



USC | School of Social Work

Social Work 645

Clinical Practice in Mental Health Settings

Sections: 67490 and 67491

3 Units

May 17 – August 23, Summer 2014

Instructor:	Samuel Prentice, Jr., LCSW		
E-Mail:	seprenti@usc.edu*	Course Day:	Saturday
Telephone:	714-535-5224 no text* *(when contacting me always state your own personal class name and the class title/time)	Course Time:	8:00-- 9:15 AM PST (67490) 9:45 –11:00 AM PST (67491)
Office Hours:	BY APPOINTMENT: PHONE OR VAC		

I. COURSE PREREQUISITES

Second year standing

II. CATALOGUE DESCRIPTION

Social work processes from intake to termination; emphasis on clinical skills required for social work practice in a broad spectrum of mental health settings. Required for students in Mental Health concentration.

III. COURSE DESCRIPTION

This course builds on previous practice courses. Knowledge regarding life cycle issues and developmental theory will be applied to practice with mental health service populations. Skills in working

with individuals and their support systems will have a new application specifically to mental health services clients. Core concepts of relationship, the therapeutic alliance, problem solving, and the phases of treatment are applied to common mental health disorders. Within a bio-psycho-social, ecosystemic frameworks, specific interventions with varying theoretical bases are examined for appropriate treatment of clients with common presenting disorders. These interventions include body, brain, mind (neurobiological, sensory motor) treatment, psychodynamic treatment (particularly self-psychology, object relations, and the relational school, ego psychology, attachment-based interventions), interpersonal treatment, cognitive and behavioral treatment, trauma-focused and the expressive therapies. Evidence-based and empirically-based treatments will be addressed.

Students will learn how to treat clients from diverse groups often seen in urban mental health settings, including persons evidencing anxiety disorders, trauma related disorders, depression, phobia, eating disorders, psychoses, and personality disorders. We will address practice implications of work with culturally diverse, client groups with respect to race, ethnicity, class, gender, sexual orientation, religion, and age, as they apply to issues in clinical practice. The continuum of care will be applied to clinical interventions with emphasis on the outpatient experience for adults. The impact of social injustice on those seeking mental health services, and the effects of stigma will be examined. Content will be applied to work in mental health settings. We will discuss the effects of working with highly distressed clients on the worker, and the value base of service providers.

IV. COURSE OBJECTIVES

The Clinical Practice in Mental Health Settings course (SOWK 645) will:

Objective #	Objectives
1	Help students use their knowledge of explanatory theories of human behavior to enhance clinical skill in accurate assessment of mental health clients coping with their often complex social situations, particularly in multicultural, urban environments such as Los Angeles, including: a) Psychosocial implications of mental illness, or handicapping mental or emotional conditions on clients and their support systems, b) Psychosocial development and personality functioning of the client & support systems, c) Client use of mental health care, reasons why and why not, d) Influence of race, ethnicity, social class, gender, age, and religion on individuals and their support systems, and e) Familiarity with social work values and ethics pertaining to the use and misuse of the DSM 5 diagnostic entities, particularly with reference to issues of culture, gender, class, race, age, religion, and physical ability.
2	Increase students' understanding of the use of the worker/client relationship and the working alliance with individuals and their support systems from a variety of cultures, classes, race, and ages. Help students to understand their own feelings, values, experiences, and culture as these enhance or detract from a helping relationships with clients, staff colleagues, and others. Also help students understand the feelings, values, experiences, and culture, of the individual client, and their significant others as these influence positive motivation or resistance in the treatment relationship.
3	Facilitate students' ability to apply various practice theories (building on first year content) toward developing competence in intervening in beginning, middle, and ending phases of treatment. Share knowledge of interventions that have been supported by research as being effective with mental health problems. Explain the strengths and limitations of empirically supported interventions in working with culturally diverse groups of people with mental health problems. Demonstrate the process of evidence based practice and its application to mental health populations.

Objective #	Objectives
4	Promote students' development of competence in practice skills (informed by research findings) across the continuum of care for work with those presenting common mental health problems evidenced in clients living in multicultural, and complex, urban environments, and particularly Los Angeles. Increase students' understanding of practice in urban, multicultural mental health settings, and the leadership role of the social worker in cooperative, and team activities.
5	Help students demonstrate their identity as social workers, with clarity about the social work domain, values, ethics, clinical privileges, and responsibilities. Promote leadership skills by increasing students' ability to identify and take a position on philosophical and ethical dilemmas and legal issues confronting self, client groups, and staff in the mental health care system.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

A combination of lecture and experiential format will be utilized in this class in order to highlight process and to build skills in a variety of practice modalities. We will be discussing some readings through reading groups. Simulated interviews, case examples, DVDs, films, and structured class exercises will accompany lectures and assigned readings. Students will have an opportunity to consult with the professor and the class on particular cases held in the field through experiential exercises and class discussion. (Confidentiality is always observed.)

VI. STUDENT LEARNING OUTCOMES

Student learning for this course relates to one or more of the following ten social work core competencies:

	Social Work Core Competencies	SOWK 645	Course Objective
1	Professional Identity	*	5
2	Ethical Practice	*	5
3	Critical Thinking	*	2 & 3
4	Diversity in Practice	*	1-3
5	Human Rights & Justice		
6	Research Based Practice	*	1-4
7	Human Behavior	*	1
8	Policy Practice		
9	Practice Contexts	*	1-5
10	Engage, Assess, Intervene, Evaluate	*	1-5

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p>Professional Identity—Identify as a professional social worker and conduct oneself accordingly.</p> <p>Social workers competent in Professional Identity:</p> <ul style="list-style-type: none"> ▪ Serve as representatives of the profession, its mission, and its core values. ▪ Know the profession’s history. ▪ Commit themselves to the profession’s enhancement and to their own professional conduct and growth. 	1. Advocate for client access to the services of social work.	Midterm Assignment
	2. Practice personal reflection and self-correction to ensure continual professional development.	<p>Final Paper Class Discussion, Exercises & Reading Cards</p>
	3. Attend to professional roles and boundaries.	
	4. Demonstrate professional demeanor in behavior, appearance, and communication.	
	5. Engage in career-long learning.	Class Discussion
	6. Use supervision and consultation.	<p>Final Paper Class Discussion, Exercises</p>
<p>Ethical Practice—Apply social work ethical principles to guide professional practice.</p> <p>Social workers competent in Ethical Practice:</p> <ul style="list-style-type: none"> ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law. 	7. Recognize and manage personal values in a way that allows professional values to guide practice.	<p>Midterm Paper Final Paper Class Discussion & Reading Cards</p>
	8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics.	
	9. Tolerate ambiguity in resolving ethical conflicts.	<p>Class Discussion, Exercises, Reading Cards</p>
	10. Apply strategies of ethical reasoning to arrive at principled decisions.	<p>Midterm Paper Final Paper Class Discussion, Exercises</p>
<p>Critical Thinking—Apply critical thinking to inform and communicate professional judgments.</p> <p>Social workers competent in Critical Thinking:</p> <ul style="list-style-type: none"> ▪ Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. ▪ Use critical thinking augmented by creativity and curiosity. ▪ Understand that critical thinking also requires the synthesis and communication of relevant information. 	11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.	<p>Midterm Paper Final Paper Class Discussion, Reading Cards, Exercises</p>
	12. Analyze models of assessment, prevention, intervention, and evaluation.	
	13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.	

