USC Suzanne Dworak-Peck

School of Social Work

Social Work 605

Human Behavior and Mental Health

3 Units

Fall, 2017

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Office Hours: Tuesday 3:30pm-4:30pm PST

Course ID: SOWK-605 Sect 67412

I. COURSE PREREQUISITES

SOWK 505

II. CATALOGUE DESCRIPTION

Understanding problem-producing behaviors and their ramifications on individuals, families, and groups that comprise the clientele in mental health settings. Required for students in Mental Health concentration.

III. COURSE DESCRIPTION

This 3-unit course builds on the content from the human behavior courses from the first year including social learning, psychodynamic, trauma, stress and coping, and neurobiology to help explain the mental health functioning of individuals seen in the mental health service system. Explanatory theories are expanded and deepened with a particular emphasis on the problems encountered in multicultural environments.

IV. COURSE OBJECTIVES

The Human Behavior and Mental Health course (SOWK 605) will:

Objective #	Objectives
1	Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in mental health settings.
2	Teach the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on mental health functioning; how they may assert risk or protective influence against mental health problems.
3	Provide opportunities to understand the interrelationship between oppression, disempowerment, and mental health problems.
4	Describe recent research and landmark studies of mental health for critical evaluation.
5	Teach aspects of neurobiology as they relate to mental health.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the class will primarily be didactic and interactive. Students are expected to come to class prepared to discuss the material and are encouraged to share brief, relevant, clinical experiences. Appropriate videos and case vignettes will be used to illustrate class content.

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	
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 2: **Engage Diversity and Difference in Practice** Using research, social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity, and are able to apply this knowledge to work empathically and effectively with diverse populations. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand 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. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. Social workers, through self-reflection, continue to assess and address their values, building knowledge to dispel myths regarding mental illness and stereotypes of individuals living with mental illnesses. Social workers are able to consistently identify and use practitioner/client differences from a strengths perspective. Social workers view themselves as learners and engage those with whom they work as informants.	**2**. Teach the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on mental health functioning; how they may assert risk or protective influence against mental health problems. **3.** Provide opportunities to understand the interrelationship between oppression, disempowerment, and mental health problems.	**2a:** Understand the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on mental health functioning and how they may assert risk or protective influence against mental health problems. **2b**: Evaluate the strengths and weaknesses of multiple theoretical perspectives and how they can be differentially applied to diverse clients.	Knowledge, Cognitive and Affective Processes	**Unit 1:** Biological Perspectives **Unit 2:** Contemporary Attachment Theory **Unit 3:** Theories of Stress **Unit 4**: Current Psychodynamic Theories **Unit 5:** Psychosocial Perspectives **Unit 6:** Anxiety and Obsessive-Compulsive Disorders **Unit 7:** Trauma and Stressor Related Disorders **Unit 8:** Dissociative Phenomena **Unit 9-10:** Depression and Bipolar Disorders **Unit 11:** Personality Disorders: Narcissistic Personality Disorder **Unit 12:** Personality Disorders: Borderline Personality Disorder **Unit 13:** The Schizophrenia Spectrum **Unit 14:** Eating Disorders **Unit 15:** Substance Related and Addictive Disorders **Assignment 1**: Paper **Assignment 2:** Quiz **Assignment 3:** Paper **Class Participation and Classroom Exercises**

Competency	Objectives	Behaviors	Dimensions	Content
Competency 3: **Advance Human Rights and Social, Economic, and Environmental Justice** Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, mental health care and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers practicing in mental health care settings understand the potentially challenging effects of economic, social, and cultural factors in the lives of clients and client systems. They also understand the stigma and shame associated with disorders, diagnoses, and help-seeking behaviors across diverse populations and strive to ameliorate the stigma and shame on an individual, community and society-wide basis. Social workers use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention; and advocate at multiple levels for mental health care parity and reduction of mental health care disparities for diverse populations.	**3.** Provide opportunities to understand the interrelationship between oppression, disempowerment, and mental health problems.	**3a:** Appreciate the interrelationship between oppression, disempowerment, and mental health problems in the lives of individuals living with mental illnesses.	Cognitive and Affective Processes.	**Unit 3:** Theories of Stress **Unit 5:** Psychosocial **Class Participation and Classroom Exercises**

Competency	Objectives	Behaviors	Dimensions	Content
Competency 5: **Engage in Policy Practice** Social workers practicing in mental health care settings recognize the connection between clients, practice, and both public and organizational policy. They understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers have knowledge of advocacy methods that contribute to effective policies that promote mental health and well-being and they actively contribute to the development and improvement of social policies that support persons throughout the life span. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy as well as have knowledge about factors that influence the development of legislation, policies, program services, and funding at all system levels.	**5.**Teach aspects of neurobiology as they relate to mental health.	**5a.** Recognize that the deleterious effects of trauma across populations and stages of life are sufficiently pervasive to constitute a public health crisis that requires significant local, state, national, and international policy responses.	Knowledge	**Unit 3:** Theories of Stress **Unit 7:** Trauma and Stressor Related Disorders **Class Participation and Classroom Exercises**

Competency	Objectives	Behaviors	Dimensions	Content
Competency 6: **Engage with Individuals, Families, Groups, Organizations, and Communities** Social workers in mental health care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with individuals with mental illnesses understand that engagement involves the dynamic, interactive, and reciprocal processes. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge along with knowledge of practice theories (models, strategies, techniques, and approaches) to facilitate engagement with individuals, families and groups. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies.	1. Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in mental health settings. 4. Describe recent research and landmark studies of mental health for critical evaluation. 5. Teach aspects of neurobiology as they relate to mental health.	**6b.** Synthesize multiple frameworks and sources of information to develop strategies for engagement.	Cognitive and Affective Processes	**Units 1 – 15** **Class Participation and Classroom Exercises**

Competency	Objectives	Behaviors	Dimensions	Content
Competency 7: **Assess Individuals, Families, Groups, Organizations, and Communities** Social workers in mental health 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. Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in mental health settings.	**7a.** Knowledgeably apply the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in mental health settings when assessing individuals with mental illnesses	Knowledge	**Unit 7:** Trauma and Stressor Related Disorders **Unit 8:** Dissociative Phenomena **Unit 9-10:** Depression and Bipolar Disorders **Unit 11:** Personality Disorders: Narcissistic Personality Disorder **Unit 12:** Personality Disorders: Borderline Personality Disorder **Unit 13:** The Schizophrenia Spectrum **Unit 14:** Eating Disorders **Unit 15:** Substance Related and Addictive Disorders **Class Participation and Classroom Exercises**

VII. COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Paper	Week 6 10/3/17	20%
Assignment 2: Quiz	Week 10 10/31/17	20%
Assignment 3: Paper	Week 15 12/5/17	50%
Class Participation and Classroom Exercises	Ongoing	10%

Each of the major assignments is described below.

