Social Work 647

Advanced Practice with Complex Social Work Cases

3 Units

Spring 2017

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Office	Tuesdays:
Hours:	OCAC 11-12p.m.;
	UPC 2:30 to 3:30 p.m.

I. COURSE PREREQUISITES

SOWK 506, 536, 544, 635, 637, 638, 643, 644

II. CATALOGUE DESCRIPTION

This course is the capstone practice course in the Department of Adult Mental Health and Wellness (AMHW) and introduces students to the advanced practice concepts essential to understanding engagement, assessment and diagnosis with complex social work case from a meta-framework perspective.

III. COURSE DESCRIPTION

The purpose of this capstone advanced practice course in the Department of Adult Mental Health and Wellness (AMHW) is to equip the student with proven neurobiologically-informed interventions to treat a diversity of complex client cases in social work services. This course will review and deepen important practice concepts such as advanced assessment and diagnostic skills and further familiarity with the ICD-10/DSM-V. By building on and augmenting prior foundation practice skills and proven evidence-based practices in holistic treatment, the student will be skilled in using the interplay of body, mind, and brain to advance client functioning. Building on the integration of AMHW required courses (635 Research, 637 Wellness, 644 Theory, 643 Integrated Care Practice, 588/589a/b Field Education), implicit and explicit brain functioning will be reviewed and *applied* to complex case material using multi-faceted interventions for clients with complex diagnoses. Upon the conclusion of this advanced practice course, students will have *mastered* the following key course objectives necessary for advanced and transformative social work practice from a meta-framework perspective.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Evaluate risk and protective factors throughout lifespan development with focus on how adverse childhood experiences (ACE) can impact an individual's bio/psycho/social development.
2	Formulate skills on conducting culturally competent advanced assessment and diagnosis of individuals within the holon interplay of families, couples, groups, communities and society in social work practice.
3	Students should demonstrate an understanding of how mind-body-brain assessment can inform top-down or bottom-up interventions with complex cases in the field of adults and healthy aging.
4	Enhance self-awareness by critically evaluating thoughts, feelings, and behaviors when working with complex cases in AHA.
5	Evaluate the role that the science plays in guiding neurobiologically informed assessment and intervention choices for complex cases.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students' learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
	Social Work Core Competencies
1	**Demonstrate Ethical and Professional Behavior**
2	**Engage in Diversity and Difference in Practice**
3	**Advance Human Rights and Social, Economic, and Environmental Justice**
4	**Engage in Practice-informed Research and Research-informed Practice**
5	**Engage in Policy Practice**
6	**Engage with Individuals, Families, Groups, Organizations, and Communities**
7	**Assess Individuals, Families, Groups, Organizations, and Communities***
8	**Intervene with Individuals, Families, Groups, Organizations, and Communities***
9	**Evaluate Practice with Individuals, Families, Groups, Organizations and Communities**

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 7: **Assess Individuals, Families, Groups, Organizations, and Communities** Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.	**1.** Evaluate risk and protective factors throughout lifespan development with focus on how adverse childhood experiences (ACE) can impact an individual's bio/psycho/social development.	**7a.** Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.	Knowledge	**Unit 2:** Advanced Assessment Skills I: Specialty Assessment **Unit 3**: Advanced Assessment Skills II: Meta-framework Assessment **Assignment 1:** Chapter 1 – Capstone Bio/Psych/Soc Assessment **Assignment 2:** Chapter 2 – Capstone Interventions (Bottom-up & Top-down)
		7b. Understand how personal experiences and affective reactions may affect assessment and decision-making and seek reflection through supervision and consultation.	Cognitive and Affective Processes	

Competency	Objectives	Behaviors	Dimensions	Content
Competency 8: **Intervene with Individuals, Families, Groups, Organizations, and Communities** Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families and groups in health, behavioral health and integrated care settings. Social Workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.	**2.** Develop skills on conducting advanced assessment and diagnosis of individuals within the holon interplay of families, couples, groups, communities and society in social work practice.	**8a.** Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients. **8b.** Use self-reflection in understanding transference and countertransference in client reactions, and practice self-care in the face of disturbing personal reactions.	Cognitive and Affection Processes	**Unit 7:** Implicit (Bottom-up) Interventions I: Somatic Treatments for Trauma Informed Care **Unit 8:** Implicit (Bottom-up) Interventions II **Unit 9:** Explicit (Top-down) Interventions **Assignment 1:** Chapter 1 – Capstone Bio/Psych/Soc Assessment **Assignment 2:** Chapter 2 – Capstone Interventions (Bottom-up & Top-down) **Assignment 3:** Chapter 3 – Capstone Clinical Skills Demonstration **Class Participation**

VI. COURSE ASSIGNMENTS, DUE DATES & GRADING

Capstone Project	Due Date	% of Final Grade
Chapter 1: Capstone Assessment & Interventions Paper	Unit 7 Feb. 21st	40%
Chapter 2: Capstone Clinical Skills Video Demonstration	Unit 14 & 15 April 18th & 25th	50%
Participation	Ongoing	10%

Each of the major assignments is described below.