<p>Diversity in Practice—Engage diversity and difference in practice.</p> <p>Social workers competent in Diversity in Practice:</p> <ul style="list-style-type: none"> Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. 	<p>14. Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.</p>	<p>Midterm Paper Final Paper, Class Discussion, Exercises, Reading Cards</p>
	<p>15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.</p>	
	<p>16. Recognize and communicate understanding of the importance of difference in shaping life experiences.</p>	
	<p>17. View themselves as learners and engage those with whom they work as informants.</p>	<p>Class Discussion, Exercises</p>
<p>Research Based Practice—Engage in research-informed practice and practice-informed research.</p> <p>Social workers competent in Research Based Practice:</p> <ul style="list-style-type: none"> Use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. 	<p>18. Use practice experience to inform scientific inquiry.</p>	<p>Midterm and Final Assignment, Lecture, Class Discussion, Exercises</p>
	<p>19. Use research evidence to inform practice.</p>	<p>Class Discussion, Lecture, Final Assignment, Exercises In Class, Reading Cards, Midterm Assignment</p>

<p>Human Behavior—Apply knowledge of human behavior and the social environment.</p> <p>Social workers competent in Human Behavior:</p> <ul style="list-style-type: none"> Are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. 	<p>20. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation.</p>	<p>Midterm, Final, Exercises, Class Discussion, Reading Cards</p>
	<p>21. Critique and apply knowledge to understand person and environment.</p>	
<p>Practice Contexts—Respond to contexts that shape practice.</p> <p>Social workers competent in Practice Contexts:</p> <ul style="list-style-type: none"> Are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. 	<p>22. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.</p>	<p>Midterm, Final, Exercises, Class Discussion, Reading Cards</p>
	<p>23. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.</p>	<p>Class Discussion, Reading Cards, Exercises</p>

<p>Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities.</p> <p>Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities.</p> <ul style="list-style-type: none"> Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals Using research and technological advances Evaluating program outcomes and practice effectiveness Developing, analyzing, advocating, and providing leadership for policies and services Promoting social and economic justice 	<p>24. Engagement:</p> <p>Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities.</p> <p>Use empathy and other interpersonal skills.</p> <p>Develop a mutually agreed-on focus of work and desired outcomes.</p>	<p>Class Discussion, Midterm, Final Assignment, Exercises, Reading Cards, Lectures</p>
	<p>25. Assessment:</p> <p>Collect, organize, and interpret client data.</p> <p>Assess client strengths and limitations.</p> <p>Develop mutually agreed-on intervention goals and objectives.</p> <p>Select appropriate intervention strategies.</p>	<p>Midterm, Reading Cards, Exercises, midterm</p>
	<p>26. Intervention:</p> <p>Initiate actions to achieve organizational goals.</p> <p>Implement prevention interventions that enhance client capacities.</p> <p>Help clients resolve problems.</p> <p>Negotiate, mediate, and advocate for clients.</p> <p>Facilitate transitions and endings.</p>	
	<p>27. Evaluation: Critically analyze, monitor, and evaluate interventions.</p>	

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Reading Summary/Self-Reflection	13 Weekly	20%200Points
Assignment 2: Reflective Journal	Week 7	35%350Points
Assignment 3: Library Research Presentation	Weeks 12, 13, 14, 15	36%360Points
Class Participation	Weekly	9% 90Points

TOTAL: 100% 1000Points

EACH OF THE MAJOR ASSIGNMENTS IS DESCRIBED BELOW:**ASSIGNMENT 1: Reading Card Summary/Self-Reflections****DUE: 24 hours PST before class (200 POINTS)**

This assignment is applying the readings to YOU. Minimum 500 Words/Non APA: Assigned Reading 250 Words Summary of some key ideas that you learned (8 points), & 250 Words Reflection and Application to your own personal life experience and practice (8 points). One Weekly Summary of the Noted Required Reading is required for each of 12 units. This assignment is due beginning Unit 2 and goes through the end of the semester excluding the Midterm/Unit 7 and Final Class/Unit 15. 12 summaries @ 16 Points each; 1 Introductory Summary in Class on Unit 1 @ 8 Points. *This assignment relates to student learning outcomes 1 and 2.*

ASSIGNMENT 2: Reflective Journal DUE: June 28, 2014, 11:59PM PST (350 POINTS)

This assignment is about YOU. Select a piece from the literature list at the back of this syllabus. Relate themes addressed in the book and how they tie into mental health issues and practice. Discuss your impressions of the piece holistically, mental health issues that come up in the book, your assessment of the main issues, how you might address these issues as a mental health social work practitioner, issues in countertransference for you and with whom you identified the most in the novel, applying material we have covered in class. In addition, please comment on thoughts and feelings you have throughout the course and on cases held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and the book you select from this literature list. HOW DOES THE WORK AFFECT YOU AS A CLINICIAN and AS A HUMAN BEING? This is an integrative assignment. Do not forget to draw the paper together into a cohesive whole. (Minimum 10 pages/2500 words, non-APA, 12 pt. Times Roman). *This assignment relates to student learning outcomes 1 & 2*

ASSIGNMENT 3: Library Research Presentation DUE: August 2, 9,16, 23 in Class (360 POINTS)

This assignment is about a mental health topic of your choosing: it is a library research twenty (20)minute audio/visual presentation and demonstration with documentation in which you will examine a particular mental health problem, or vulnerable population with a Case Study example. Examine a treatment model for the mental health problem including referral issues, engagement, bio-psycho-social assessment and diagnosis, contracting, core/middle phase, include issues of the working alliance, transference and countertransference as they may apply to treatment termination, aftercare, and evaluation of practice. Discuss your role as a social work clinician, how this role may correlate and differ from other service providers, plus diversity, core values and ethics including social justice. Application to the Case Study should be demonstrated throughout each topical area. Be sure to use APA citation style and use of introductions, subheadings, conclusions, etc. with 20 minute class presentation. See attachment at end for further detail. *This assignment relates to all learning outcomes*

CLASS PARTICIPATION (90 POINTS) 15 Classes @ 6 Points each. Final Class: 16 Points

Evaluation of class participation includes quality as well as frequency of participation, including active listening and engagement, discussion, on time attendance, and quality of involvement in experiential exercises. Please come to class ready to discuss readings and their application to practice. Regular participation in class is an expectation of this class. Please notify me of your absence in advance.

