USC Suzanne Dworak-Peck
School of Social Work

Social Work 637

Assessing Wellness to Improve Recovery in Integrated Care
3 Units

Instructor: Dr. Finney   **Location: VAC**
E-Mail: Kfinney@usc.edu   **Day: Tuesday**
Office Hours: Wednesday 3:30-4:30 PM, PST

I. COURSE PREREQUISITES

SOWK 506, SOWK 536, SOWK 544, and SOWK 546

II. CATALOGUE DESCRIPTION

This course serves as a foundation of practice for students working within the public health, mental health, and integrated care health systems. The course focuses on cutting-edge knowledge in assessing and promoting wellness and recovery, and the interacting systems of mind, brain, and body. Some discussion will also focus on evidence-based integrated care interventions aimed at improving the well-being of low-income and vulnerable populations in a new era of health care reform.

III. COURSE DESCRIPTION

The focus of this course will be to develop skills and theories on how to assess and diagnose. This course builds on foundation semester courses and prepares students to create and conduct full bio-psycho-social assessments that will then be linked to current knowledge in evidence-informed practices for wellness of mind, brain, and body, the natural helping network of families and peer support, and culturally informed models of care. Toward achieving this end, this course employs a life-course perspective that considers the interacting forces of health and mental health in development of integrated care interventions, often delivered by interdisciplinary teams.

Using a person-centered framework, this course emphasizes how social workers in health, behavioral health, and integrated care settings can support wellness and recovery using a strengths perspective. This strength based perspective is important in properly assessing and identifying protective factors, resiliency, lifestyle choices, and supportive factors to include a culture in which people live. We will also address factors impacting the effects of stress on body, mind, and brain. This course addresses practice challenges associated with multiple and complex health and mental health conditions that require a focus on wellness, disease self-management, and holistic, culturally responsive care coordination.

IV. COURSE OBJECTIVES

Objective Number	Objectives
1	Develop a theoretical and skill-based approach to create complex bio-psycho-social assessments.
2	Demonstrate skills in conducting brief functional assessments and care collaboration with individuals in the context of family, community, and cultural identities.
3	Demonstrate knowledge of the interacting systems of mind, brain, and body, and how these systems relate to wellness and the recovery model in the integration of health and mental health care.
4	Facilitate selection of intervention methods in primary, secondary, and tertiary prevention.

V. COURSE FORMAT/INSTRUCTIONAL METHODS

This course will use a student-centered learning approach that is both didactic and interactive. Case vignettes, video clips, and class exercises will accompany lectures and assigned reading.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (2017) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions.

Person-first language: Students should be especially careful not to contribute unwittingly to myths about chronic health conditions, mental illness, and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as "a schizophrenic," "a borderline," "addicts," "epileptics," or "the disabled") or language that implies that the person as a whole is disordered or disabled, as in the expression "chronics," "psychotics," or "disabled persons." Emphasis should be on the person first, not the disability. This is accomplished by putting the person-noun first (i.e., "persons [or people] with disabilities," or "an individual diagnosed with schizophrenia").

Student Learning Outcomes

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

* Highlighted in this course

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

Student learning for this course relates to one or more of the following 9 social work core competencies:

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	Social Work Core Competencies	SOWK 637	Course Objective
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**	*	**1–4**
7	**Assess Individuals, Families, Groups, Organizations, and Communities**	*	**1–3**
8	**Intervene with Individuals, Families, Groups, Organizations, and Communities**		
9	**Evaluate Practice with Individuals, Families, Groups, Organizations and Communities**	*	**3**

* Highlighted in this course

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

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Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities					
Competency Description	**Course Objectives (number in syllabus)**	**Behaviors**	**Units**	**Assignments**	**Competency Dimension**
Social workers in health, behavioral health and integrated care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with adults and older adults 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.	Social Workers: 1a, 2a. Recognize the primacy of the relationship when engaging with others in integrated care settings. (Values, Skills) 4. Use empathy and other interpersonal skills to engage and intervene with others using brief evidence based interventions in multi-disciplinary settings. (Affective reaction)	Increase students competence in assessing clients' needs and strengths leading to an appropriate selection of evidence based interventions based on a biopsychosocial perspective, by deepening understanding of individuals' and families' culture, ethnicity, gender, sexual orientation and other salient factors.	Units 1–15	Assignment 1 Assignment 3	Values Skills Affective reaction

