recovery Plan** based on analysis in collaboration with the client:
   1. **Goals**: What are the specific objectives, actions and outcomes the client identifies as immediate goals and needs? Mid-range goals and needs? Long-term goals and needs?
   2. **Plans**: What are the specific, culturally relevant, creative interventions the consumer is motivated and committed to engage in? (e.g. non-western, client-user-friendly, cultural, land-based, gender specific interventions)

**Timeline**: What’s a flexible and accountable timeline for this client’s plan?

F. **Evaluation Plan**: Describe the evaluation plan for client’s progress:
   1. What are the agreed-upon indicators of progress? How will the client keep track of improvement in wellbeing?
   2. How often does the client want or need direct support/summary sessions?
   3. What are some biases to be aware of (e.g. inherent to western paradigms of mental illness) in the treatment of the culturally diverse (racial, ethnic, gender, orientation)? How are these biases being alleviated?

IV. Conclude with a self-assessment: What are your challenges as the facilitator? How will you attend to your own biases? Your needs?

- **6-8 page maximum, single spaced** with double space between paragraphs
- **Observe confidentiality of your client’s identity i.e. change his/her name or other identifying information**
- **Cite references and sources of information e.g. Interview and observation of client, existing case record, family or social network, etc.**