Chapter 1: Capstone Assessment and Interventions with a Complex Case Paper

Please discuss a brief biological-psychological-social assessment with a client you have had in your placement since beginning your MSW. Please use a client who you were unsuccessful with. That is, a client who had more than one diagnosis and who did not benefit from treatment in the way the agency (and you) had hoped for (2 pages).

With the learning that you have obtained from this course, please describe the client's symptom presentation in a neurobiological framework using McLean's theory of triune brain (2 pages). Then, please describe one intervention that could benefit this client that is "bottom-up" (3 pages) and one intervention that is "top-down" (3 pages). Please describe in detail with a minimum of 10 references (at least 4 from outside sources), how these interventions will benefit the client's symptomology.

Please refer to prompt and rubric for further Chapter 1 information.

Due: Unit 7 February 21st by 12 noon

This assignment relates to student learning outcome 3 & 5.

Chapter 2: Capstone Clinical Skills Video Demonstration- Group Project

Part 1: The final chapter of the capstone project will be a video demonstration that combines the assessment and intervention from Chapter 1. Each group of three students will pick one client from the Capstone Chapter 1 and one intervention to showcase in a video. The client will also be addressing a particular issue (couples counseling, ADHD, HIV/AIDS, e.g.). The students will video record a demonstration of the intervention to the chosen client. It will be posted to Blackboard (or VAC) by the Week 14 start of class time, in order to be viewed between weeks 14 and 15.

Chapter 2 must be done in groups of 3 students (one student to be the client, one to be the social worker, and one for the camera work/direction). Recorded demonstrations will need to be 10-15 minutes in length and must be posted to Blackboard or VAC by the week 14 start of class. One grade is assigned for all group members.

Part 2: Students will then view each of the demonstration videos between weeks 14 and 15 (outside of class) and will do a formal evaluation (1-page) of each demonstration as a group. This written component will count toward the group's grade as credit/no-credit. Overall letter grades will be given by the instructor for this assignment (students will not be graded on what others in class state in their evals.). A standardized evaluation form will be provided. During week 15, student groups will provide each other feedback (from forms) in a case consultation format during class time.

Part 3: A 1-page (2-sided) handout summarizing the skills must be posted to Blackboard or VAC by the start of class for Unit 14 (students may choose to develop more materials, but only the 1 page is required and will be evaluated for grade). The handout must include references and may use a smaller font. This

assignment has the potential to be translated into content for the professional and academic social work arena (skills building). Students could consider adding the materials developed to their resume if they take the extra (optional) time to translate the assignment. Students could consider placing their work with a "public" setting (again, optional) on YouTube (https://www.youtube.com).

Please see the following video example done by Adjunct Assistant Professor Dr. William Feurerborn using DBT applied to a client with hypersexual behavior:
https://www.youtube.com/watch?v=E7s__QXVJKI

Please refer to prompt and rubric for further Chapter 2 information.

Due: Units 14 & 15. April 18th and 25th

This assignment relates to student learning outcome 1-5.

Class Participation (10% of Course Grade)

Due: Ongoing

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 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School: (1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student. (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment. (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations. (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement. (6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

Guidelines for Evaluating Class Participation ~On-the-Ground & VAC (Asych & Sych- applies to VAC only)~

10: Outstanding Contributor (Completed all Asych): 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 (Complete almost all Asych): Contributions in class reflect thorough preparation and frequency in 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 (Completed most Asych): 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 (Completed adequate Asych): 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 (Completed minimal Asych): 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: Nonparticipant (Poorly completed Asych): Attends class only.

0: Unsatisfactory Contributor (No Asych completed): 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.

VII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains.* New York, NY: W.W. Norton & Company. ($11.99 Kindle, $18.92 hardcover)

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples*. New York, NY: Routledge. ($12.74 Kindle- rented).

Badenoch, B., & Gantt, S. P. (Eds.). (2013). *Interpersonal neurobiology of group psychotherapy and group process.* London, UK: Karnac Books.
   (FREE E-BOOK Available online at USC's Library)

Recommended Guidebook for APA Style Formatting

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: APA.

Recommended Websites

https://owl.english.purdue.edu/owl/resource/560/01/

https://www.emdria.org

https://www.nasw.org

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

On Reserve

All additional required reading that is not in the above required texts is available online through electronic reserve (ARES). The textbooks have also been placed on reserve at Leavey Library.