IMPORTANT: ALL ASSIGNMENTS ARE EXPECTED TO BE SUBMITTED AT THEIR DUE DATES/TIMES. IF YOU ARE HAVING DIFFICULTY MEETING THAT DATE/TIME, PLEASE NOTIFY ME IN ADVANCE TO DISCUSS THE CIRCUMSTANCES. ANY SUBMISSION WITH OUT ADVANCED NOTICE WILL BE SUBJECT TO 10 % POINT REDUCTION.

Guidelines for Evaluating Participation Including Participation in Experiential Exercises

10: Outstanding Contributor: Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on target behavior in role plays, small group discussions, and other activities.

9: Very Good Contributor: Contributions in class reflect thorough preparation and frequency is participation is high. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role plays, small group discussions, and other activities.

8: Good Contributor: Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role plays, small group discussions, and other activities.

7: Adequate Contributor: Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role plays, small group discussions, and other activities.

6: Inadequate: This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

5: Non-Participant: Attends class only.

0: Unsatisfactory Contributor: Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable air-time would be saved. Is unable to perform exercises and detracts from the experience.

A note on lap top computer usage in class: Recently, there have been instances of some students checking email, cruising the net, playing computer games, etc. There is never an excuse for this activity. If you understand the discussion or lecture, you need to be asking further questions, giving examples, writing marginal notes to yourself, practicing active listening, or otherwise deepening your knowledge of the material in some way. If I suspect that there is inappropriate computer usage going on, you are not

consciously active, and therefore, not present in class. The involved student will receive a zero for the day and be marked as absent. Absences accrue on your letter grade and on the class participation grade. If this behavior occurs more than once, it will affect your final grade by as much as one letter grade dropped, e.g., a B becomes a C. Computer usage will be lost for the duration of the course.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Please note that readings are available on ARES. Many can be pulled off the internet. While some of our readings are cutting edge, others are classics in the field. Further readings are optional and are given for each session. You may elect to complete them following the required readings. Weekly readings are starred. Do a reading summary on 1 reading each week but read everything that is listed under required reading. We will be covering some of the same material repeatedly, in the required texts and the DSM 5, so that the student will be exposed to multiple sources of information. Please be aware that the DSM is not a theoretically driven text; rather, it is a manual of classification (as is the ICD 10 which codes are in parentheses next to DSM codes). Inter-rater reliability remains low for the DSM; thus, we will be teaching diagnostic classification as only one part of bio-psycho-social-spiritual assessment.

Required Priority Textbooks

.Austrian, S. (2005). *Mental disorders, medication and clinical social work* (3nd ed.). New York, NY: Columbia University Press.

Badenoch, B. (2008). *Being a brain-wise therapist*. New York, NY: Norton.

Barlow, D.H. (5th ed.). (2008). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. . New York: Guilford.

Required Optional Textbooks

American Psychiatric Association. (2013). *The DSM 5*. Arlington, VA, APA press

Brisch, K. (2012). *Treating attachment disorders from theory to therapy*. New York, NY: Guilford Press.

Solomon, M., & Siegel, D. (2003). *Healing trauma: Attachment, mind, body & brain*. New York, NY: Norton. Weekly Readings for Reading Card Summaries are noted,

Recommended Textbooks

Gaw, A. (1993). *Culture, ethnicity, and mental health*. Washington, DC: APA Press.
(Instructor Note: Or latest version.)

Note: Please note that some readings are available on ARES, but not the required priority textbooks. Weekly Readings for Reading Card Summaries are noted, while additional readings are optional and are given for each session. Some of our readings are cutting edge, while others are classics in the field.. Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Schedule—Detailed Description

Part 1: Introduction

Unit 1: Prevention of Mental Disorders

5/17/14

Topics

- The continuum of care: Concepts, educative and preventive techniques
- Primary prevention versus secondary and tertiary models
- Anticipatory intervention and situational stress, stress reactions, and treatment (review)
- Prevention practice skills with individuals and their support systems
- Issues of diversity and social injustice in mental health treatment
 - ▼ Who gains access to help, where, when, and how
- Ethics & values in social work
- Giving a mental status exam

This Unit relates to course objectives 1a, 1c, 1d, 1e, 5, and 7.

Readings of Interest

Note: Read your entire course outline.

Cuijpers, P., Van Straten, A., & Smit, F. (2005). Preventing the incidence of new cases of mental disorders. *Journal of Nervous and Mental Disease*, 193(2), 119-125.
(Instructor Note: No card-skim. Required weekly reading.)

Handout on culture-bound syndromes and self assessment on prevention.
(Instructor Note: Required weekly reading.)

Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, R. J., Bullard, K. M., ... Jackson, J. S. (2007). Race, ethnicity, and the use of services for mental disorders. *Archives of General Psychiatry*, 64, 485-494.

Simons, R. (1993). Culture bound syndromes. In A. Gaw (Ed.), *Culture, ethnicity, and mental illness* (pp. 75-94). Washington, DC: APA Press. Recommended

Vega, W. A., Karno, M., Alegria, M., Alvidrez, J., Bernal, G., Escamilla, M., Loue, S. (2007). Research issues for improving treatment of U.S. Hispanics with persistent mental disorders. *Psychiatric Services*, 58(3), 385-394.

DSM 5, 833-837.

Part 2: Clinical Practice with Adult Individuals: Implementation of DSM V Skills; Assessment, and Evidence-Based and Empirically Supported Treatment Interventions

Unit 2/Unit 3: Treating Anxiety Disorders: GAD, panic disorders, Phobia, Compulsive, and Somatoform Disorders: Use of Supportive Treatment, CBT, Systematic Desensitization / Behavioral Interventions, Mindfulness Meditation 5/24/14 and 5/31/14

Topics for Unit 2:

- Differential manifestation of anxiety disorders across cultural & gender lines, issues in practice,
- Taking a mental status examination
- Assessment of anxiety in differing disorders, diagnosis of anxiety states, a review
 - ▼ Cultural implications of assessing and treating anxiety (see culture-bound syndromes handout)
- Overview of Treatment planning & interventions for clients with anxiety disorders, psychophysiological involvement, and individuals with obsessive-compulsive disorders
 - ▼ Use and abuse of DSM V, Best practice models
 - ▼ Cognitive Behavioral Treatment
 - ▼ Systematic desensitization
 - ▼ Sensory motor psychotherapy, a body, brain, mind approach to treatment
 - ▼ Supportive treatment, mindfulness meditation
 - ▼ Building the Therapeutic Alliance: Introduction to Self Psychology
- The continuum of care; outpatient care
- Experiential exercise: assessment & treatment planning, the case of Jay, break out groups
- Effects on the worker & countertransference issues
- A cultural twist to the case of Jay

This Unit relates to course objectives 1-5.

Required Readings for Unit 2 5/24/14

Austrian, S. (2005). Introduction; Anxiety disorders; and Epilogue. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 1-9, pp. 10-29, pp 270-272). New York, NY: Columbia University Press. **Instructor Note: Unit 2. Required weekly reading. Do reading card for unit 2 on this reading.**

Craske, M. & Barlow, D. (2008). Panic disorder and agoraphobia. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 1-60

Badenoch, B. (2008). The brain's flow. In *Being a brain-wise therapist* (pp. 23-41). New York, NY: Norton.