Assignment #1

The first assignment is a paper that is a clinical application of theory. The student is asked to apply Contemporary Attachment theory and Self Psychology to a client they currently see in treatment or saw in first year placement. This will be a scholarly paper, drawing on the relevant literature. Diversity issues must be addressed. Length: 8-10 pages. Other details and rubrics can be found at the end of this syllabus.

Due: Week 6 10/3/17

This assignment relates to student learning outcomes 2a and 2c; 6a and 6b

Assignment #2

The second assignment is a take-home essay covering units 6-9 integrating both class lectures and assigned readings. The student is asked to respond to three essay questions that will be given out in class two weeks prior to the due date. Other details can be found at the end of the syllabus.

Due: Week 10 10/31/17

This assignment relates to student learning outcomes 2a and 2c; 6a and 6b

Assignment #3

The final assignment is a paper. The student is asked to apply a theory that best explains a mental disorder (e.g., PTSD), symptom (e.g., depression), or problem (e.g., domestic violence). This is a scholarly paper, drawing upon empirical research and relevant literature. Diversity issues must be addressed. Length: 12-15 pages. Other details and rubrics can be found at the end of this syllabus.

Due: Week 15 12/5/17

This assignment relates to student learning outcomes 2a and 2c; 6a and 6b.

Class Participation (10% of Course Grade)

Class participation is defined as students' active engagement in class-related learning. Students are expected to participate fully in the discussions and activities that will be conducted in class. Students are expected to contribute to the development of a positive learning environment and to demonstrate their learning through the quality and depth of class comments, participation in small group activities, and experiential exercise and discussions related to readings, lectures, and assignments. Class participation should consist of meaningful, thoughtful, and respectful participation based on having completed required

and independent readings and assignments prior to class. When in class, students should demonstrate their understanding of the material and be prepared to offer comments or reflections about the material, or alternatively, to have a set of thoughtful questions about the material. Class participation evaluation will be based on the following criteria:

1. **Good Contributor:** Contributions in class reflect thorough preparation. Ideas offered are usually substantive, provide good insights, and sometimes direction for the class. Challenges are well substantiated and often persuasive. If this person were not a member of the class, the quality of discussion would be diminished. Attendance is factored in. (90% to 100% points)

2. **Adequate Contributor:** Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, and provide generally useful insights but seldom offer a new direction for the discussion. Challenges are sometimes presented, are fairly well substantiated, and are sometimes persuasive. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Attendance is factored in. (80% or 90% points)

3. **Non-participant:** This person says little or nothing 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. Attendance is factored in. (40% to 80% points).

4. **Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights, and never provide a constructive direction for the class. Integrative comments and effective challenges are absent. (0% to 40% points)

Note: Students who use their cellphones during class time, or use their computers for anything unrelated to the class, will be heavily penalized in the class participation grade.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4.00	A	92.5 – 100	A
3.60 – 3.84	A-	89.5 – 92.4	A-
3.25 – 3.59	B+	86.5 – 89.4	B+
2.90 – 3.24	B	82.5 – 86.4	B
2.60 – 2.89	B-	79.5 – 82.4	B-
2.25 – 2.59	C+	76.5 – 79.4	C+
1.90 – 2.24	C	73.5 – 76.4	C
		70.5 – 73.4	C-

(*Note:* Please refer to the *Student Handbook* and the *University Catalogue* for additional discussion of grades and grading procedures.)

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-** to **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.

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Required Textbooks

Berzoff, J., Flanagan, L.M; & Hertz, P. (2011). *Inside out and outside in.* (3rd ed.). Lanham, MD: Rowman and Littlefield..

Cozolino, L. (2017). *The neuroscience of psychotherapy.* (3rd ed.) New York, NY: W.W. Norton.

Recommended Textbook

Applegate, J., & Shapiro, J. (2005). *Neurobiology for clinical social work: Theory and practice.* New York, NY: W.W. Norton.

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain. (*2nd ed.). New York, NY: W.W. Norton.

On Reserve

All required articles, chapters in non-required books, and some recommended readings can be accessed through ARES. Books have been placed on reserve in Leavey Library.

Course Overview

Unit	Topics	Assignments
1	**Biological Perspectives** Session 1	
2	**Contemporary Attachment Theory**	
3	**Theories of Stress**	
4	**Current Psychodynamic Theories**	
5	**Psychosocial Perspectives**	
6	**Anxiety and Obsessive-Compulsive Disorders**	Assignment 1 due Week 6
7	**Trauma and Stressor Related Disorders**	
8	**Dissociative Phenomena**	
9	**Depression and Bipolar Disorders**	
10	**Depression and Bipolar Disorders (Con't)**	Assignment 2 due Week 10
11	**Personality Disorders: Narcissistic Personality Disorder**	
12	**Personality Disorders: Borderline Personality Disorder**	
13	**The Schizophrenia Spectrum**	
14	**Eating Disorders**	
15	**Substance-Related and Addictive Disorders**	Final Paper due Week 15

Course Schedule

| Unit 1: | Biological Perspectives | 8/29/17 |

Topics

- Interface between neuroscience and psychological research
- Overview of brain structures and functions

This unit relates to course objectives 1 and 4

Required Reading

Cozolino, L. (2017). Building and rebuilding the brain: Psychotherapy and neuroscience. In *The neuroscience of psychotherapy* (3rd ed., pp. 14-33). New York, NY: W.W. Norton.