Search under SOWK 647 and instructor name SCHOTT to add this course on ARES and access all non-textbook "required" readings. "Recommended" readings are not on ARES and not required to read for this course.

DSM-V

Just a reminder that the DSM-V is available online through the library's subscription using the link below.
 URL: https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/
 You'll be asked to log in using your USC ID and password. Once you're on the page, click the Explore the New Edition link to access the content.

ICD-10

http://www.who.int/classifications/icd/en/

Course Overview

Unit	Topics	Assignments
1	🟫 Introduction: How and Why Therapy Works	
2	🟫 Specialized Assessment	
3	🟫 Introduction to the Neurobiology of Assessment, Intervention and Evaluation	
4	🟫 Implicit (Bottom-up) Interventions	
5	🟫 Integrating Implicit and Explicit Interventions I	
6	🟫 Explicit (Top-down) Interventions I	
7	🟫 Explicit (Top-down) Interventions II	CHAPTER 1
8	🟫 Integrating Implicit and Explicit Interventions II: Diagnosis and Treatment for the Body	
9	🟫 Explicit (Top-down) Interventions III	
10	🟫 Neuro-Integrative Therapies for Reconnection: Couples Therapy I	
11	🟫 Neuro-Integrative Therapies for Reconnection: Couples Therapy II	
12	🟫 Neural-Integration and Reconnection in Group Therapy I	
13	🟫 Neural-Integration and Reconnection in Group Therapy II	
14	🟫 Neural-Integration and Reconnection in Group (Couples) Therapy III	Chapter 2
15	🟫 Chapter 2 Student Evaluations, Termination, Continuing Education	Chapter 2
[16]	🟫 Summative Experience (1 hour session via Blackboard) n/a VAC	
STUDY DAYS / NO CLASSES		
NO FINAL EXAMINATION REQUIRED FOR THIS COURSE		

| **Unit 1:** Introduction: How and Why Therapy Works | **Month Date** |

Topics

- Professional applications
- Complex client statistics
- Community mental health projections
- Neurosequential Model of Therapeutics (Perry)

This Unit relates to course objectives 1-5.

Required Readings

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapters 1 & 2). New York, NY: W.W. Norton & Company.

Barfield, S., Dobson, C., Gaskill, R., & Perry, B. D. (2012). Neurosequential model of therapeutics in a therapeutic preschool: Implications for work with children with complex neuropsychiatric problems. *International Journal of Play Therapy*, *21*(1), 30.

Recommended Readings

Brekke, J. S. (2014). A science of social work and social work as an integrated scientific discipline: Have we gone too far, not far enough? *Research on Social Work Practice, 24*(5), 517-523.

MacKinnon, L. (2012). The neurosequential model of therapeutics: An interview with Bruce Perry. *Australian and New Zealand Journal of Family Therapy, the, 33*(3), 210-218. doi:10.1017/aft.2012.26

Perry, B. D., & Hambrick, E. P. (2008). The neurosequential model of therapeutics. *Reclaiming Children and Youth, 17*(3), 38.

| **Unit 2:** Specialized Assessment | **Month Date** |

Topics

- Using assessment for case conceptualization and analysis: Prioritizing client issues, assessment of risk factors in complex cases
- Moral Injury
- Chronological Assessment of Suicide Events [CASE]
- Fonagy's Mentalization Assessment/Skills

This Unit relates to course objectives 1-5.

Required Readings

Knight, B. G., & Pachana, N. A. (2015). *Psychological assessment and therapy with older adults* (Chapters 1 & 2). Oxford, UK: Oxford University Press.

Shay, J. (2014). Moral Injury. *Psychoanalytic Psychology, 31*(2), 182-191. Doi:10.1037/a0036090

Shea, S. C. (1998). The chronological assessment of suicide events: A practical interviewing strategy for the elicitation of suicidal ideation. *The Journal of clinical psychiatry*, *59*(20), 58-72.

Stone, F. (2016). The suicidal military client. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc. ***(New reading 638 Policy text)

Recommended Readings

APA guidelines for working with transgender and gender non-conforming clients.

Cederbaum, J. A., Song, A., Hsu, H., Tucker, J. S., & Wenzel. S. L. (2014). Adapting an evidence-based intervention for homeless women: Engaging the community in shared decision-making. *Journal of Health Care for the Poor and Underserved, 25*(4), 1552-1570.

Cozolino, L. (2010). *The neuroscience of psychotherapy* (2nd Ed.) *(Chapter 1):* New York, NY: W.W. Norton & Company. **(CROSS-OVER READING 644 Theory)**

Cook-Daniels, L. (2016). Understanding Transgender Elders. In *Handbook of LGBT Elders* (pp. 285-308). Springer International Publishing.

