

**Social Work 647
Section #60492**

Advanced Practice With Complex Social Work Cases

3 Units

The function of education is to teach one to think intensively and to think critically.
Intelligence plus character—that is the goal of true education.
—**Martin Luther King Jr.**

Spring 2018

Instructor:	Kristen Zaleski, PhD, LCSW		
E-Mail:	Kristen.Zaleski@usc.edu	Course Day:	Wednesday
Office:	OCAC 108	Course Time:	1-3:50 p.m.
Office Hours:	Tuesday at noon		

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 cases 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-5. 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 multifaceted 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 AMHW.
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	
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
<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>Knowledge/Skills</p>	<p>Unit 2: Advanced Assessment Skills I: Specialty Assessment</p> <p>Unit 3: Introduction to the Neurobiology of Assessment, Intervention, and Evaluation Skills II: Understand the neurobiology of these skill and rehearsal</p> <p>Unit 6: Neurobiology of Sexual and Gender Minorities</p> <p>Unit 7: Explicit interventions for the LGBT and GNC Community</p> <p>Assignment 1: Bio/Psych/Sock Assessment Paper with complex case</p> <p>Assignment 2: Reading Application & Quiz</p>
		<p>7b. Critically evaluate thoughts, feelings, and behaviors and their potential influence when assessing complex cases.</p>	<p>Cognitive and Affective Processes</p>	

Competency	Objectives	Behaviors	Dimensions	Content
<p>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.</p>	<p>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.</p>	<p>8a. Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.</p> <p>8b. Critically evaluate thoughts, feelings, and behaviors and their potential influence when intervening with complex cases.</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>	<p>Unit 8: Integrating Implicit and Explicit Interventions I</p> <p>Unit 9: Integrating Implicit and Explicit Interventions II: Diagnosis and Treatment for the Body</p> <p>Unit 10: Knowing When to Do What in Therapy</p> <p>Unit 11: Neuro-Integrative Therapies for Reconnection: Couples Therapy I</p> <p>Assignment 3: Clinical Skills Demonstration</p> <p>Class Participation</p>

VII. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

Capstone Project	Due Date	% of Final Grade
Assignment 1: Assessment and Interventions Paper	February 27 th , 2018 1pm- Turn It In (paper copy if you want detailed feedback)	35%
Assignment 2: Reading Application and Quiz	Between Unit 12 and 13 (March 27 th & April 3rd)	20%
Assignment 3: Clinical Skills Video Demonstration	Units 14 and 15 (You will sign up for slots)	35%
Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1: 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.

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 the triune brain. Then, please describe one intervention that could benefit this client that is “bottom-up” and one intervention that is “top-down.” Please describe in detail with a minimum of 10 references (at least four from outside sources), how these interventions will benefit the client’s symptomology.

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

Due: February 27th at 1pm through Turn It In. If you would like more detailed feedback than Turn It In allows, also turn in a paper copy during that class day.

This assignment relates to course objectives 3, 4 & 5 and student learning outcomes 7a, 7b, 8a, and 8b

Assignment 2: Reading Application and Quiz—Timed Open Book Quiz on Blackboard or VAC Platform

The open-book quiz will open for one week between Units 12 and 13. Your instructor will provide instructions for times and days of the assignment and log-on instructions. Students will choose any one-hour slot during that time period to take the timed quiz. One hour will be allotted and there will be no pausing. The 10-question exam will consist of concepts ranging from Week 10 to Week 12 on Judith Herman’s tri-phasic model of treating trauma to emotion-focused couple therapy. If students have read the required readings from the syllabus and engaged in class discussion during those weeks, they will be well prepared for the quiz.

Due: Quiz opens March 27th at 4pm and closes at midnight April 3rd.

This assignment relates to course objectives 1,2,3 & 5 and student learning outcomes 7a and 8a.

Assignment 3: Clinical Skills Video Demonstration—Group Project

Part 1: This assignment is a video demonstration that combines the assessment and intervention from Assignment 1. Each group of three students will pick one client from Assignment 1 and one intervention (from Assignment 1 or from entire course) to showcase in a video. The client will also be addressing a particular issue (e.g., couple counseling, ADHD, HIV/AIDS). 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.