Newman, M. G., & Stiles, W. B. (2006). Therapeutic factors in treating anxiety disorders. *Journal of Clinical Psychology*, 62(6), 649-659.

DSM 5, Anxiety Disorders, 189-197.

Recommended Readings for Unit 2

Zimmerman, M. (1994). Mental Status Exam. In *Interview guide for evaluating DSM IV Psychiatric Disorders and the Mental Status Exam* (pp. 120-124). Philadelphia, PA: Psych Products Press.

- Baez, A. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. *American Journal of Orthopsychiatry*, 71(4), 408-415.
- Gelso, C., & Carter, J. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Consulting and Clinical Psychology*, 41(3), 296-306. (Instructor Note: Classic.)
- .Elson, M. (1986). Transference and countertransference. In *Self psychology and clinical social work* (pp. 67-76). New York, NY: Norton: (Instructor Note: Classic.)
- Greenberg, L. (1994). What is real in the relationship? Comments on Gelso and Carter. *Journal of Consulting and Clinical Psychology*, 41(3), 307-309. (Instructor Note: Classic.)
- Hill, N. R., & Beamish, P. M. (2007). Treatment outcomes for Obsessive-Compulsive Disorder: A critical review. *Journal of Counseling and Development*, 85(4), 504-510.

Topics of Unit 3 This Unit relates to course objectives 1-5.

- Phobias, assessment, diagnosis, and treatment
 - Systematic desensitization
- The case of Jay, class exercise: Case analysis. Part I and II: building a comprehensive treatment plan

Required Readings for Unit 3 **5/31/14**

- Badenoch, B. (2008). The relationship between brain and mind; Attachment In *Being a brain-wise therapist* (pp. 42-75). New York, NY: Norton. **Instructor Note: Unit 3. Required weekly reading. Do reading card for unit 3 on this reading.**
- Brisch, K. (2012). Attachment disorders in adults, panic and agoraphobia. In *Treating attachment disorders from theory to therapy* (pp. 219-228). New York, NY: Guilford Press.
- DSM 5, 197-233.
- Austrian, S. (2005). Somatoform & fictitious disorders. In *Mental disorders, medication and clinical social work* (2nd ed., pp. 59-71). New York, NY: Columbia University Press. (Instructor Note: Unit 3.)

Topics for Unit 4

- Anxiety in relation to PTSD & dissociative disorders: The function of the defensive system, stress reactions vs. PTSD
- Populations at risk: The sexually and physically abused, war survivors, rape survivors, holocaust survivors, cult survivors. The frequency of trauma history in clients.
- Cultural, gender, and age variability in response to treatment: What we encounter in Los Angeles & the US.
- Trauma and the brain, issues in practice: Working with traumatic attachment issues, neurobiological interventions, regulation of affect, self psychological techniques, expressive treatments, evidence-based treatments
- Phasing in treatment: Grounding, stabilization, reworking the trauma in the corrective emotional experience (connection, disruption & repair), supportive treatment, vs. flooding, suppression.
- Moral injury and recovery
- Effects on the worker, the continuum of care: secondary trauma of the worker.

This Unit relates to course objectives 1-5.

Required Readings session 4**6/07/14**

Resick, P., Monson, C., Rizvi, S. (2008). Post traumatic stress disorder. . In Barlow, D. (ed). Clinical Handbook of Psychological Disorders: A step-by-step treatment manual. New York: Guilford. - Pages 62-113. **INTERVIEW WITH SURVIVOR OF CLERGY SEXUAL ABUSE TRAUMA**
<http://www.scpr.org/programs/world/2014/01/15/2392/> Start at 5:50 and End at 13:40. **Instructor OPTION #1 Note: Unit 4 Required weekly reading. Do reading card for unit 4 on this reading and interview.**

OR

OPTION #2 Note: Unit 4 Required weekly reading. Do reading card for unit 4 on this Audio Visual Presentation Interview: COMBAT, PTSD AND FAMILY: Lt General Romeo Dalliere
<http://cir.usc.edu/events/2014/01/combat-family-a-colloquium-with-lieutenant-general-romeo-dallaire-ret>

Austrian, S. (2005). Dissociative disorders. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 72-89). New York, NY: Columbia University Press.

Neborsky, R. (2002). A clinical model for the comprehensive treatment of trauma using an affect experiencing-attachment theory approach. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 282-321). New York, NY: Guilford Press.

Ogden, P., Pain, C., & Fisher, J. (2006). A sensorimotor approach to the treatment of trauma and disassociation *Psychiatric Clinics of North America*, 29, 263-279.

DSM 5, 265-286

Recommended Readings

Meyer, W. (1993). In defense of long-term treatment: On the vanishing holding environment. *Social Work*, 38(5), 571-578.

Fosha, D. (2002). Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In Solomon, M., & Siegel, D. *Healing trauma* (pp. 221-282). New York, NY: Guilford Press.

Franco, M. (2007). Posttraumatic stress disorder and older women. *Journal of Women and Aging*, 19(1/2), 103-117.

Glass, N., Perrin, N., Campbell, J. C., & Soeken, K. (2007). The protective role of tangible support on post-traumatic stress disorder symptoms in urban women survivors of violence. *Research in Nursing and Health*, 30(5), 558-568.

Edmond, T., Sloan, L., & McCarty, D. (2004). Sexual abuse survivors' perceptions of the effectiveness of EMDR and Eclectic therapy. *Research on Social Work Practice*, 14(4), 159-272.

Topics for Unit 5

This Unit relates to course objectives 1-5.

- Using Evidence-based Expressive Treatments to access body, mind, and brain in beginning and middle phases of treatment.
- Art therapy, music therapy, writing therapy, the empty chair, sand
- Pairing expressive therapies with Evidence-based talk therapies in the middle phase.
- Using of CBT in the middle phase

Required Readings for session 5

6/14/14

.Badenoch, B. (2008). The healing power of Sandplay; Doing Art. In *Being a brain-wise therapist* (pp. 220-268). New York, NY: Norton. **Instructor Note: Unit 5 Required weekly reading. Do reading card for unit 5 on this reading.**

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press. We will re-read this reading later. Skim.

Recommended Reading

Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. *British Journal of Psychiatry*, 190, 97-104.

Colson, B. (1995). Nightmare help of traumatic survivors with PTSD. *Psychotherapy*, 32(3), 381-387. (Instructor Note: Classic.)

VanderKolk, B. (2002). EMDR and information processing in psychotherapy treatment. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 168-195). New York, NY: Guilford Press.