Fonagy, P., (2004). *Affect regulation, mentalization, and the development of the self* (New ed.). London, UK: Karnac Books. ***(Free E-BOOK at USC LIBRARY)

Nowotny, K. M., Cepeda, A., James-Hawkins, L., & Boardman, J. D. (2015). Growing old behind bars health profiles of the older male inmate population in the United States. *Journal of Aging and Health,* 1-22. Doi: 10.1177/0898264315614007

Joosten, D. (2016). Palliative and hospice care settings. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc. **(CROSS-OVER READING 638 Policy)**

Unit 3:	Introduction to the Neurobiology of Assessment, Intervention and Evaluation	**Month Date**

Topics
- Top-Down Processing (Explicit)
- Bottom-up Processing (Implicit)
- Neurobiology and Psychodynamic Therapy

This Unit relates to course objectives 1-5.

Required Readings

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapters 3, 4 & 6). New York, NY: W.W. Norton & Company.

Holden, C.. (1979). Paul MacLean and the Triune Brain. *Science*, *204*(4397), 1066–1068. Retrieved from http://www.jstor.org.libproxy2.usc.edu/stable/1748710 (Seminal work from 1979)

Schore, J. R. (2012). Using concepts from interpersonal neurobiology in revisiting psychodynamic theory. *Smith College Studies in Social Work, 82*(1), 90-111. doi:10.1080/00377317.2012.644494

Recommended Readings

Cozolino, L. (2010). *The neuroscience of psychotherapy* (2nd Ed.) *(Chapter 13: The anxious and fearful brain).* New York, NY: W.W. Norton & Company. **(CROSS-OVER READING 644 Theory)**

Lapides, F. (2014). Working implicitly in couples therapy: Improving right hemisphere affect-regulating capabilities. *Smith College Studies in Social Work, 84*(2), 237-254. doi:10.1080/00377317.2014.923695

Seidman, L. J. (2014). Neuropsychologically informed strategic psychotherapy in teenagers and adults with ADHD. *Child and adolescent psychiatric clinics of North America*, *23*(4), 843-852.

Soydan, H., & Palinkas, L. A. (2014). *Evidence-based practice in social work: Development of a new professional culture (Chapter 7).* New York, NY: Routledge.

Unit 4:	Implicit (Bottom-up) Interventions	Month Date

Topics

🟫 EMDR

🟫 Assessment & Treatment planning in EMDR

This Unit relates to course objectives 1-5.

Required Readings

Leeds, A. (2016). *A guide to the standard EMDR therapy protocols for clinicians, supervisors, and consultants* (Chapters 1 & 3). New York, NY: Springer Publishing Company, LLC.

Van Der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma* (Chapter 15). New York, NY: Penguin.

Recommended Readings

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapter 12). New York, NY: W.W. Norton & Company.

Laurie Leitch, M., Vanslyke, J., & Allen, M. (2009). Somatic experiencing treatment with social service workers following hurricanes Katrina and Rita. *Social Work, 54*(1), 9-18. doi:10.1093/sw/54.1.9

Miller-Karas, E. (2015). *Building resilience to trauma: The trauma and community resiliency models (Chapter 3: The trauma resiliency model [TRM]).* New York, NY: Routledge.

Zaleski, K., (2015). *Understanding and treating military sexual trauma (Chapter 7)*. New York, NY: Springer. **(FREE E-BOOK)**

Wilcox, S. L., et al. (2015). *The invisible wounds: Sex and the military (2015 Toolkit).* Retrieved from: http://cir.usc.edu/wp-content/uploads/2015/07/toolkit-working-docjo_MayEdits.pdf **(Free PDF Toolkit)**

Unit 5:	Integrating Implicit and Explicit Interventions I	Month Date

Topics

🟫 Animal Assisted Therapy

🟫 Sand Tray

🟫 Bio-Feedback

🟫 Somatic Experiencing

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B. (2008). *Being a brain-wise therapist* (Chapter 16: The integrating power of sandplay). New York, NY: Norton.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, *6*(93).

Van Der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma* (Chapter 16). New York, NY: Penguin.

Weiss, E. L., Kaiser, S., & Adler, G. (2016). Equine assisted counseling: An alternative approach for trauma. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.
***(New reading 638 Policy text)

Recommended Manual

Homeyer, L. E., & Sweeney, D. S. (2016). *Sandtray therapy: A practical manual* (3rd ed.). New York, NY, Routledge.

Recommended Readings

Boik, B. L., & Goodwin, E. A. (2000). *Sandplay therapy: A step-by-step manual for psychotherapists of diverse orientations.* New York, NY: W.W. Norton and Company.