Assignment 3 must be done in groups of three 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: A one-page (two-sided) handout summarizing the skills must be posted to Blackboard or VAC by the start of class for Week 14 (students may choose to develop more materials, but only the one 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>).

Part 3: Students will then view each of the demonstration videos between Weeks 14 and 15 (outside of class) and will do a formal evaluation (one 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 evaluations). 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.

Please see the following video example done by 647 faculty Dr. William Feuerborn using DBT applied to a client with hypersexual behavior: https://www.youtube.com/watch?v=E7s_QXVJKI

Please refer to the prompt and rubric for further Assignment 3 information.

Due: Units 14 and 15 (Your group will sign up for the date of your choice)

This assignment relates to course objectives 1-5 and student learning outcomes 7a, 7b, 8a and 8b.

Class Participation (10% of Course Grade)

Due: Ongoing

Guidelines for Evaluating Class Participation

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. 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 do not provide a constructive direction for the class. Integrative comments and effective challenges are absent (0% to 40% points).

Class grades will be based on the following:

Class Grades		Final Grade	
3.85–4.00	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.

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Required Textbooks

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

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: Author.

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 nontextbook “required” readings. “Recommended” readings are not on ARES and not required to read for this course.

DSM-5

Just a reminder that the DSM-5 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	■ Explicit (Top-Down) Interventions: Dialectical Behavioral Therapy	
6	■ Neurobiology of Sexual and Gender Minorities	
7	■ Explicit (Top-down) Interventions for LGBT and GNC Community	
8	■ Integrating Implicit and Explicit Interventions I	ASSIGNMENT 1 DUE
9	■ Integrating Implicit and Explicit Interventions II: Diagnosis and Treatment for the Body	
10	■ Knowing When to Do What in Therapy: Herman's Tri-Phasic Model of Trauma Treatment	
11	■ Neuro-Integrative Therapies for Reconnection: Couple Therapy I	
12	■ Neuro-Integrative Therapies for Reconnection: Couple Therapy II	Quiz
13	■ Neural-Integration and Reconnection in Group Therapy: Using Top-Down Interventions	
14	■ Neural-Integration and Reconnection in Group Therapy: Using Bottom-Up Interventions	Presentations
15	■ Chapter 2 Student Evaluations, Termination, Continuing Education	Presentations
[16]	■ Summative Experience	
STUDY DAYS / NO CLASSES		
NO FINAL EXAMINATION REQUIRED FOR THIS COURSE		

Unit 1: Introduction: How and Why Therapy Works**January 9th
2018****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 and 2). New York, NY: Norton.

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

Recommended Readings

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.

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, 33*(3), 210–218. doi:10.1017/aft.2012.26

Unit 2: Specialized Assessment**January 16
2018****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)

This unit relates to course objectives 1–5.

Required Readings

Knight, B. G., & Pachana, N. A. (2015). *Psychological assessment and therapy with older adults* (Chapter 1, Chapter 2—optional). 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. *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.

(New reading 638 Policy text)

Recommended Readings

<http://socialworkpodcast.blogspot.com/2012/09/the-chronological-assessment-of-suicide.html>

APA guidelines for working with transgender and gender nonconforming 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.

Cook-Daniels, L. (2016). Understanding transgender elders. In *Handbook of LGBT elders* (pp. 285–308). New York, NY: Springer.

Cozolino, L. (2010). *The neuroscience of psychotherapy* (2nd ed.) (Chapter 1). New York, NY: Norton. ***(CROSSOVER READING 644 Theory)***

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

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. ***(CROSSOVER READING 638 Policy)***

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

Unit 3:	Introduction to the Neurobiology of Assessment, Intervention, and Evaluation	January 23rd, 2018
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Topics

- Top-down processing (explicit)
- Bottom-up processing (implicit)
- Neurobiology and psychodynamic therapy
- Mentalization

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, and 6). New York, NY: Norton.

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: Norton. ***(CROSSOVER 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

January
30th, 2018

Topics

- EMDR
- Assessment and 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 and 3). New York, NY: Springer.

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: Norton.

Leitch, L. 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.