Topics for unit 6

- Overview of Depressive disorders
- Discerning the different & complex types of affective disorders: Clinical manifestations and diagnosis of unipolar and bipolar I & II disorder
 - ▼ Assessing dysthymic disorder, sub-clinical depressions, adjustment disorders, cyclothymic disorder, major depressive disorder, empty depression, and depression within personality disorders, bereavement, depression associated with PTSD
- Bio-psycho-socio correlates, impact of the urban environment; cultural & gender diversity:
 - ▼ The Los Angeles experience vs, different locales
- Depression versus bereavement: a different course of therapy
 - ▼ Differing treatment strategies for different types of depression
- Assessment for suicide and treatment for suicidal ideation
- Treatment planning & differential intervention strategies:
 - ▼ Psychodynamic, interpersonal therapy (IPT) and cognitive models (CBT), bereavement therapy, crisis intervention, the use of medication-update, short-term vs. longer term treatment
- Concomitant disorders & self medication:
 - ▼ Substance abuse, PTSD, personality disorders, eating disorders
- Effects on the worker

This Unit relates to course objectives 1-5.

Required Readings for unit 6**6/21/14**

Badenoch, B. (2008). The mutuality of the therapeutic relationship; Through the lens of diagnosis: Depression, anxiety, dissociation & addiction. In *Being a brain-wise therapist* (pp. 90-152). New York, NY: Norton. **Instructor Note: Unit 6 Required weekly reading. Do reading card for unit 6 on this reading.**

Baker, F. (2001). Diagnosing depression in African Americans. *Community Mental Health Journal*, 37(1), 31-38.

DSM 5, 123-188

Recommended Readings

Palombo, J. (1985). Depletion states and self object disorders. *Clinical Social Work Journal*, 13(1), 32-49 (Instructor Note: Classic.)

Austrian, S. (2005). Mood disorders. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 30-58). New York, NY: Columbia University Press.

Topics for unit 7

- Treating Grief and complicated Bereavement
 - Anniversary Depressions
 - Interpersonal Treatment
 - Expressive Treatments for Bereavement Recovery
 - Making use of the Client's cultural and religious values in treating bereavement
 - Screening for substance abuse
- This Unit relates to course objectives 1-5.

Required Readings for unit 7 6/28/14 Reflective Journal Due. No Reading Card.

Brisch, K. (2012). Depressive symptoms. In *Treating attachment disorders from theory to therapy* (pp. 97-105, 228-234 & 252-258). New York, NY: Guilford Press.

Higgins, S., Sigmon, S. & Heil, S. (2008). Drug abuse and dependence. . In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford,547-577.

De Mello, M. F., de Jesus Mari, J., Bacaltchuk, J., Verdeli, H., & Neugebauer, R. (2005). A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. *European Archives of Psychiatry and Clinical Neuroscience*, 255, 2, 75-82.skim.

DSM, 289, 789-792

Recommended Readings for Unit 7

Boss, P. (1999). Ambiguous loss: Living with frozen grief. *Harvard Mental Health Letter*, 16, 5 1292-1297.

Catalano, G. (2005). Bereavement, depression, and our growing geriatric population. *Southern Medical Journal*, 98(1), 3-4.

Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F., III. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association*, 293(21), 2601-2608.

Zisook, S., & Kendler, K. S. (2007). Is bereavement-related depression different than non-bereavement-related depression? *Psychological Medicine*, 37(6), 779-794.skim.

Topics for unit 8 This Unit relates to course objectives 1-5.

Cognitive Behavioral Therapy for mild to moderate depression

- The importance of relationship building when using CBT
- Methods of Assessment with CBT, going beyond identification of automatic thoughts
- Charting issues
- Challenging dysfunctional thoughts: methods to avoid blaming and scolding

■ Cognitive Interventions

■ Behavioral Interventions

Required Readings for Unit 8: 7/5/14

Instructor Note: Select your own reading for your reading card from the one of the readings below.

Bleiberg, K.& Markowitz, J. (2008).Interpersonal psychotherapy for depression. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 332-352.

Young, J.,Weinberger, A. & Beck, A. (2008).Cognitive therapy for depression. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 275-331.

Beevers, C. G., Wells, T. T., & Miller, I. W. (2007). Predicting response to depression treatment: The role of negative cognition. *Journal of Consulting and Clinical Psychology*, 75(3), 422-431.

Karasz, A., & Watkins, L. (2006). Conceptual models of treatment in depressed Hispanic patients. *Annals of Family Medicine*, 4(6), 527-533.

Givens, J. L., Katz, I. R., Bellamy, S., & Holmes, W. C. (2007). Stigma and the acceptability of depression treatments among African Americans and Whites. *Society of General Internal Medicine*, 22(9),

Recommended Readings for Unit 8

McBride, C., Atkinson, L., Quilty, L. C., & Bagby, R. M. (2006). Attachment as a moderator of treatment outcome in major depression: A randomized controlled trial of interpersonal psychotherapy vs. cognitive behavior therapy. *Journal of Consulting and Clinical Psychology*, 74(6), 1041-54.

Unit 9: Eating Disorders

7/12/14

Topics This Unit relates to course objectives 1-5.

- Completing a thorough diagnosis of eating disorders
- Examining the impact of our cultural ideals and acculturation issues
- Treatment regimens
- The containment of anxiety and depression; coexisting conditions:
 - ▼ Personality disorders; sexual abuse and PTSD
- Phasing in treatment with varying strategies, knowing the treatment protocol:
 - ▼ Stabilization & hospitalization, adjunctive treatments (family therapy, groups treatment, nutrition counseling)

Required Readings 7/12/14

Fairburn, C., Cooper, Z., Shafran, R. & Wilson, T. (2008). Eating disorders: A transdiagnostic protocol. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 670-702.

Instructor Note: Unit 9 Required weekly reading. Do reading card for unit 9 on this reading.

Bennett, S., & Dodge, T. (2007). Ethnic-racial differences in feelings of embarrassment associated with binge eating and fear of losing control. *International Journal of Eating Disorders*, 40(5), 454-459.

DSM 5, 329-354.

Recommended Readings

Chavez, M. & Insel, T. (2007). Eating disorders: NIMH perspective. *Am. Psychol*, 62, 3, 159-166.

Cummins, L. H., Simmons, A.M., & Zane, N. W. (2005). Eating disorders in Asian Populations: A critique of current approaches to the study of culture, ethnicity, and eating disorders. *American Journal of Orthopsychiatry*, 75(4), 553-574.

Hepworth, N., & Paxton, S. J. (2007). Pathways to help-seeking in bulimia nervosa and binge eating problems: A concept mapping approach. *International Journal of Eating Disorders*, 40(6), 493-504.

McIntosh, W., Jordan, J, Carter, F. A., Luty, S. E., McKenzie, J. M., Bulik, C. M., Joyce, P. R. (2005). Three psychotherapies for anorexia nervosa: A randomized controlled trial. *American Journal of Psychiatry*, 162(4), 741-47.

Unit 10/Unit 11/Unit 12/Unit 13: Personality Disorders**7/19/04, 7/26/04,
8/2/04 and 8/9/14****Topics for Unit 10** This Unit relates to course objectives 1-5.