Recommended Reading

Applegate, J., & Shapiro, J. (2005). The brain: An introductory tutorial. In *Neurobiology for clinical social work: Theory and practice* (pp. 1-14). New York, NY: W.W. Norton.

Applegate, J., & Shapiro, J. (2005). The neurobiology of memory. In *Neurobiology for clinical social work: Theory and practice* (pp. 15-25). New York, NY: W.W. Norton.

Cozolino, L. (2017). The human nervous system: From neurons to neural networks. In *The neuroscience of psychotherapy* (3rd ed., pp. 57-74). New York, NY: W.W. Norton.

| Unit 2: | Contemporary Attachment Theory | 9/5/17 |

Topic

- Attachment Theory and Neurobiology

This unit relates to course objectives 1, 4 and 5

Required Reading

Cozolino, L. (2017). The neurobiology of attachment. In *The neuroscience of psychotherapy* (3rd ed., pp. 237-261). New York, NY: W.W. Norton.

Gerdes, K., & Segal, E. (2011). Importance of empathy for social work practice: Integrating new science. *Social Work, 56*(2), 141-148.

Schore, J., & Schore, A. (2012). Modern attachment theory: The central role of affect regulation in development and treatment. In *The science of the art of psychotherapy* (pp. 28-51). New York, NY: W.W. Norton.

Recommended Reading

Amini, F., Lewis, T., Lannon, R., Louie, A., Baumbacher, G., McGuinness, T., & Schiff, E. Z. (1996). Affect, attachment, memory: Contributions toward psychobiologic integration. *Psychiatry, 59*, 213-239.

Applegate, J., & Shapiro, J. (2005). Affect: Toward a neuropsychological integration. In *Neurobiology for clinical social work: Theory and practice* (pp. 26-39). New York, NY: W.W. Norton.

Applegate, J., & Shapiro, J. (2005). Early affect regulation: Prelude to attachment. In *Neurobiology for clinical social work: Theory and practice* (pp. 40-57). New York, NY: W.W. Norton.

Applegate, J., & Shapiro, J. (2005). Attachment: The relational base of affect regulation. In *Neurobiology for clinical social work: Theory and practice.* (pp. 58-81). New York, NY: W.W. Norton

Brisch, K. H. (2011). *Treating attachment disorders: From theory to therapy* (2nd ed., pp. 7-82). New York, NY: Guilford Press.

Cicchetti, D., & Toth S. (1995). A developmental psychopathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 541-565.

Glaser, D. (2000). Child abuse and neglect and the brain -- A review. *Journal of Child Psychology and Psychiatry, 41*(1), 97-116. (Instructor Note: Great review of the literature up to this date.)

Karr-Morse, R., & Wiley, M. (1997). *Ghosts from the nursery: Tracing the roots of violence.* New York, NY: Atlantic Monthly Press. (Instructor note: Classic)

Lyons-Ruth, K., & Block, D. (1996). The disturbed caregiving system: Relations among childhood trauma, maternal caregiving, and infant affect and attachment. *Infant Mental Health, 17*(3), 257-275.

Siegel, D. (2012). Mind, brain, and relationships. In *The developing mind* (2nd ed., pp. 1-45). New York, NY: Guilford Press.

Unit 3:	Theories of Stress
	9/12/17

Topics

- Neurobiology of stress
- Stress-Diathesis theory
- Impact of parenting behaviors on children
- Internalizing and externalizing disorders
- Film: *Stress: Portrait of a killer*

This unit relates to course objectives 1-5.

Required Reading

Perry, B., & Szalavitz, M. (2007). Stairway to heaven. In *The boy who was raised as a dog* (pp. 57-80). New York, NY: Basic Books.

Siever, L. J. (2008) Neurobiology of aggression and violence. *The American Journal of Psychiatry. 165*(1), 429-442.

Recommended Reading

Applegate, J., & Shapiro, J. (2005). Vulnerable dyads: The quality of early caregiving relationships. In *Neurobiology for clinical social work: Theory and practice* (pp. 82-118). New York, NY: W.W. Norton.

Applegate, J., & Shapiro, J. (2005). Infant mental health: From understanding to prevention. In *Neurobiology for clinical social work: Theory and practice* (pp. 119-140). New York: W.W. Norton.

Baron-Cohen, S., Tager-Flusberg, H., & Cohen, D. (2000). *Understanding other minds.* New York, NY: Oxford University Press.

Bradley, S. (2000). Externalizing disorders: The disruptive behavior disorders. In *Affect regulation and the development of psychopathology* (pp. 203-228). New York, NY: Guildford Press.

Brisch, K. H. (2012). Attachment disorders in school-age children: School phobias, underachievement, aggressiveness. In *Treating attachment disorders: From theory to therapy* (pp. 185-199). New York, NY: Guilford Press.

Burt, A., Krueger, R., McGue, M., & Iacono, W. (2003). Parent-child conflict and the comorbidity among childhood externalizing disorders. *Archives of General Psychiatry, 60*(5), 505-513.

Danzer, R., O'Connor, J., Freund, G., Johnson, G., & Kelley, K. (2008). From inflammation to sickness and depression: When the immune system subjugates the brain. *Neuroscience*, *9*, 46-57.

Fisher, P., Gunnar, M, Dozier, M., Bruce, J., & Pears, K. (2006). Effects of therapeutic interventions for foster children on behavioral problems, caregiver attachment, and stress regulatory neural systems. *Annals of the New York Academy of Sciences, 1094*, 215-225.

Gorman, C. (2003, July 28). The new science of dyslexia. *Time,* 52-59.

Granic, I., & Patterson, G. (2006). Toward a comprehensive model of antisocial development: A dynamic systems approach. *Psychological Review*, *113*(1), 101-131.

Harvard Mental Health Letter (2011). Understanding the stress response*, 27*(9), 4-5.