Hjort, J. (2016). Mindfulness in mental healthcare settings. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.
(CROSS-OVER READING 638 Policy)

Lewis, G. F., Hourani, L., Tueller, S., Kizakevich, P., Bryant, S., Weimer, B., & Strange, L. (2015). Relaxation training assisted by heart rate variability biofeedback: Implication for a military predeployment stress inoculation protocol. *Psychophysiology*, *52*(9), 1167-1174.

Strauss, R. J., & Northcut, T. B. (2014). Using yoga interventions to enhance clinical social work practices with young women with cancer. *Clinical Social Work Journal*, *42*(3), 228-236.

Tong, X., Gromala, D., Choo, A., Amin, A., & Shaw, C. (2015). The Virtual Meditative Walk: An Immersive Virtual Environment for Pain Self-modulation Through Mindfulness-Based Stress Reduction Meditation. In *Virtual, Augmented and Mixed Reality* (pp. 388-397). Springer International Publishing.

Unit 6:	Explicit (Top-down) Interventions I	Month Date

Topics

🟫 Cognitive Processing Therapy (CPT)

🟫 LGBT Affirmative Therapy

This Unit relates to course objectives 1-5.

Required Readings

Langdridge, D. (2014). Gay affirmative therapy: recognizing the power of the social world. In M. Milton, (ed.), *Sexuality: Existential Perspectives* (pp. 160-173). Monmouth, UK: PCCS Books.

Resick, P. A., Monson, C. M, & Chard, K. M. (2016). *Cognitive processing therapy for PTSD: A comprehensive manual.* New York, NY: The Guilford Press.
*Student does not need to read entire manual (manual may be of interest for personal library)
*Instructor to pull 2 chapters from Manual PDF

Recommended Readings

Markus-Tarlow, T. (2016). *Truly mindful coloring: Stay calm, reduce stress, and self-express.* Eau Claire, WI: PESI Publishing and Media.

https://www.minorityhealth.hhs.gov/Blog/BlogPost.aspx?BlogID=174

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, *46*(1), 21.

Carlson, T. S., & McGeorge, C. R. (2012). *LGB-affirmative training strategies for couple and family therapist faculty: Preparing heterosexual students to work with LGB clients.* In J. J. Binger & J. L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 395-408). New York, NY: Routledge.

Caspi, A., Moffitt, T. E., Thornton, A., Freedman, D., Amell, J. W., Harrington, H., ... & Silva, P. A. (1996). The life history calendar: a research and clinical assessment method for collecting retrospective event-history data. *International Journal of Methods in Psychiatric Research*.

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapter 13). New York, NY: W.W. Norton & Company.

Dillon, F. R., Alessi, E. J., Craig, S., Ebersole, R. C., Kumar, S. M., & Spadola, C. (2015). Development of the lesbian, gay, and bisexual affirmative counseling self-efficacy inventory–short form (LGB-CSI-SF). *Psychology of sexual orientation and gender diversity*, *2*(1), 86.

Goldblum, P., Pflum, S., Skinta, M., & Balsam, K. (2016). Psychotherapy with lesbian, gay, and bisexual clients: Theory and practice. *Comprehensive Textbook of Psychotherapy: Theory and Practice*, 330.

Hernandez, R. (2016). Working with gang-involved/affiliated youth. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Islam, N., & Richards, G. (2016). Web-based practice. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. In D. Tolman., L. Diamond., Bauermeister, J., W. George., Pfaus, J., L. M. Ward. (eds.). *APA Handbook of Sexuality and Psychology, 1,* 597-628.

Unit 7:	Explicit (Top-down) Interventions II	**Month Date**

Topics

🟫 Dialectical Behavioral Therapy (DBT)

🟫 Assessment & Treatment planning in DBT

This Unit relates to course objectives 1-5.

Required Readings

Linehan, M. M. (2015). *DBT skills training handouts and worksheets* (2nd Ed.). New York, NY: The Guilford Press.
   *Student does not need to read entire manual (manual may be of interest for personal library)
   *Instructor to pull 2 chapters from Manual PDF

Recommended Readings

Anastopoulos, A. D., & King, K. A. (2015). A cognitive-behavior therapy and mentoring program for college students with ADHD. *Cognitive and Behavioral Practice*, *22*(2), 141-151.

Bateman, A. W., & Fonagy, P. (2008). Mentalization-based treatment for BPD. *Social Work in Mental Health, 6*(1), 187-201. doi:10.1300/J200v06n01_15

Kohrt, B. K., Lincoln, T. M., & Brambila, A. D. (2016). Embedding DBT skills training within a transactional-ecological framework to reduce suicidality in a Navajo adolescent female. *Clinical Case Studies.* Doi: 1534650116668271.