- Over view of Personality disorders: Variability in gender and culture: what we see in Los Angeles and in the US
- Complex & co-occurring disorders, personality disorders in relation to trauma, anxiety, unipolar & bipolar depression
- Overview of Diagnosis, treatment planning & intervention
- Effects on the worker, values, on labeling of clients
- Continuum of care

Required Readings for Unit 10 **7/19/04**

Austrian, S. (2005). Personality Disorders (pp172-2090 In *Mental disorders, medication and clinical social work* (3rd ed.). New York, NY: Columbia University Press. **Instructor Note: Unit 10 Required weekly reading. Do reading card for unit 10 on this reading.**

Kraus, G., & Reynolds, D. (2001). The ABC's of cluster B's: Identifying, understanding & treating cluster B personality disorders. *Clinical Psychological Review*, 21(3), 345-373.

DSM, 645-684.

Recommended Readings for Unit 10

Goldstein, E. (2005). *Borderline Disorders*. New York, NY: Guilford Press.

Topics for Unit 11

- Treating Borderline Personality Disorder
 - Dialectical Behavioral Therapy,
 This Unit relates to course objectives 1-5.

Required Readings for Unit 11 **7/26/04**

Neacsiu, A, & Linehan, M., Borderline Personality Disorder. . In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 394-461. **Instructor Note: Unit 11 Required weekly reading. Do reading card for unit 11 on this reading**

Recommended Readings for Unit 11

Valliant, G. (1994). Ego mechanisms of defense and personality psychopathology. *Journal of Abnormal Psychology*, 103(1), 44-50.
(Instructor Note: Classic.)

Topics for Unit 12

- Treating Borderline Personality Disorder
 - Transference-focused Therapy
 - Clarification, confrontation, interpretation
 - Using non-neurotic countertransference
 - Dialectic Behavior Therapy
 - Schema TherapyAQ

This Unit relates to course objectives 1-5.

Required Readings for Unit 12

8/2/04

Badenoch, B. (2008). Grounding Therapy in the Right Brain, Listening to Family Histories and The Three Faces of Mindfulness In *Being a brain-wise therapist* (pp. 153-190). New York, NY: Norton.

Instructor Note: Unit 12 Required weekly reading. Do reading card for unit 12 on this reading.

Kellogg, S. H., & Young, J. E. (2006). Schema Therapy for Borderline Personality Disorder. *Journal of Clinical Psychology, 62*(4), 445-458.

Brisch, K. (2012). Borderline symptoms. In *Treating attachment disorders from theory to therapy* (pp. 241-246). New York, NY: Guilford Press.

Gunderson, J. G., Bateman, A., & Kernberg, O. (2007). Alternative perspectives on psychodynamic psychotherapy of Borderline Personality Disorder: The case of "Ellen." *American Journal of Psychiatry, 164*(9), 1333-1339.

Recommended Readings for Unit 12

Goldstein, E. (2001). Treatment of clients undergoing stressful life events. In *Object relations theory and self psychology in social work practice* (pp. 216-240). New York, NY: Free Press.

Topics for Unit 13

- Treatment of Narcissistic Personality Disorder
 - Transference-focused Therapy
 - Using non-neurotic countertransference
 - Connection, disruption, repair

This Unit relates to course objectives 1-5.

Required Readings for Unit 13

8/9/14

.Badenoch, B. (2008). Getting comfortable with the Brain; Patterning the internal work. In *Being a brain-wise therapist* (pp. 191-219). New York, NY: Norton. **Instructor Note: Unit 13 Required weekly reading. Do reading card for unit 13 on this reading**

Glickauf-Hughes, C. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy, 32*(2), 213-221.

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press. (Do your card on this reading)

Brisch, H. (2012). *Treating Attachment Disorders*, 2nd Ed. New York: Guilford, 234-241. skim

Recommended Readings for Unit 13

Kernberg, O. F. (2007). The almost untreatable narcissistic patient. *Journal of the American Psychoanalytic Association*, 55(2), 503-539.

Cushman, P. (1990). Why the self is empty. *American Psychologist*, 45(5), 599-611.

Unit 14: Practice with the Severely Mentally Ill

8/16/14

Topics

- The impact of the system on client: issues of social justice
- Issues in client diversity: class, race, gender, ethnicity, and religion the L.A. experience
- Assessment & treatment of the psychoses:
 - ▼ Schizophrenia, schizoaffective disorder, and psychotic depression, rehabilitation therapeutic case management, Assertive Community Treatment
 - ▼ Bipolar depression
- Complex & multiple diagnoses:
 - ▼ Dual diagnosis (substance abuse, PTSD)
- Working with clients from diverse backgrounds in the urban environment
- The continuum of care, inpatient and day treatment services, case management issues
- The new medications
- Effects of the worker

This Unit relates to course objectives 1-5.

Required Readings

8/16/14

Austrian, S. (2005). Schizophrenia; Psychotropic medications. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 90-111; pp 254-269). New York, NY: Columbia University Press.

Instructor Note: Unit 14 Required weekly reading. Do reading card for unit 14 on this reading

Tarrier, N. (2008). Schizophrenia and other psychotic disorders. In Kraus, G., & Reynolds, D. (2001). In Barlow, D. *Clinical Handbook of psychosocial disorders*. New York, Guilford, 463-491

Kilbourne, A. M., Bauer, M. S., Pincus, H., Williford, W. O., Kirk, G. F., & Beresford, T. (2005). Clinical, psychosocial, and treatment differences in minority patients with bipolar disorder. *Bipolar Disorders*, 7(1), 89-97. Skim.

Kreyenbuhl, J., Buchanan, R. W., Dickerson, F. B., & Dixon, L. B. (2010). The schizophrenic patient outcomes research team (PORT): Updated treatment recommendations 2009. *Schizophrenia Bulletin*, 36(1), 94-103. Skim.

DSM 5, 87-123

Recommended Readings

- Leahy, R. (2007). Bipolar disorder: Causes, contexts, and treatments. *Journal of Clinical Psychology: In Session*, 63(5), 417-424.
- Mansell, W. (2007). An integrative formulation-based cognitive treatment of bipolar disorders: Application and illustration. *Journal of Clinical Psychology: In Session*, 63(5), 447-461.
- Morris, C., Miklowitz, D., & Waxmonsky, J. A. (2007). Family-focused treatment for bipolar disorder in adults and youth. *Journal of Clinical Psychology: In Session*, 63(5), 433-445.

Unit 15: Gender-Sensitive Social Work Practice DUE: FINAL RESEARCH PRESENTATIONS NO READING CARD	8/23/14
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Topics

- Impact of historical theory on current scene
- Differential diagnosis (who receives what type of diagnosis, why and by whom)
- Gender issues in the therapeutic relationship
- Developmental issues (life-cycle) and treatment of women, men, lesbians and gay men
- What we see in Los Angeles and in the US, cultural and gender diversity, treatment implications

This Unit relates to course objectives 1-5.