Karr-Morse, R., & Wiley, M. (1997). The hand that rocks. In *Ghosts from the nursery* (pp. 175-220)*.* New York, NY: Atlantic Monthly Press. (Instructor Notes: Classic.)

Lupien, S., McEwen, B., Gunnar, M., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Neuroscience, 10*, 434-445.

Perry, B., & Szalavitz, M. (2010). No mercy. In *Born for love* (pp. 120-144). New York, NY: Harper Collins. (Instructor note: And other chapters.)

Schore, A. N. (2012). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience (pp. 52-70). In *The science of the art of psychotherapy.* New York, NY: W.W. Norton.

Sontag, L., Graber, J., Brooks-Gunn, J., & Warren, M. (2008). Coping with social stress: Implications for psychopathology in young adolescent girls. *Journal of Abnormal Child Psychology, 36*, 1159-1174.

Szalavitz, M., & Perry, B. (2010). The intense world. In *Born for love* (pp. 72-95). New York, NY: Harper Collins. (Instructor note: On autism)

Waldinger, R., & Toth, S. (2001). Maltreatment and internal representations of relationships: Core relationship themes in the narratives of abused and neglected preschoolers. *Social Development, 10*(1), 41-58. (Instructor note: Empirical article supporting object relations theory)

Whitsett, D. (2006). The psychobiology of trauma and child maltreatment. *Cultic Studies Journal, 5*(3), 351-373.

Unit 4:   Current Psychodynamic Theories   **9/119/17**

Topics
- Building on the past: from Freud to modern psychodynamic theory
- Overview of Object Relations and Self Psychology theories

This unit relates to course objectives 1-4

Required Reading

Carr, E. & Cortina, M. (2011). Heinz Kohut and John Bowlby: The men and their ideas. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals, 3,* 42-57.

Flanagan, L. M. (2011). Object relations theory. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in. (*3rd ed., pp. 118-157). Lanham, MD: Rowman & Littlefield. (Review from 503)

Flanagan, L. M. (2011). The theory of self psychology. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in. (*3rd ed., pp. 158-185). Lanham, MD: Rowman & Littlefield.

Kohut, H., & Wolf, E. (1978). Disorders of the self and their treatment: An outline. *International Journal of Psychoanalysis, 59*, 413-425 (Instructor note: Landmark article.)

Recommended Reading

Banai, E., Shaver, P., & Mikulincer, M. (2005). "Selfobject" needs in Kohut's self psychology. *Psychoanalytic Psychology, 22*(2), 224-259.

Review: Berzoff, J. (2011). Freud's psychoanalytic concepts. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in (*3rd ed., pp. 18-47). Lanham, MD: Rowman & Littlefield.

Cozolino, L. (2010). Neural integration in different models of psychotherapy. In *The neuroscience of psychotherapy* (2nd ed., pp. 22-35). New York, NY: W.W. Norton.

Schore, J., & Schore, A. (2010). Clinical social work and regulation theory: Implications of neurobiological models of attachment. In S. Bennet & J. Nelson (Eds.), *Essential clinical social work series* (pp. 57-75). New York, NY: Springer.

Shamess, G., & Shilkret, R. (2011). Ego psychology. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 62-96). Lanham, MD: Rowman & Littlefield.

Shamess, G., (2011). Structural theory. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 48-61). Lanham, MD: Rowman & Littlefield.

Shilkret, R., & Shilkret, C. (2011). Attachment theory. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 186-207). Lanham, MD: Rowman & Littlefield. (Instructor note: Review.)

St. Clair. (2004). Margaret Mahler: The psychological birth of the individual. *Object relations and self psychology: An introduction* (4th ed., pp. 87-107). Ontario, Canada: Thomson: Brooks/Cole.

St. Clair, M. (2004). Stephen A. Mitchell: The integrated relational model. *Object relations and self psychology: An introduction* (4th ed., pp. 169-190). Ontario, Canada: Thomson: Brooks/Cole.

Unit 5:   Psychosocial Perspectives   **9/26/17**

Topics

- ▪ Contextualizing stress: Influences of diversity and macro factors (e.g. oppression, discrimination) on stress and mental health

This unit relates to course objectives 2 and 3

Required Reading

Berzoff, J. (2011). Psychodynamic theory and gender. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in. (*3rd ed., pp. 241-257). Lanham, MD: Rowman & Littlefield. (Instructor note: Feminist theories)

Ludwig, J., Duncan, G., Gennetian, L., Katz, L., Kessler, R., Kling, J., & Sanbonmatsu, L. (2012). Neighborhood effects on the long-term well-being of low-income adults. *Science, 337,* 1505-1510.

Mattei, L. (2011). Coloring development: Race and culture in psychodynamic theories. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 258-283). Lanham, MD: Rowman & Littlefield.

Recommended Reading

Barnard, A. (2007). Providing psychiatric mental health care for Native Americans: Lessons learned by a non-Native American PMHNP. J*ournal of Psychosocial Nursing & Mental Health Services, 45*(5), 30-35.

Brill, S., & Pepper, R. (2008). Is my child transgendered? *The transgender child* (pp. 1-37). San Francisco, CA: Cleis Press.

Burdge, B. (2007). Bending gender, ending gender: Theoretical foundations for social work practice. *Social Work, 52*(3), 243-250.

Lee, K., & Yoon, D. (2011). Factors influencing the general well-being of low-income Korean immigrant elders. *Social Work, 56*(3), 269-278.

Lee, R., & Balick, M. (2003). Stealing the soul, soumwahu en naniak, and susto: Understanding culturally-specific illnesses, their origins and treatment. *Alternative Therapies in Health and Medicine, 9*(1), 106-111.

Link, B. & Phelen, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior,* Extra issue, 80-94.

Mather, C. (2005). Accusations of genital theft: A case from northern Ghana. *Culture, Medicine, & Psychiatry*, *29*, 33-52.

Mays, V., & Cochran, S. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health, 91*(11), 1869-1876.