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)***

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

Unit 5: Explicit (Top-Down) Interventions: Dialectical Behavioral Therapy

February
6th, 2018

Topics

- Dialectical behavioral therapy (DBT)
- Assessment and treatment planning in DBT

This unit relates to course objectives 1–5.

Required Manual Reading on Ares

Linehan, M. M. (2015). *DBT skills training handouts and worksheets* (2nd ed.). New York, NY: Guilford Press.

*DBT Manual is available on your 647 Blackboard/VAC site

*Student does not need to read entire manual

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.

Resick, P. A., Monson, C. M., & Chard, K. M. (2016). *Cognitive processing therapy for PTSD: A comprehensive manual*. New York, NY: Guilford Press.
Chapter 1: The Origins of Cognitive Processing Therapy
Chapter 5: Overview of PTSD and CPT: Session 1

Unit 6: Neurobiology of Sexual and Gender Minorities**February
13th, 2018****Topics**

- Overview of the debate regarding neurobiological development of sexuality
- Understand the person-in-environment context for sexual and gender nonconforming (GNC) minorities
- Provide education on LGBTQIAA populations
- Introduce gay affirmative therapy or LGBT affirmative therapy stance

This unit relates to course objectives 1–5.

Required Readings

Ashley, K. B. (2013). The science on sexual orientation: A review of the recent literature. *Journal of Gay and Lesbian Mental Health, 17*(2), 175–182.

Erickson-Schroth, L. (2010). The neurobiology of sex/gender-based attraction. *Journal of Gay and Lesbian Mental Health, 14*(1), 56–69. doi:10.1080/19359700903416917

Recommended Readings

<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, 6*(2), 101–114.
- Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains* (Chapter 13). New York, NY: Norton.
- 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.
- 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.
- Markus-Tarlow, T. (2016). *Truly mindful coloring: Stay calm, reduce stress, and self-express*. Eau Claire, WI: PESI.
- Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. In D. Tolman., L. Diamond., J. Bauermeister, W. George, J. Pfaus, & L. M. Ward (Eds.), *APA handbook of sexuality and psychology, 1*, 597–628.

Unit 7: Explicit (Top-Down) Interventions for the LGBT and GNC Community

February
20th, 2018

Topics

- Understand minority stress theory in application to sexual and gender nonconforming minorities
- Apply LGBT affirmative therapy with top-down intervention conceptual framework
- Discuss the similarities and differences of working with LGBT populations through a trauma lens as compared to heterosexual or cisgender identities

This unit relates to course objectives 1–5.

Required Readings

Alessi, E. J. (2014). A framework for incorporating minority stress theory into treatment with sexual minority clients. *Journal of Gay and Lesbian Mental Health, 18*, 47–66.

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.

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: 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.

Stuart, S., & Robertson, M. (2012). *Interpersonal psychotherapy: A clinician's guide* (2nd ed.). Boca Raton, FL: CRC Press.
Chapter 1: Introduction
Chapter 3: The Structure of Interpersonal Psychotherapy

Unit 8: Integrating Implicit and Explicit Interventions I

**February
27th, 2018**

Topics

- Overview of somatic interventions, i.e. Sand tray, biofeedback, somatic experiencing, and animal-assisted therapy

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.
 (New reading 638 Policy text)

Manual on ARES

- Homeyer, L. E., & Sweeney, D. S. (2016). *Sandtray therapy: A practical manual* (3rd ed.). New York, NY: Routledge.
 Chapter 1: Introduction
 Chapter 5: Protocol for Sandtray Therapy Session

Recommended Readings

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

Unit 9: Integrating Implicit and Explicit Interventions II: Diagnosis and Treatment for the Body

**March 6th,
2018**

Topics

- Creative arts therapies
- Review of ICD-10 (DSM-5)
- 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

- Heiderscheid, A. (2015). *Creative arts therapies and clients with eating disorders* (Chapter 1). Philadelphia, PA: Kingsley.
- Singer, J. B. (2012, August 10). Non-suicidal self-injury (NSSI): Interview with Jennifer Molenkamp, PhD. [Episode 73]. *Social Work Podcast*. Podcast retrieved from <http://www.socialworkpodcast.com/2012/08/non-suicidal-self-injury-nssi-interview.html>.
- Skinta, M., & Curtin, A. (2016). *Mindfulness and acceptance for gender and sexual minorities: A clinician's guide to fostering compassion, connection, and equality using contextual strategies* (Chapter 6: Treating disordered eating in gay men and other GSM clients using DBT and ACT). Oakland, CA: New Harbinger.