Landes, S. J., Matthieu, M. M., Smith, B. N., Trent, L. R., Rodriguez, A. L., Kemp, J., & Thompson, C. (2016). Dialectical behavior therapy training and desired resources for implementation: Results from a national program evaluation in the Veterans Health Administration. *Military Medicine*, *181*(8), 747-752.

Potter, A. E., Davidson, M. M., & Wesselmann, D. (2015). Utilizing dialectical behavior therapy and eye movement desensitization and reprocessing as phase-based trauma treatment: A case study series. *International Journal of Medical and Biological Frontiers*, *21*(2), 189.

Unit 8:	Integrating Implicit and Explicit Interventions II: Diagnosis and Treatment for the Body	Month Date

Topics
- Creative Arts Therapies
- Review of ICD-10 (DSM-V)
- Eating Disorder (Bulimia Nervosa and Anorexia Nervosa)
- Body Dysmorphic Disorder
- Self-Injury
- Reference back to SOWK 644 (Theory course)

This Unit relates to course objectives 1-5.

Required Readings

Heiderscheit, A. (2015). *Creative arts therapies and clients with eating disorders* (Chapters 1 & 11). Philadelphia, PA: Jessica Kingsley Publishers.

Singer, J. B. (2012, August 10). Non-suicidal self-injury (NSSI): Interview with Jennifer Muehlenkamp, Ph.D. [Episode 73]. *Social Work Podcast.* Podcast retrieved http://www.socialworkpodcast.com/2012/08/non-suicidal-self-injury-nssi-interview.html

Recommended Readings

Guest, J. (2015). *The CBT art book.* Philadelphia, PA: Jessica Kingley Publishers.

Carlson, B. E., Stromwall, L. K., & Lietz, C. A. (2013). Mental health issues in recently returning women veterans: Implications for practice. *Social Work* (1).

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains (Chapter 11).* New York, NY: W.W. Norton & Company.

Finney, K., & Schott, E. (2016). Psychopharmacology and psychoeducation for the treatment of major depressive disorder. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Macdonald, P., Hibbs, R., Corfield, F., & Treasure, J. (2012). The use of motivational interviewing in eating disorders: a systematic review. *Psychiatry Research*, *200*(1), 1-11.

Reid, R., Moghaddam, J., & Fong, T. (2016). Gambling disorders. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Woodward, A. T., Taylor, R. J., Bullard, K. M., Aranda, M. P., Lincoln, K. D., & Chatters, L. M. (2012). Prevalence of lifetime DSM-IV affective disorders among older African Americans, Black Caribbeans, Latinos, Asians and Non-Hispanic White people. *International Journal of Geriatric Psychiatry*, *27*(8), 816-827.

Zaleski, K., (2015). *Understanding and treating military sexual trauma (Chapter 3 & 5).* New York, NY: Springer. **(FREE E-BOOK)**

Unit 9: Explicit (Top-down) Interventions III	**Month Date**

Topics
- Interpersonal Psychotherapy (IPT)
- Herman Model

This Unit relates to course objectives 1-5.

Required Readings

Stuart, S., & Robertson, M. (2012). *Interpersonal psychotherapy: A clinician's guide* (2nd ed.). Boca Raton, FL: CRC Press.
   *Student does not need to read entire manual (manual may be of interest for personal library)
   *Instructor to pull 2 chapters from Manual PDF

Zaleski, K. L., Johnson, D. K., & Klein, J. T. (2016). Grounding Judith Herman's trauma theory within interpersonal neuroscience and evidence-based practice modalities for trauma treatment. *Smith College Studies in Social Work*, *86*(4), 377-393.

Recommended Readings

Feuerborn, W. (2016). Hypersexual behavior: Helping clients through diagnosis and treatment. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Hinnen, C., Sanderman, R., & Sprangers, M. A. G. (2009). Adult attachment as mediator between recollections of childhood and satisfaction with life. *Clinical Psychology and Psychotherapy, 16*(1), 10-21. doi:10.1002/cpp.600

Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, *43*(1), 25-37.

Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse childhood experiences research: Implications for practice and health policy. *Social work in public health*, *29*(1), 1-16.

Najavits, L. (2001). *Seeking safety: A treatment manual for PTSD and substance abuse.* New York, NY: The Guilford Press.

Noël, X., Brevers, D., & Bechara, A. (2013). A neurocognitive approach to understanding the neurobiology of addiction. *Current Opinion in Neurobiology, 23*(4), 632-638. doi:10.1016/j.conb.2013.01.018

Padykula, N. L., & Conklin, P. (2009). The self-regulation model of attachment trauma and addiction. *Clinical Social Work Journal, 38*(4), 351–360.