Negy, C., Hammons, M., Reig-Ferrer, A., & Carper, T. (2010). The importance of addressing acculturative stress in marital therapy with Hispanic immigrant women. *International Journal of Clinical and Health Psychology, 10*(1) 5-21.

Phillips, M. (1998). The transformation of China's mental health services. *The China Journal, 19*(39), 1-36. (Instructor Note: Essential for international social work in China.)

Ranjith, G., & Mohan, R. (2006). Dhat syndrome as a functional somatic syndrome: Developing a sociosomatic model. *Psychiatry, 69*(2), 142-150.

Rodriguez, E. (2010). At the intersection of church and gay: A review of the psychological research on gay and lesbian Christians. *Journal of Homosexuality, 57*(1), 5-38. Where should this go?

Sianko, N. (2011). Gender equality and women's mental health: What's on the agenda? *American Orthopsychiatric Association, 81*(2), 167-171.

Siegel, D. (2012). *The developing mind* (2nd ed.). New York, NY: Guilford Press.

Viladrich, A., & Abraı´do-Lanza, A. F. (2009). Religion and mental health among minorities and immigrants in the U.S. In S. Loue & M. Sajatovic (Eds.), *Determinants of minority mental health and wellness (*pp. 149-174). New York, NY: Springer.

Whitsett, D., & Whitsett, D. (1996). Anti-Black racism and its consequences: A self psychology/object relations perspective. *Journal of Analytic Social Work, 3*(4), 61-81.

Yakushko, O., Watson, M., & Thompson, S. (2008). Stress and coping in the lives of recent immigrants and refugees: Considerations for counseling. *International Journal for Advanced Counseling, 30*, 167-178.

Yeh, C. J. (2003). Age, acculturation, cultural adjustment, and mental health symptoms of Chinese, Korean, and Japanese immigrant youths. *Cultural Diversity and Ethnic Minority Psychology*, *9*(1), 34-48.

Unit 6:   Anxiety and Obsessive-Compulsvie Disorders   10/3/17

Topic

- Anxiety disorders from childhood to adulthood

This unit relates to course objectives 1, 2, and 4

Required Reading

Berzoff, J. (2011). Anxiety and its manifestations. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed*.*, pp. 416-439). Lanham, MD: Rowman & Littlefield.

Borden, W. (2009). Psychoanalysis in Great Britain: Melanie Klein and beyond. *Contemporary psychodynamic theory and practice.* Chicago, IL.: Lyceum Books. 63-74.

Clark, D., & Beck, A. (2010). Cognitive theory and therapy of anxiety and depression: Convergence with neurobiological findings. *Trends in Cognitive Sciences, 14*(9), 418-424.

Cozolino, L. (2017). The anxious and fearful brain. In *The neuroscience of psychotherapy* (3rd ed., pp. 283-304)*.* New York, NY: W.W. Norton.

Recommended Reading

Brisch, K. H. (2011). Attachment disorders in adults. *Treating attachment disorders: From theory to therapy* (pp. 219-255). New York, NY: Guilford Press.

Drake, K. & Ginsburg, G. (2012). Family factors in the development, treatment, and prevention of childhood anxiety disorders. *Clinical Child and Family Psychological Review, 15,* 144-162.

Mahoney, D. (2000). Panic disorder and self states. *Clinical Social Work Journal, 28*(2), 197-212.

O'Connor, J. J. (2008) A flaw in the fabric: Toward an interpersonal psychoanalytic understanding of obsessive–compulsive disorder. *Journal of Contemporary Psychotherapy, 38*(1), 87-96.

Pennington, B. (2002). Disorders of action regulation. In *The development of psychopathology: Nature and Nurture* (pp. 194-207). New York, NY: Guildford Press.

Unit 7: Trauma and Stressor Related Disorders   10/10/17

Topics

- Neurobiological and biopsychological paradigms
- Focus on interpersonal violence (IPV), disasters, and combat-related trauma
- Simple vs. complex trauma
- Coping theory, resiliency, and posttraumatic growth

This unit relates to course objectives 1-5

Required Reading

Basham, K. (2011). Trauma theories and disorders. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed*.*, pp. 440-474). Lanham, MD: Rowman & Littlefield.

Charuvastra A. & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology, 59*, 301-328.

Cozolino, L. (2017). Impact of trauma: Biochemical dysregulation and neural network dissociation. In *The neuroscience of psychotherapy* (3rd ed., pp. 323-341). New York, NY: W.W. Norton.

Levendosky, A.A., Lannert, B. & Yalch, M. (2012). The effects of intimate partner violence on women and child survivors: An attachment perspective. *Psychodynamic Psychiatry*, *40*(3), 397-433

Moran, S., Burker, E., & Schmidt, J. (2013). Posttraumatic growth and posttraumatic stress in veterans. *Journal of Rehabilitation, 79*(2). 34-43.

Satcher, D., Tepper, M.S., Thrashwer, C., & Rachel, S. (2012). Breaking the silence: Supporting intimate relationships for our wounded troops and their partners: A call to action. *International Journal of Sexual Health, 24.* 6-13.

Van der Kolk, B. (2014). Developmental trauma: The hidden epidemic. *The body keeps the score.* (pp.149-168). New York, NY: Viking Publishing Co.

Recommended Reading

Bremner, J. D., & Marmar, C. (Eds.) (1998). *Trauma, memory, and dissociation.* Washington, DC: American Psychiatric Press.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRose, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*(5), 390-398.

Degruy Leary, J. (2005). Posttraumatic slave syndrome. In *Posttraumatic slave syndrome* (pp. 114-143). Portland, OR: Upton Press.

Herman, J. L. (1992). *Trauma and recovery.* New York, NY: Basic Books. (Instructor note: Classic; every student should read this book.)

Liotti, G. (1992). Disorganized/disoriented attachment in the etiology of the dissociative disorders. *Dissociation, 4*, 196-204. (Instructor note: Classic.)

Ringel, S. (2012). Attachment theory, infant research, and neurobiology. In. S. Ringel & J. Brandell. (Eds.),*Trauma* (pp. 77-96). Los Angeles, CA: Sage.