Required Readings

New York Times, "Psychotherapy's Image Problem", September 29, 2013, Article and Responses Retrieved from http://www.nytimes.com/2013/09/30/opinion/psychotherapys-image-problem.html?nl=todaysheadlines&emc=edit_th_20130930 **Instructor Note: Unit 15 Required weekly reading but no Reading Card is necessary. However, read this article and some of the responses and come to class to give your response.**

Kessler, L., & Waehler, C. (2005). Addressing multiple relationships between clients and therapists in lesbian, gay, bisexual, and transgender communities. *Professional Psychology: Research and Practice*, 36(1), 66-72..

Ruiz, P., Lile, B., & Matorin, A. A. (2002). Treatment of a dually diagnosed gay male patient: A psychotherapy perspective. *American Journal of Psychiatry*, 159(2), 209-215. Classic reading. (Do reading card on this reading)

NASW, Code of Ethics in Encyclopedia of Social Work. (n.b.). Retrieved from www.nasw.org

Recommended Readings

Land, H. (1995). Clinical social work. In N. Van Den Berg (Ed.), *Feminist practice in the twenty-first century*. Washington, DC: NASW Press.

Lukes, C., & Land, H. (1990). Biculturality and homosexuality. *Social Work*, 35(2), 155-162. (Instructor Note: Classic.)

STUDY DAYS / NO CLASSES

FINAL EXAMINATIONS

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus*, the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: <http://www.usc.edu/dept/publications/SCAMPUS/gov/>. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: <http://www.usc.edu/student-affairs/SJACS/>.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII. EMERGENCY RESPONSE INFORMATION

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. “For recorded announcements, events, emergency communications or critical incident information.”

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a **USC Trojans Alert** account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at <https://trojansalert.usc.edu>.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12 th & Olive)	Orange County	Faculty Parking Lot
MRF	Lot B	San Diego	Building Parking Lot
SWC	Lot B	Skirball	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the “all clear” by emergency personnel.

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official “Incomplete Completion Form.”

XIV. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to

social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the concentration. If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Only use your computer for class purposes. Turn off cell phones during class.
- ✓ Come to class on time and stay in class throughout the session.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.

SW 645: Literature Book List for Reflective Journal (Minimum 2500 words/10 pages). Covers objectives 1, 3, 4, and 5. Use Times Roman 12 point.

This assignment is about YOU. Choose a book from the list below which relates to your own interests and issues. If you wish to choose a book not from the list below, please consult with me in advance to discuss the possibility. The more you put into this work the more you will get out of it. The following list represents topics we have covered in class. Select one reading from the literature list and be careful to choose something with which you can relate. Comment on how the piece affected you and why. Discuss the piece as a clinical social work student in the field of mental health. Remember to draw the piece together into a cohesive whole at the end. Discuss your impressions of the piece holistically, mental health issues that come up in the book, your assessment of the issues, how you might address these issues as a mental health social work practitioner; and particularly, comment on issues in countertransference for you. Apply material we have covered in class. In addition, please comment on thoughts and feelings you have throughout the course on cases held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and the book you select from this literature list.

Think of what characters you identify with the most and why. How have the issues involved with the characters affected you as a human being, and thus as a clinician? What themes are especially important in this piece, and important to you? Do not use superficial themes (e.g. development) but rather; deeper themes (e.g. arrested development with incomplete grieving). How might the experiences you have had affect your practice? Where do you see yourself needing to grow and how does this piece push you to do so? Talk about your experiences with your clients and how they have impacted you as a clinician and as a human being living in this world. Can you see why the value base of social work is what it is? How do the characters in the book, its setting, themes, text, and subtext relate to your experiences as a clinical *social worker*? HOW DOES THE WORK AFFECT YOU AS A CLINICIAN and AS A HUMAN BEING? What process did you have to go through to write this assignment and how might that process affect your practice with clients? This is an integrative assignment.

USE THE RUBRICS COVERED IN CLASS AS YOUR GUIDE IN DEVELOPING YOUR PRESENTATION

Kingsolver, B. *The Poisonwood Bible* (OCD, religion, family dynamics, cultural issues)

Kidd, S. *Secret Life of Bees*, (trauma, women's issues, identity, family); *The Mermaid Chair* (aging, family)

Hugo, V. *Cousin Bette*. (personality disorders, family)

Plath, S. *A Bell Jar*. (depression, mental health treatment, class issues)

Gordon, M. *The Other Side*, *Final Payments*, *In the Company of Women*, *Pearl* (women's issues, family, religion)

Irving, J. *A Prayer for Owen Meany* (war, intimacy, friendship, identity)

Melville, H. *Moby Dick*. (OCD)

Greene, G. *Typhoon*. (OCD)

Parent, G., *Sheila Levine Is Dead and Living in New York* (culture, family)

Steinbeck, J. *East of Eden*, (family, identity) *Cannery Row* (substances)

Styron, *Darkness Visible* (depression)

Waugh, E. *Brideshead Revisited*. (class, family, LGBTQ)

Nebokov, V. *Lolita*. (pedophilia)

Cather, W. *Paul's Case*. (veteran's issues)

Kennedy, W. *Ironweed*. (trauma)

Chase, T. *When Rabbit Howls*. (sex abuse, dissociative disorder)

Hawthorne, N., *The Scarlet Letter* (stigma, religion)

Mason, B. *In Country*. (vets)

Dostoyevski, F. *Brothers Karamazov*. (hallucination, family issues)

Otto, W. *How to Make an American Quilt*. (culture, women's issues)

McCullough, C. *The Heart is a Lonely Hunter*; (coming of age, disability, intimacy); *Reflections in a Golden Eye*; (LGBTQ, military); *Member of the Wedding* (identity, coming of age)

Roth, P., *Portnoy's Complaint*. (family issues, sexuality, assimilation/acculturation)

Salinger, J.D. *Catcher In the Rye* (depression, coming of age, bereavement)

Morrison, T. *The Bluest Eye* (trauma, racism)

Tan, A. *Joy Luck Club*. (acculturation & assimilation, family)

Potok, *My Name is Asher Lev*. (family, identity)

Russo, R. *Empire Falls*; *Bridge of Sighs* (family, identity)

Saks, E.R. *The Center Cannot Hold*. (schizophrenia)

McCort, F. *Angela's Ashes*. (family, culture)

Weisel, E. *Night*. (holocaust, prejudice, trauma)

Camus, A. *The Stranger* (alienation, personality disorder)

Williams, T. *Glass Menagerie* (personality dis., LGBTQ)

Moody, *The Coming of Age in Mississippi* (racism, coming of age)

Cisneros, S. *House on Mango Street*, *How the Garcia Sisters Lost their Accent* (culture, family)

Tobar, H. *The Tattooed Soldier* (homelessness, trauma, migration)

Faulkner, *As I Lay Dying* (family, culture, bereavement)

Ondaatje, *The English Patient* (trauma, intimacy, war)