Robertson, M., Rushton, P., & Wurm, C. (2008). Interpersonal psychotherapy: An overview. *Psychotherapy in Australia*, *14*(3), 47.

Soydan, H., & Palinkas, L. A. (2014). *Evidence-based practice in social work: Development of a new professional culture (Chapter 2).* New York, NY: Routledge.

Stone, A. L., Becker, L. G., Huber, A. M., & Catalano, R. F. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive behaviors*, *37*(7), 747-775.

| **Unit 10:** | Neuro-Integrative Therapies for Reconnection: Couples Therapy I | **Month Date** |

Topics

Introduction to Emotionally Focused Therapy (EFT)

This Unit relates to course objectives 1-5.

Required Readings

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples* (Chapters 1 & 2). New York, NY: Routledge.

Recommended Readings

Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. *Behavior Therapy, 43*(1), 225-235.

Binger, J. J., & Wetchler, J. L. (Eds.). (2012). *Handbook of LGBT-affirmative couple and family therapy*. New York, NY: Routledge.

Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapter 7). New York, NY: W.W. Norton & Company.

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples (Chapter 3-7)*. New York, NY: Routledge.

Greenman, P. S., & Johnson, S. M. (2013). Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Family Process*, *52*(1), 46-61.

Johnson, S. M. (2012). *The practice of emotionally focused couple therapy: Creating connection*. New York, NY: Routledge.

Unit 11:	Neuro-Integrative Therapies for Reconnection: Couples Therapy II	Month Date

Topics

- EFT Advance Principles/Application
- Couples Therapy for LGBT Population
- Couples Therapy for Addictions
- Diversity Considerations in Couples Therapy
- Singlehood Ambivalence

This Unit relates to course objectives 1-5.

Required Readings

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples* (Chapters 8, 12, 13). New York, NY: Routledge.

Recommended Readings

Badenoch, B. (2008). *Being a brain-wise therapist* (Chapter 19). New York, NY: Norton.

Binger, J. J., & Wetchler, J. L. (Eds.). (2012). *Handbook of LGBT-affirmative couple and family therapy*. New York, NY: Routledge.

Cavion, H., & Schott, E. (2015). Relationship motivation: Applying principles into practice. *International Journal of Humanities and Social Science, 5*(6), 204-207.

Fishbane, M. D. (2013). *Loving with the Brain in Mind: Neurobiology and Couple Therapy (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples (Chapter 9, 10, 11, 14, 15)*. New York, NY: Routledge.

Mitchell, V. (2016). Couple therapy with same-sex and gender-variant (LGBT) couples: Sociocultural problems and intrapsychic and relational consequences. *The Oxford Handbook of Relationship Science and Couple Interventions*, 241.

Sevier, M., Brew, L., & Jean, C. Y. (2016). Cultural considerations in evidence-based couple therapy. In *The Oxford Handbook of Relationship Science and Couple Interventions* (p. 225). UK: Oxford University Press.

Unit 12:	Neural-Integration and Reconnection in Group Therapy I	Month Date

Topics

- Interpersonal Neurobiology in Group Psychotherapy

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B., & Gantt, S. P. (Eds.). (2013). *Interpersonal neurobiology of group psychotherapy and group process* (Chapters 1 & 2). London, UK: Karnac Books. **(FREE E-BOOK Available online at USC's Library)**

Recommended Readings

Flores, P. J. (2013). *Group psychotherapy with addicted populations: An integration of twelve-step and psychodynamic theory.* New York, NY: Routledge.

Jospeh, A., & Chapman, M. (2013). *Visual CBT: Using pictures to help you apply Cognitive Behaviour Therapy to change your life (Introduction & Chapter 1).* West Sussex, UK: Capstone.

Kerson, T. S., McCoyd, J. L. M., & Associates (2010). *Social work in health settings: Practice in context* (3rd ed.) *(Chapter 21: We are not alone: A support group for loss after diagnosis of fetal anomaly)*. New York, NY: Routledge. **(CROSS-OVER READING 631 AHA Elective)**

Schermer, V. L. (2013). Group psychotherapy, in its ongoing search for understanding. *The Interpersonal Neurobiology of Group Psychotherapy and Group Process*, 25.

Unit 13:	Neural-Integration and Reconnection in Group Therapy II	Month Date

Topics

🟫 Long-term psychodynamic group therapy

🟫 Yalom's Model of Psychodynamic Groups

This Unit relates to course objectives 1-5.

Required Readings

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (Chapters 1 & 6). New York, NY: Basic Books.