Siegel, D. (2003). An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma. In M. Solomon & D. Siegel (Eds.), *Healing trauma* (pp. 1-56). New York, NY: W.W. Norton.

Solomon, M., & Siegel, D. (Eds.) *Healing trauma.* New York, NY: W.W. Norton.

Tedeschi, R. (2011). Posttraumatic growth in combat veterans. *Journal of Clinical Psychology in Medical Settings. 18*(2). 137-144.

Terr, L. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148*(1), 10-20. (Instructor Note: Classic.)

Van der Kolk, B. (1996). The black hole of trauma. In B. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress* (pp. 3-23). New York, NY: Guilford Press.

Van der Kolk, B. (2003). Posttraumatic stress disorder and the nature of trauma. In M. Solomon & D. Siegel (Eds.), *Healing trauma* (p. 168). New York, NY: W.W. Norton.

Woodhead, C., Wessely, S., Jones, N., Fear, N., & Hatch, S.L. (2012). Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender. *Psychological Medicine, 42,* 1985-1996.

Unit 8: Dissociative Phenomena	10/17/17

Topics
- Dissociation
- W.D.R. Fairbairn

This unit relates to course objectives 1, 4 and 5

Required Reading

Borden, W. (2009). W.R.D. Fairbairn: Inner experience and outer reality. *Contemporary psychodynamic theory and practice* (pp.75-88). Chicago, IL.: Lyceum Books .

Cozolino, L. (2017). Early traumatic stress: The fragmentation of self and others. In *The neuroscience of psychotherapy* (3rd ed., pp. 305-322)*.* New York, NY: W.W. Norton.

Gill, S. (2010). The therapist as psychobiological regulator: Dissociation, affect attunement and clinical process. *Clinical Social Work Journal, 38*(1), 260-268.

Van der Kolk, B. (2014). The unbearable heaviness of remembering. *The body keeps the score.* New York, NY: Viking Publishing Co. 184-199.

Recommended Reading

Alim, T., Charney, D., & Mellman, T. (2005). An overview of posttraumatic stress disorder in African Americans. *Journal of Clinical Psychology, 62*(7), 801-813.

Cozolino, L. (2010). Laterality: One brain or two? In *The neuroscience of psychotherapy* (2nd ed., pp. 93-111)*.* New York, NY: W.W. Norton.

Kisiel, C., & Lyons, J. (2001). Dissociation as a mediator of psychopathology among sexually abused children and adolescents. *American Journal of Psychiatry, 158*, 1034-1039.

Units 9 and 10: Depression and Bipolar Disorders   **10/24/17, 10/31/17**

Topics

- Unipolar and bipolar depressions
- From adolescence to adulthood
- Film: *Out of the shadows*

This unit relates to course objectives 1, 3-5

Required Reading

Almeida, J., Johnson, R., Corliss, H., Molnar, B., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*, *38*, 1001-1014.

Beck, A. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, *165*(8), 969-977.

Berzoff, J., & Mendez, T. (2011). Mood disorders, with a special emphasis on depression and bipolar disorder. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 372-415). Lanham, MD: Rowman & Littlefield.

Zayas, L., Gulbas, L., Fedoravicius, N., & Cabassa, L. (2010). Patterns of distress, precipitating events, and reflections of suicide attempts by young Latinas. *Social Sciences and Medicine, 70*, 1773-1779.

Recommended Reading

Applegate, J., & Shapiro, J. (2005). Affect: Toward a neuropsychological integration. In *Neurobiology for clinical social work: Theory and practice* (pp. 26-39). New York, NY: W.W. Norton.

Clark, D. & Beck, A. (2010). Cognitive theory and therapy of anxiety and depression: Convergence with neurobiological findings. *Journal of Trends in Cognitive Sciences, 14*(9), 418-424.

Deitz, J. (1991). The psychodynamics and psychotherapy of depression: Contrasting the self psychological and the classical psychoanalytic perspectives. *American Journal of Psychoanalysis*, *51*(1), 61-70.

Disner, S., Beevers, C., Haigh. E., & Beck, A. (2011). Neural mechanisms of the cognitive model of depression. Nature Reviews/ *Neuroscience,* Advance online publications, 1-11.

Field, N. (2006). Unresolved grief and continuing bonds: An attachment perspective. *Death Studies, 30,* 739-756.

Haas, A., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, & A. R.,Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10-51.

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research, 47*(1), 12-23.

Shobe, M., Coffman, M., & Dmoschowski, J. (2009). Achieving the American dream: Facilitators and barriers to health and mental health in Latino immigrants. *Journal of Evidence-Based Social Work, 6*, 92-110.

Wei, M., Liao, K., Chao, R., Mallinckrodt, B., & Botello-Zamarron, P. (2010). Minority stress, perceived bicultural competence, and depressive symptoms among ethnic minority college students. *Journal of Counseling Psychology, 57*(4), 441-422.

Whybrow, P. (1997). The legacy of the lizard. The anatomy of the emotional brain. In *A mood apart* (pp. 121-147). New York, NY: Harper Perennial. (Instructor Note: Other chapters also recommended; classic.)

Unit 11:	Personality Disorders: Narcissistic Personality Disorder	11/7/17

Topic

- Focus on Narcissistic Personality Disorder

This unit relates to course objectives 1-5

Required Reading

Cozolino, L. (2017). The self in exile: Narcissism and pathological caretaking. In *The neuroscience of psychotherapy* (3rd ed., pp .342-358). New York, NY: W.W. Norton.

Hertz, P. (2011). Personality disorders with a special emphasis on borderline and narcissistic syndromes. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed., pp. 325-371). Lanham, MD: Rowman & Littlefield.

Samuel, D. & Widiger, T. (2009). Comparative gender biases in models of personality disorder. *Personality and Mental Health, 3*(1), 12-25

Recommended Reading

Borden, W. (2009). W.R.D. Fairbairn: Inner experience and outer realities. *Contemporary psychodynamic theory and practice.* (pp.75-88). Chicago, IL.: Lyceum Books.