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities					
Competency Description	**Course Objectives (number in syllabus)**	**Behaviors**	**Units**	**Assignments**	**Competency Dimension**
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, 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.	Social Workers: 1b, 2b. Understand, critically evaluate, and apply theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks in the assessment of diverse clients and constituencies, including individuals, families, and groups. 3. Understand how personal life-course experiences, neurodevelopmental growth, and cultural experiences, may affect assessment and treatment planning.	a. Students will be able to create both brief and complex holistic assessments that focus on the life course development of their clients. These assessments will draw upon knowledge of body mind connections, as well as be culturally responsive. They will use a strengths perspective that fits into the Integrated care model. b. Understand, critically evaluate, and apply theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks in the assessment of diverse clients and constituencies, including individuals, families, and groups.	Units 1–10	Assignment 2 Assignment 3	Knowledge Reflection Skills

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Competency 9: Evaluate practice with Individuals, Families, Groups, Organizations, and Communities					
Competency Description	**Course Objectives (number in syllabus)**	**Behaviors**	**Units**	**Assignments**	**Competency Dimension**
Social workers in health, behavioral health and integrated care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with adults and older adults 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.	Social Workers: 4. Facilitate selection of intervention methods in primary, secondary, and tertiary prevention. 3. Demonstrate knowledge of the interacting systems of mind, brain, and body, and how these systems relate to wellness and the recovery model in the integration of health and mental health care.	Choose appropriate prevention targets for clients and provide education on how clients can integrate prevention into their life styles.	Units 1–15	Assignment 3	Values Skills Affective reaction

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Assignments	Due Date	% of Final Grade
Assignment 1: Jeopardy exam	Week 5	30%
Assignment 2: Ethno cultural observational assessment on mental health and wellness presentation	Weeks 7–11	30%
Assignment 3: Integrated case assessment	Week 14	30%
Class participation	Ongoing	10%

Assignment 1

Students will complete an in-class exam during Week 5. This exam will cover Units 1–4 in a Jeopardy format. The categories will be provided to the students as a study guideline. During the exam the question will be provided and students will have time to answer the question. All the questions will be presented twice to allow the students adequate time to provide an answer (on ground). Students accomplishing this assignment on the VAC will have time to go back to previous questions if needed within the prescribed time limit.

Assignment 2

This assignment is an ethno cultural observational assessment with a focus on mental health and wellness. Students will present a 10-to 15-minute PowerPoint presentation that will be followed by leading a 3- to 5-minute class discussion with a question related to the content presented. Students may use a combination of PowerPoint presentations along with pictures of the observed neighborhoods. Presentation dates will be determined during the second class session.

Each student will provide a copy of the completed assignment on the selected presentation date to the instructor and entered into the grading portal. The presentation should include (1) a

comparative summary of student's neighborhood in relation to another neighborhood that is different from the neighborhood where the student lives. Student should observe grocery stores, coffee shops, fast-food restaurants, bars, churches, motels, trash on streets, sidewalk safety, and carryout stores, parks, medical clinics/hospitals/dental and health clubs; (2) a brief summary of the biopsychosocial-spiritual impressions of the documentary *Fed-Up* and how the observed neighborhoods impact the communities' health and mental health; (3) integrate observations, film, and reading articles to support your impressions into a cohesive summary and conclusion regarding the impact of person in environment on health and wellness; and (4) select two to three readings to support your analysis. Student will include 6 references used to prepare your presentation. There will be a grading rubric for this assignment that will be shared with each student. * **Student should discuss neighborhood selections with instructor to avoid duplication of neighborhoods.**

Week 7: Presentations will start—recommend two per week (10 student enrollments, if 12 or more students enrolled, consider starting in Week 6).

Assignment 3

This assignment is an integrated case analysis written in a report format that will be provided to the students from the instructor. Students will complete a comprehensive assessment that will include background information on the client, problem list (acute vs. chronic), bio-psych-social analysis, identify what would be helpful from a prevention perspective, and diagnosis with an integrated treatment plan (integrated intervention approach). Students will identify problem areas, necessary and appropriate psychological testing, health related illnesses and appropriate referrals. The treatment plan should also identify prevention areas and , interventions that would improve the quality of the client's life. This assessment should be six to eight pages in content (does not include cover page). Rubric will be provided along with specific directions and required references.

Week 14: Assignment due

Class Participation

There are test-your-knowledge questions and topic-specific discussion questions that students are expected to complete. The completion of these questions will count toward participation points. Students who complete all of the test-your-knowledge questions, discussion questions, and participate in live session discussions will receive maximum points.

Expectations for Written Work

All written assignments must be doubled-spaced, typed with a 12-point professional font, and have 1-inch margins. Text citations and references list must be in correct APA (6th ed.) format. All sentences must be written in the student's own words. Ideas, information, and concepts that originated with any other source must always be noted as such (based on APA format). **Material**

that is not correctly cited is considered plagiarized and provides grounds for academic discipline. Assignments should be carefully proofed for spelling and grammar.

