

THIRD EDITION

# Mental Health in Social Work

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A Casebook on Diagnosis and  
Strengths-Based Assessment

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# Preface

*Mental Health in Social Work: A Casebook on Diagnosis and Strengths-Based Assessment* is a graduate level textbook that will help students and professionals learn to understand clients holistically as they proceed with the assessment and intervention process. A major purpose of *Mental Health in Social Work* is to familiarize readers with the *American Psychiatric Association's Diagnostic and Statistical Manual* (DSM) classification of mental disorders (APA, 2013). The primary reasons that social workers need to become conversant with the DSM are the following: (1) to offer clients appropriate referrals and treatment; (2) to communicate effectively with other mental health professions; and (3) to be eligible for third-party reimbursement.

While gaining competence in DSM diagnosis, the reader is also taught to maintain a critical perspective on the various DSM diagnoses and the medical model as promulgated through the DSM. The field of social work has a focus not just on the individual, but on the person within an environmental context, and concerns itself with strengths as well as problems. Additionally, social work has a traditional commitment to socially diverse populations. Because the DSM is limited in these areas, *Mental Health in Social Work* includes the biopsychosocial risk and resilience perspective, which takes into account both risks and strengths at the individual and environmental levels. Each chapter then explores the relevant risk and protective influences for each disorder, highlighting some of the particular risks for special populations, including children, women, the elderly, people of color, people with disabilities, LGBTQ people, and those from low socioeconomic strata.

Another emphasis in *Mental Health in Social Work* is evidence-based treatment, a movement in social work and various other health and mental health disciplines. The meaning of evidence based practice can be debated (Norcross, Beutler, & Levant, 2006), but has been generally defined as the prioritization of research evidence when social workers consider how to best help clients. However, client preferences and available resources must also be part of the process of clinical judgment in addition to research studies (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). In considering the hierarchy of evidence, whenever possible we rely on systematic reviews and meta-analyses, which are considered “first-line evidence” (Petticrew & Roberts, 2006). These systematic reviews aim to comprehensively locate and synthesize the treatment outcome literature in a particular area. If the review lends itself to combining the results of primary studies in a quantitative way, then it is referred to as meta-analysis (Littel, Corcoran, & Pillai, 2008). From these reviews of the literature, *Mental Health in Social Work* presents treatment guidelines for each disorder covered in the book.

The learning in *Mental Health in Social Work* primarily occurs through a case study method. Case-based learning developed in the field of business (Barnes, Christensen, & Hansen, 1994), and problem-based learning found its origin at the McMaster University Medical School in Canada (Barrows, 1986), but these pedagogical methods dovetail in their use of cases as teaching tools for analysis, application, and decision-making (Naumes & Naumes, 2012).

The field of social work has a long history of relying on “practice wisdom.” Practice wisdom is an inductive way of learning in which experience working in the field and through multiple observations leads a worker to derive principles for approaching certain types of cases and situations. Using classroom-based cases involves both deductive—the application of theory and principles to class content (top down)—and inductive (bottom up) methods (Harkrider et al., 2013; Naumes & Naumes, 2012).

In *Mental Health in Social Work* students are asked to respond to cases in each chapter, which have been selected to represent the diversity of people with whom social workers intervene. Each chapter in *Part Two: DSM-5 Categories* contains a chapter case study as well as end-of-chapter “Reflect and Reply” cases. A template for formulating diagnoses for the chapter case studies is pro-

vided in Appendix A. In addition, each chapter case study provides “Questions to Consider” to help you formulate the DSM-5 diagnoses, and answers to those questions are provided in Appendix B. Appendix C provides a template for the multipart diagnosis, assessment, goal setting and treatment planning plan, and critical critique for the “Reflect and Reply” end-of chapter cases, and the Instructor’s Manual provides the answers to these. Instructors can choose their own way of using the cases, but typically they are formulated in class by small groups, for individual homework, or used as a way to evaluate student performance. Note that in order to complete the diagnosis in each case, readers must access a copy of the DSM–5.

### **New to This Edition**

This third edition has the following updates and additions:

- New chapters on obsessive-compulsive disorder (Chapter 9) and post-traumatic stress disorder (Chapter 10) have been added to align with the DSM–5.
- A new chapter on gender dysphoria has been added (Chapter 14).
- Many chapters now include boxes that discuss how socially diverse populations are affected by the disorders discussed in the respective chapters.
- “Questions to Consider” for making a DSM diagnosis have been added for each chapter case study. Suggested answers for those questions are provided in Appendix B.
- The templates for end-of-chapter “Reflect and Reply” cases have been updated for better ease of use.
- Research and studies have been updated.
- References have been updated.

In summary, this book takes a case study approach, with students applying evidence-based information on mental disorders to build their social work competency in terms of assessment and treatment of mental illness.

### **Acknowledgments**

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