Miller, A. (1986). Depression and grandiosity as related forms of narcissistic disturbance. In A. Morrison (Ed.), *Essential papers on narcissism* (pp. 323-347). New York, NY: New York University Press. (Instructor note: Classic.)

Schore, A. (1994). Developmental psychopathology of personality disorders. In *Affect regulation and the origin of the self* (pp. 415-430). Hillsdale, NJ: Lawrence Erlbaum Publishing.

St. Clair, M. (2004). Heinz Kohut: Self psychology and narcissism. In *Object relations and self psychology: An introduction* (4th ed., pp. 145-168). Ontario, Canada: Thomson: Brooks/Cole.

Unit 12:	Personality Disorders: Borderline Personality Disorder	11/14/17

Topic

- Focus on Borderline Personality Disorder

This unit relates to course objectives 1-5

Required Reading

Cozolino, L. (2014). Borderliine personality disorder: When attachment fails. *The neuroscience of human relationships: Attachment and the developing social brain. (*2nd ed., pp. 319-337). New York, NY: W.W. Norton.

Fonagy, P., Luyten, P., & Strathearn, L. (2011). Borderline personality disorder, mentalization, and the neurobiology of attachment. *Infant Mental Health, 32*(1), 47-69.

Lawson, C. (2000). Make-believe mothers. In *Understanding the borderline mother* (pp. 3-30). New York: Rowman & Littlefield. (Good clinical description and relevance).

Palombo, J., Bendicsen, H., & Koch, B. (2010). Otto F. Kernberg (1928). *Guide to psychoanalytic developmental theories* (pp. 181-196). New York, NY: Springer.

Unit 13:	The Schizophrenia Spectrum	11/21/17

Topics
- Neurobiology of Schizophrenia
- Psychosocial aspects of psychoses and paranoid states
- Stress-diathesis perspective
- Key features

This unit relates to course objectives 1-5

Required Reading

Hertz, P. (2011). The psychoses, with a special emphasis on schizophrenia. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed*.*, pp. 294-324). Lanham, MD: Rowman & Littlefield.

Fatemi, S.H. & Folsom, T.D. (2009). The neurodevelopmental hypothesis of schizophrenia, revisited. *Schizophrenia Bulletin, 35*(3), 528-548.

Recommended Reading

Insel, T. (2010). Rethinking schizophrenia. *Nature, 468*, 187-193.

Harvard Mental Health Letter*.* (2009). Infection, inflammation, and mental illness, *26*(4), 1-3.

Unit 14: Eating Disorders	11/28/17

Topic
- Focus on anorexia nervosa and bulimia

This unit relates to course objectives 1, 2, 4 and 5

Required Reading

Budd, G. (2007). Disordered eating: Young women's search for control and connection. *Journal of Child and Adolescent Psychiatric Nursing, 20*(2), 96-106.

Farber, S. (2008). Traumatic attachment and dissociation in self-harm: Eating disorders and self-mutilation. *Clinical Social Work Journal, 36*(1), 63-72.

Wolrich, M. (2011).Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal,* 39, 101-110.

Recommended Reading

Bachar, E. (1998). The contributions of self psychology to the treatment of anorexia and bulimia. *American Journal of Psychotherapy, 52*(2), 147-165.

Boisvert, J. A., & Harrell, W. A. (2009). The effects of English-speaking in the household and immigrant heritage on eating disorder symptomatology among Canadian women & men. *Women's Health and Urban Life, 8*(2), 64-83.

Farber, S., Tabin, J., Jackson, C., & Bachar, E. (2007). Death and annihilation anxieties in anorexia nervosa, bulimia, and self-mutilation. *Psychoanalytic Psychology, 24*(2), 289-305.

Weltzin, T. (2012). Gender differences: Eating disorders in males. Part 2.*Psychiatric Times,* 32-33.

<table>
<tr><td>**Unit 15: Substance-Related and Addictive Disorders**</td><td>**12/5/17**</td></tr>
</table>

Topic

- Focus on alcohol and drug abuse

This unit relates to course objectives 1, 2, 4 and 5

Required Reading

McNeece, C.A. & DiNitto, D. (2012). The etiology of addiction. In C.A. McNeece & D. DiNitto (Eds.), *Chemical dependency: A systems approach* (pp.25-38). Boston, MA: Pearson.

Padilla, Y., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work, 55*(3), 265-275.

Wilcox, R. & Erickson, C. (2012). The brain biology of drug abuse and addiction. In C.A. McNeece & D. DiNitto, *Chemical dependency: A systems approach* (pp.39-55). Boston, MA: Pearson.

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 (xxx@usc.edu) 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.   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 Part B, Section 11, "Behavior Violating University Standards" https://policy.usc.edu/scampus-part-b/. 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.

XI.   SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. https://engemannshc.usc.edu/counseling/

National Suicide Prevention Lifeline - 1-800-273-8255
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. http://www.suicidepreventionlifeline.org

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender-based harm. https://engemannshc.usc.edu/rsvp/

Sexual Assault Resource Center
For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: http://sarc.usc.edu/

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086
Works with faculty, staff, visitors, applicants, and students around issues of protected class. https://equity.usc.edu/

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. https://studentaffairs.usc.edu/bias-assessment-response-support/

Student Support & Advocacy – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. https://studentaffairs.usc.edu/ssa/

Diversity at USC – https://diversity.usc.edu/
Tabs for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

XII.   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."

XIII.   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.

XIV.   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.

XV.   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.

XVI.   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 lead instructor Dr. Doni Whitsett (ground) or Dr. Eileen Abel (VAC) If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

XVII.   Tips for Maximizing Your Learning Experience in this Course (Optional)

- ✓ 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.

Don't procrastinate or postpone working on assignments.