McEwan, I. *Atonement* (war, intimacy)

McEwan, I. *On Chesil Beach* (sexual issues)

Wilde, Oscar *The Picture of Dorian Grey* (narcissism)

Sapphire, *Push* (sex abuse, racism)

A Beautiful Mind (mental illness)

Ablom, M., *Tuesdays with Morrie* (aging, intimacy)

Applegate, D., *The Most Famous Man in America*

Toole, John Kennedy, *The Confederacy of Dunces* (individuation)

Schlink, B., *The Reader* (coming of age, disability)

Smiley, J. *1000 Acres* (family, sex abuse)

Wells, R., *Divine Secrets of the Ya Ya Sisterhood* (family, women's issues, eating disorders)

Eugenides, J., *Middlesex* (LGBTQ, identity)

Toiban, C., *Brooklyn* (migration, intimacy)

Goldberg, M., *Bee Season* (family, religion, identity)

Remarque, E., *All Quiet on the Western Front* (war)
Hemmingway, *Red Badge of Courage* (war, coming of age)
Heller, *Catch 22* (war, vets)
Hemmingway, *A Farewell to Arms* (war, vets)
Mailer, *The Naked and the Dead* (war, vets)
Wharton, *A Midnight Clear* (war)
Frazier, *Cold Mountain* (war, vets)
Kovic, R., *Born on the 4th of July* (vets)
Unorthodox (trauma, religion)

GUIDELINES FOR THE LIBRARY RESEARCH PRESENTATION

Students: I advise that you use this sheet as a check list before you turn in your paper. This assignment covers all objectives (1, 2, 3, 4, 5, 6, and 7). Start this assignment at least 3 weeks before it is due. Do not simply repeat a manualized treatment (e.g. CBT for veterans). If you choose CBT you **MUST** include another treatment approach to pair with it. Do not only choose a first year practice approach. Use an approach suitable for work with **adult individuals**, their support systems, families, and groups. Short use of case material is integrated throughout. Use phases of treatment as your subheadings. Proof read your presentation. Do not over rely on one or two citations. Do not use only first year texts. Do not over rely on classroom texts. This is an academic presentation which should comply with the APA style manual. Use current citations. []

1. Select a disorder or special population. [] A mental disorder present in a case you are holding is preferred so you can use examples of interventions throughout.

2. Select a Treatment Model. Taking the practice method selected discover how that method is employed throughout all phases of intervention. If there is no literature on the phase of treatment (such as referral), please use other sources of information. Cover all phases including:

Issues in referral for this particular type of population. How does the client come into the system? Is there typically a history with other systems of care? In what segment (s) of the continuum of care are you most likely to be working and why? What might influence client use of mental health care? [] obj. 5

■ **Methods of engagement** given the problem area. (e.g. What issues are involved in engaging a client who has anorexia and what must you do to establish rapport and empathy? HOW will you engage given these issues? Why are these practice aspects important given the case and problem area? Discuss engaging diverse groups of clients-what must you do differently with those from different cultural groups.) []

■ Discuss what is included in the **assessment framework using the practice model** chosen? Issues in culture and diversity must be a part of this section. Remember that your assessment should be based on the practice intervention selected, not just DSM diagnosis. If you are using CBT, HOW would CBT or IPT assess this case? Please use some analysis of case material rather than simply reporting. Why might someone have certain dynamics going on, certain symptomatology, etc.

- Include a **short biopsychosocial assessment** and **analysis** of what factors influenced symptoms presentation. Include Developmental Stages, Mezzo, Macro and PIE impression.
- What neurobiological issues come out in the assessment and how do you know they are present?
- Present DSM diagnosis(es) []
- What methods of assessment can be employed using a valid & reliable measure? (Eg., Consult material in the DSM 5 or other assessment instruments. []
- Integrate relevant cultural factors of the case and use citations to support your assessment. Note that Caucasians are not one group, Latinos are not one group, etc. []

- What is the **treatment plan** and what are the **treatment goals**? Remember to consult information tied to the client and treatment you are using []
- Discuss issues in the worker client relationship: your own feelings, transference & countertransference, values & experiences that may affect motivation or problems in you and the client system in treatment. Why are these issues present? What will you do differently given these issues? How will you do it?[] obj. 3

- What **contracting issues** must be set up given this problem and in this practice model? Why is the contract necessary? []

- Discuss **methods of intervention** in the middle phase of treatment. How is culturally competent treatment used in this phase? Your intervention in the middle phase should derive from your assessment issues. Tell me *why* you doing *what* you are doing. Go beyond telling what interventions you will use. *How* will you institute these interventions? The middle phase should represent the bulk of your paper and should be detailed, i.e. *several kinds of interventions* all applied . []
 - How will you engage and attend to issues **in body, mind, emotions and soul**? []

- How is **termination** performed with this model and how do you know it is time for termination? What are the issues & plan? []

- Discuss **evaluation strategies** in the practice model. . Evaluation should follow the same practice intervention as in the assessment. Remember to include a valid and reliable assessment measure as a part of your evaluation. []

- Discuss methods of **follow-up** in the practice model. Why might follow-up be important? [].

- You may use one or more than one practice models but you must tell me why you are doing so.

- Please comment on Professional Social Work values, ethics and social justice issues as they impact problem presentation and treatment []. obj. 1

- Discuss your role and identity as a clinical social worker; what makes your domain different from other professionals? What interdisciplinary, collateral and leadership responsibilities do you have in team activities? []. obj. 6
- What ethical issues are involved in working with this group? What social work values intersect with these ethical issues? [] obj. 7

USE THE RUBRICS COVERED IN CLASS AS YOUR GUIDE IN DEVELOPING YOUR PRESENTATION!

CAVEATS: Do not present case material with no explanation of your practice model assessment or theoretically-based intervention strategies. *This assignment is not simply a case study.* However, you must use a case or cases as *illustrative* material throughout.

- Use APA style. APA style includes the use of headings and subheadings. Remember to start with an introduction and end with a conclusion. Do not use lengthy citations; rather, paraphrase material to make your point. When you quote directly, you **must** include pagination and attribution. Do not simply link quotes together with some narrative. If you are unclear about APA style, please consult the manual or see me. Use Times Roman 12 point. [] obj. 1
- Use a variety of citations. Do not rely solely on one or two texts, and *not* introductory texts such as Hepworth & Larsen, or solely classroom readings. Do a search for citations including refereed journal articles [].
- Length should be 20 Minutes Oral presentation with between fifteen and twenty visuals. []
- Please see me if you have any questions at all. I would be happy to take a look at a draft of your presentation.
- Turn a copy in to turnitin.com so you and I can see if you cited properly.
- If for some reason, you are unable to turn in your presentation on time, please contact me. Do not turn it in late without contacting me; otherwise, your grade will drop. Together, we will negotiate a solution to the problem. If an extension is given and the date of the extent is failed by the student, points will be taken off the paper and your grade will drop. Good luck!