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
2.60–2.89	B–	80–82	B–
2.25–2.59	C+	77–79	C+
1.90–2.24	C	73–76	C
		Below–72	C–

School of Social Work Grading Policy

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.

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 evaluated in the assignment. To earn at least a B, students must incorporate relevant required and recommended readings.

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.

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.

A grade of C would reflect a minimal grasp of the assignment, poor organization of ideas and/or several significant areas requiring improvement.

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.

VI. Required and Supplementary Instructional Materials and Resources

1. Book: Jordan, C., & Franklin, C. (2016). Clinical assessment for social workers: Quantitative and qualitative methods. Chicago, IL: Lyceum Books.

2. Book: Schott, E. M. P., & Weiss, E. L. (Eds). (2016). *Transformative social work practice*. Thousand Oaks, CA: Sage.
   ISBN: 978148335963

3. Documentary Video: *Fed-up* (2014) by Katie Couric (Ground and VAC)
4. Case Video: *The girl on the train* (2015), (Emily Blunt) (Ground and VAC)
5. *Articles can been found in ARES under "Kimberly Finney"*

Recommended Guidebook for APA Style Formatting

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

Recommended Websites

Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from http://owl.english.purdue.edu/owl/resource/560/24/.

American Psychological Association. (2014). APAstyle blog. http://blog.apastyle.org/ [Current answers to APA puzzles. You can e-mail experts with questions.]

Note: Additional required and recommended readings will be assigned by the instructor through the course.

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Course Overview

Unit	Topics	Assignments
1	**Introduction: Wellness, Recovery, and Integrated Care**	
2	**Biopsychosocial-spiritual Assessment: Addressing Diversity and Disparities**	
3	**Why do we asses? Brain and Biology role in Mental Health and Wellness**	
4	**Assessing the Client's Mental State**	
5	**Tools of Assessment**	**A:1**
6	**Culturally Responsive Social Work Service Delivery Approaches**	
7	**Life Course Considerations**	**A:2**
8	**Primary Prevention**	
9	**Secondary and Tertiary Prevention**	
10	**Prevention and Intervention: Continuum of Care**	
11	**Mindfulness-Based Treatment Approaches**	
12	**Recovery From Serious Mental Illness**	
13	**Understanding Drug Abuse and Addiction**	
14	**Putting It All Together: The Hard Part**	**A-3**
15	**Integration and Application**	

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Unit 1:   Introduction: Wellness Recovery and Integrated Care

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Topics

- Brief and Modern History of Mental Health
- Integrated Health Care and Contemporary Care
- Health Inequality
- Life Course Perspectives
- Culture in Mental Health Care
- Diversity in Health
- Family and Support Factors in Mental Health

Required Readings

1. HHS Action Plan to Reduce Racial and Ethnic Health Disparities (pp. 1–27)
2. Chetty, R., Stepner, M., & Cutler, D. (2016). Relationships between income, health behaviors, and life expectancy—Reply. *JAMA*, *316*(8), 880–881.
3. Gleason, H. A., Truong, D., Biebel, K., Hobart, M., & Kolodziej, M. (2017). Perceived barriers to and facilitators of engagement in reverse integrated care. *Journal of Behavioral Health Services and Rresearch*, *44*(2), 296–303.
4. Dávila, M. G., Polanco, V. P., & Santaella, J. (2017). Health services for transgender individuals. *American Journal of Public Health, 107*(1), 7. doi:http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2016.303541

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Unit 2: Introduction to a Biopsychosocial-Spiritual Assessment

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Topics

- What Is a Biopsychosocial Assessment (BPS)?
- Using the Standard Assessment Form in a BPS
- Language Overview to Describe a Client's Mood Congruency
- Documentary: *Fed-Up*

Required Readings

1. Komaroff, A. L. (2017). The microbiome and risk for obesity and diabetes. *JAMA*, *317*(4), 355–356.
2. Franklin, C., & Jordan, C. (2016). Assessments process and methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 1–38). New York, NY: Oxford University Press.

3. Ridley, C. R., Jeffrey, C. E., & Roberson, R. B. (2017). The process of thematic mapping in case conceptualization. *Journal of Clinical Psychology*, *73*(4), 393–409.