Recommended Readings

- 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: Norton.
- 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.
- Guest, J. (2015). *The CBT art book*. Philadelphia, PA: Kingsley.
- 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.
- 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.

Unit 10:	Knowing When to Do What in Therapy: Herman's Tri-Phasic Model of Trauma Treatment	March 20th, 2018
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Topics

- Herman's model of tri-phasic healing
- Conceptualizing top-down and bottom-up treatments within the Herman model
- Herman's discussion on group therapy for trauma reconnection

This unit relates to course objectives 1–5.

Required Readings

- Herman, J. (1992). *Trauma and recovery*. Introduction and Chapter (pp. 1-23) New York, NY: Basic

Books.

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.

Quillman, T. (2013). Treating trauma through three interconnected lenses: Body, personality, and intersubjective fields. *Clinical Social Work Journal, 41*(4), 356–365. doi:10.1007/s10615-012-0414-1

Recommended Readings

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: Norton.

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

Unit 11:	Neuro-Integrative Therapies for Reconnection: Couple Therapy I	March 27th, 2018
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Topics

- Introduction to emotionally focused therapy (EFT)

This unit relates to course objectives 1–5.

Required Readings

Bradley, B., & Furrow, J. (2013). *The emotionally focused couple therapy for dummies* (Chapter 1). Mississauga, Ontario: Wiley.

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: Norton.

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

Topics

- EFT advance principles/application
- Couple therapy for LGBT population
- Couple therapy for addictions
- Diversity considerations in couple 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 12 and 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). New York, NY: Norton.

Furrow, J. L., Johnson, S. M., & Bradley, B. A. (Eds.). (2011). *The emotionally focused casebook: New directions in treating couples*. 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* (p. 241). Oxford, UK: Oxford University Press.

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). Oxford, UK: Oxford University Press.

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 and 2). London, UK: Karnac Books. ***(FREE E-BOOK Available online at USC's Library)***
- Walker, M. S., Kaimal, G., Koffman, R., & DeGraba, T. J. (2016). Art therapy for PTSD and TBI: A senior active duty military service member's therapeutic journey. *The Arts in Psychotherapy, 49*, 10–18. doi:10.1016/j.aip/2016.05.015

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 and Chapter 1). West Sussex, UK: Capstone.
- Kerson, T. S., & McCoyd, J. L. M. (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 AMHW Elective)***
- Schermer, V. L. (2013). Group psychotherapy, in its ongoing search for understanding. *Interpersonal Neurobiology of Group Psychotherapy and Group Process, 25*.

Unit 14: Neural-Integration and Reconnection in Group Therapy: Using Bottom-Up Group Treatment

April 17th,
2018

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 and 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., Bølge, 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.
- 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 and Dissociation*, 13(1), 88–101.
- Rutan, J. S., Stone, W. N., & Shay, J. J. (2014). *Psychodynamic group psychotherapy*. Guilford Press.

Unit 15: Chapter 2 Student Evaluations, Termination, Continuing Education April 24th, 2018

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

Hepworth, D. H., Rooney, R. H., Dewberry-Rooney, G., & Strom-Gottfried, K. (2013). *Direct social work practice: Theory and skills* (9th ed.). Belmont, CA: Brooks/Cole.

(Chapter 19: The final phase evaluation and termination)

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 and Psychotherapy*. doi:10.1002/cpp.2037

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.

Summative Experience (Week 16) May 1, 2018

- Listen to the podcast “S-Town” first 2 episodes. We will discuss the case vignette in a full diagnostic assessment.

NO FINAL EXAMINATION

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 cannot discuss it with the instructor, contact the chair of the [xxx]. If you do not receive a satisfactory response or solution, contact your advisor and/or Vice Dean Dr. Paul Maiden 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.