Recommended Readings

Cox, C. (2011). Ethnic, cultural and gender issues in conducting caregiver educational and support groups. In R. Toseland, D. Haigler & D. Monahan, (Eds). *Education and support programs for caregivers: Research, practice and policy* (pp. 59-71). New York, NY: Springer.

Forbes, D., Lloyd, D., Nixon, R. D. V., Elliott, P., Varker, T., Perry, D., ... & Creamer, M. (2012). A multisite randomized controlled effectiveness trial of cognitive processing therapy for military-related posttraumatic stress disorder. *Journal of Anxiety Disorders*, *26*(3), 442-452.

Galla, B. M., O'Reilly, G. A., Kitil, M. J., Smalley, S. L., & Black, D. S. (2014). Community-based mindfulness program for disease prevention and health promotion: Targeting stress reduction. *American Journal of Health Promotion*.

Hirvikoski, T., Waaler, E., Lindström, T., Bölte, S., & Jokinen, J. (2014). Cognitive behavior therapy-based psychoeducational groups for adults with ADHD and their significant others (PEGASUS): an open clinical feasibility trial. *ADHD Attention Deficit and Hyperactivity Disorders*, *7*(1), 89-99.

Land, H. (2016). Diverse people affected by HIV/AIDS. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: Sage Publications, Inc.

Lynch, S. M., Heath, N. M., Mathews, K. C., & Cepeda, G. J. (2012). Seeking safety: an intervention for trauma-exposed incarcerated women?. *Journal of Trauma & Dissociation*, *13*(1), 88-101.

Rutan, J. S., Stone, W. N., & Shay, J. J. (2014). *Psychodynamic group psychotherapy*. Guilford Publications.

Unit 14:	Neural-Integration and Reconnection in Group (Couples) Therapy III	**Month Date**

Topics
- Couples Group Therapy
- Relationship-focused Group Therapy
- Chapter 2 due

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B., & Gantt, S. P. (Eds.). (2013). *Interpersonal neurobiology of group psychotherapy and group process* (Chapters 5 & 8). London, UK: Karnac Books. **(FREE E-BOOK Available online at USC's Library)**

Recommended Readings

Berg, R. C., Landreth, G. L., & Fall, K. A. (2013). *Group Counseling: Concepts and Procedures* (4th ed.). New York, NY: Routledge.

Freeman, A. (2013). *Cognitive therapy with couples and groups.* Springer Science & Business Media.

Karakurt, G., Whiting, K., Esch, C., Bolen, S. D., & Calabrese, J. R. (2016). Couples therapy for intimate partner violence: A systematic review and meta-Analysis. *Journal of Marital and Family Therapy*, *42*(4), 567-583.

Pera, G., & Robin, A. L. (Eds.). (2016). *Adult ADHD-focused Couple Therapy: Clinical Interventions*. New York, NY: Routledge.

Unit 15:	Chapter 2 Student Evaluations, Termination, Continuing Education	**Month Date**

Topics
- Chapter 2 Student Evaluation in case consultation format
- Terminating with long-term complex clients
- Social work continuing education, specializations and certifications
- Licensing (National)

This Unit relates to course objectives 1-5.

Required Readings

Swift, J. K., Greenberg, R. P., Whipple, J. L., & Kominiak, N. (2012). Practice recommendations for reducing premature termination in therapy. *Professional Psychology: Research and Practice*, *43*(4), 379.

Recommended Readings

Fieldsteel, N. D. (1996). The process of termination in long-term psychoanalytic group therapy. *International Journal of Group Psychotherapy*, *46*(1), 25-39.

Westmacott, R., & Hunsley, J. (2016). Psychologists' perspectives on therapy termination and the use of therapy engagement/retention strategies. *Clinical Psychology & Psychotherapy*. doi: 10.1002/cpp.2037

Summative Experience (Week 16)	**Month Date**

STUDY DAYS / NO CLASSES	**Month Date**

NO FINAL EXAMINATION

University Policies and Guidelines

VIII. 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 day observance.

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

IX. ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards*https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct/.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* http://equity.usc.edu/ or to the *Department of Public Safety* http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* http://www.usc.edu/student-affairs/cwm/ provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

X. SUPPORT SYSTEMS

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* http://dornsife.usc.edu/ali, which sponsors courses and workshops specifically for international graduate students. *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html provides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information* http://emergency.usc.edu/will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XI. 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."

XII. 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.

XIII. 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.

XIV. 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.

XV. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the lead of the course. If you do not receive a satisfactory response or solution, contact your advisor and/or Vice Dean for further guidance.

XVI. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ 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.

- ✓ Reference the handout "Guidelines for Reading Handout."

Don't procrastinate or postpone working on assignments