HUMAN BEHAVIOR AND MENTAL HEALTH
Fall 2017

Assignment #1: Clinical Application of Explanatory Theory

Please choose a client with whom you are currently working or with whom you have worked in the past. Analyze the case in terms of *Contemporary Attachment Theory*, an integration of *Attachment Theory* and *Neurobiology* with an emphasis on Neurobiology. The latter would include information on how stress affects your client. Next, please switch to a *Self Psychology* paradigm, analyzing the case using a Kohutian framework. A brief introduction of the case should take up no more than ½ page.

Students should draw upon the material presented in this course that includes the readings on the syllabus and class lectures/discussions. Please include some issues of diversity where applicable.

This is a scholarly paper; at least 10 references are required, 6 of which must be from the syllabus. Power Point slides and class lectures may not be counted among these references, scholarly references only. The paper should be 8 – 10 pages in APA style, using 12 pt. font, either 1.5 or double spaced. There is a lot to get into these pages so make every sentence count. Be succinct, no fluff! There will be no "do overs." Paper is worth 20% of the final grade. This assignment is due by midnight PT on the sixth week of class (actual date to be provided by your instructor). Please submit an electronic copy through the VAC platform. Do not email.

Grading Guidelines

Theoretical Perspective = 75%

>Papers will be graded on accuracy, comprehension, and depth of understanding. You do not need to use readings other than those on the syllabus. Because you have a limited number of pages you will need to be succinct and make every sentence count.

Writing style = 25%

>Writing style includes good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation).

HUMAN BEHAVIOR AND MENTAL HEALTH
Fall, 2017

Assignment #2

Assignment #2: Take home quiz

This 2nd assignment consists of two short essays. You will be given a list of questions to choose from two weeks before the quiz is due. Please answer the questions in 4-6 pages. References are required and you must have a reference page. There is no required number of references for this assignment.

Your answers to the questions should be based upon scholarly sources and we strongly encourage use of the readings from the syllabus. Power point slides are not considered scholarly. Please include diversity issues wherever applicable.

Paper is worth 20% of the final grade. This assignment is due following the **Week 10 live session (actual date and time to be provided by your instructor).** Please submit an electronic copy to the VAC grading platform.

Questions will be handed out two weeks before the paper is due.

HUMAN BEHAVIOR AND MENTAL HEALTH
Fall 2017

Assignment #3: Application of theory to a mental health issue

COMPONENTS OF THE PAPER

Theory:
Choose a symptom (e.g. depression), disorder (e.g. personality disorder), or problem (e.g. family violence) in which you are interested and discuss it from one of the following theoretical perspectives.

> Object Relations theory – an integration of at least two theorists; not Bowlby or
>   Mahler: (e.g. Bion, Klein, Rank, Sandler, Guntrip, Greenberg and Mitchell,
>   Stolorow [intersubjectivity]).
> Mentalization theory (Fonagy)
> Kernberg
> Masterson
> Fairbairn
> Contemporary Cognitive Behavioral theory (includes neurobiology)
> Trauma theories (integration of psychological and biological theory, includes dissociation)
> Social Learning theory (at a more advanced level than 1st year)

> Theories you may <u>not</u> use are the following: Ecological, Systems, Erikson, Freud, and any others emphasized in HBSE 1st year. It is strongly suggested that you run the theory by the instructor to make sure it meets the requirements of the assignment.

> We are going for depth rather than breadth in this section. Please note **the theoretical section is worth 55%** of the final assignment grade.

Neurobiology:
> A section on neurobiology is required.

Diversity:
> Diversity issues must also be included. You don't have to cover them all, but you need to demonstrate an awareness of how these factors (class, gender, culture,   race, sexual orientation) may impact upon your subject (e.g. women who have been incested and the relationship to borderline personality disorder development).

Treatment:
> A small treatment section (2-3 pages) is also required. Be sure the treatment flows from your theoretical perspective.

ADDITIONAL INSTRUCTIONS: Please read carefully

You may not use the same topic for this paper that you use for your Practice paper. In the past, students who have done so overlap too much and end up essentially plagiarizing themselves (i.e. using the same paper for two courses which is against university policy).

An "A" paper demonstrates an integration of assigned readings, class lectures, and your own research. Internet resources should be limited to 3 sites and the websites clearly identifying the subject. Please be sure these are reputable sites (e.g. Cochrane or Campbell Collaborations, Medscape) and preferably peer reviewed. While Wikipedia may be a starting point for some research, the information it contains should be verified through other sources. Please demonstrate original thinking wherever possible. You may use a case or small vignettes to illustrate the concepts but please remember this is not a practice paper so a vignette should be no more than one page.

Papers will be graded not only on content but on writing style as well. In other words, papers should be well-written, well-organized, and concepts clearly articulated.

FORMAT

> 12-15 pages; double spaced
>
> Use normal fonts (nothing smaller than the type on this sheet, please!) and normal margins. APA style is required (which includes headings).
>
> At least 12 references are required with 8 coming from the syllabus. Class lectures and Power Points may not count among them.

Due date/times and delivery methods: Papers are due during the last week of class (actual date and time to be provided by your instructor). All papers must be uploaded to the VAC grading platform.

Extensions will be given only in rare cases and under extenuating circumstance. Papers submitted late without permission of the instructor will be penalized 3 points per day.

Please also be aware that a grade of *incomplete* cannot be given except in cases of "a documented illness or other emergency occurring after the twelfth week of the semester." An emergency, as defined by University policy, is "*a situation or event which could not be foreseen and which is beyond the student's control, and which prevents the student from ... completing the course requirements*." (Scampus)

GRADING GUIDELINES

The paper is worth 50% of your course grade. Following is a grading rubric:

Content:	75%		
Process:	<u>25%</u>		
		100%	Total

Content

Theoretical perspective*	55%
Neurobiology	5%
Diversity	5%
Treatment section	5%
Introduction	<u>5%</u>
	75%

Process

Writing style**	20%
Critical thinking	<u>5%</u>
	25%

*<u>Theoretical perspective</u> includes use of the literature (readings on the syllabus as well as outside readings) and demonstrating integration of class lecture material.

*<u>Writing style</u> includes good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation). An "A" paper demonstrates mastery of the topic as well as understanding of the complex nature of the subject. (See student handbook for further elaboration).