Unit 3: Why Do We Assess? Brain and Biology in the role of Mental Health

Topics

- Brain and Central Nervous System
- Sympathetic and Parasympathetic Nervous System
- The Neurons
- Neurotransmitters and Disorders
- Health, Diet, and Environment

Required Readings

1. Carlson, N. R. (2014). Structure and functions of cells of the nervous system. In *Foundations of behavioral neuroscience* (pp. 19–25). Boston, MA: Pearson.
2. Carlson, N. R. (2014). Structure of the nervous system. In *Foundations of behavioral neuroscience* (pp. 49–70). Boston, MA: Pearson.
3. Holton, K. (2016). The role of diet in the treatment of fibromyalgia.
4. Wennberg, M., Gustafsson, P. E., Wennberg, P., & Hammarström, A. (2016). Irregular eating of meals in adolescence and the metabolic syndrome in adulthood: Results from a 27-year prospective cohort. *Public Health Nutrition, 19*(4), 667–673. doi:http://dx.doi.org.libproxy2.usc.edu/10.1017/S1368980015001445

Unit 4: Assessing the Client's Mental State Status

Topics

- Obtaining Consent and Informing the Client
- Ethics of Assessment
- Client's Right
- Assessing a Client's Present Mental State
  - Mini-Mental Status Exam
  - Sanity Evaluation
  - Language Overview to Describe a Client's Affect, Appearance, Behavior, and Mood

Required Readings

1. Franklin, C., & Jordan, C. (2016). Assessments process and methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 55–77). New York, NY: Oxford University Press.
2. Ballan, M. S., & Freyer, M. (2016). Qualitative assessment methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 121–149). New York, NY: Oxford University Press.
3. Skoog, J., Backman, K., Ribbe, M., Falk, H., Gudmundsson, P., Thorvaldsson, V., ... Skoog, I. (2017). A longitudinal study of the Mini-Mental State Examination in late nonagenarians and its relationship with dementia, mortality, and education. *Journal of the American Geriatrics Society, 65*(6), 1296–1300.

Unit 5: Tools of Assessment

Topics

- History of Biometrics
- Theories and Hypothesis of Biometrics
- Diversity in Testing and Assessment
- Test Selection
- Mood and Personality Testing
- Dementia, Delirium, and Depression
- Traumatic Brain Injury
- Nutrition and Health Assessments
- Treatment Team Meetings and Treatment Planning

Required Readings

1. Pomeroy, E. C., & Anderson, K. H. (2016). Adults. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 202–2327). New York, NY: Oxford University Press.
2. 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* (pp. 55-64). Los Angeles, CA: Sage.
3. Reid, R. C., Moghaddam, F., & Fong, T. (2016). Gambling disorders. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 54-66) Los Angeles, CA: Sage.
4. Depp, C., & Edelman, R. C. (2017). Treatment settings for older age bipolar disorder: Inpatient, partial hospitalization, outpatient, models of integrated care. In *Bipolar disorder in older age patients* (pp. 213–229). New York, NY: Springer International.

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Unit 6: Culturally Responsive Social Work Service Delivery Approaches

Topics

- Faith and Spirituality
- Video: *U.S. Faith-Based Organization*
- Buddhist Recovery (Refuge Recovery)
- African Americans and Community Mental Health (see #3 below)
- Asian Americans in Community Mental Health (see #4 below)

Required Readings

1. Franklin, C., & Jordan, C. (2016). Assessments process and methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 55–77). New York, NY: Oxford University Press.
2. Goodrich, K. M., Buser, J. K., Luke, M., & Buser, T. J. (2016). Spiritual and sexual identity: Exploring lesbian, gay, and bisexual clients' perspectives of counseling. *Journal of Homosexuality*, *63*(6), 783–807.
3. Community Mental Health and African Americans (Video: 26.4 mins): https://www.youtube.com/watch?v=bdzvuF5VB1c
4. Community Mental Health and Asian Americans (Video: 6.3 mins): https://www.youtube.com/watch?v=s4iSGlAjneA
5. Epel, E. S. (2009). Psychological and metabolic stress: A recipe for accelerated cellular aging. *Hormones*, *8*(1), 7–22. (still relevant and used as a precursor)

Unit 7: Life Course Considerations

Topics

- Life Course Considerations
- Factors That Impact the Life Course
- Genetic Inheritance
- Environmental Factors
- Growth and Neurodevelopment
- Stress

Required Readings

1. Gilert, D. (2016) Multicultural assessment. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 314–335). New York, NY: Oxford University Press.
2. Jordan, C., Vandiver, V., Szlyk, H., Nagoshi, J., & Nagoshi, C. (2016). Families who are multistressed. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 281–305). New York, NY: Oxford University Press.
3. West, K. M., Blacksher, E., & Burke, W. (2017). Genomics, health disparities, and missed opportunities for the nation's research agenda. *JAMA*, *317*(18), 1831–1832.
4. Mathur, M. B., Epel, E., Kind, S., Desai, M., Parks, C. G., Sandler, D. P., & Khazeni, N. (2016). Perceived stress and telomere length: A systematic review, meta-analysis, and methodologic considerations for advancing the field. *Brain, Behavior, and Immunity*, *54*, 158–169.

Unit 8: Primary Prevention

Topics

- Introduction of Prevention Versus Intervention
- Theories of Prevention
- Types of Primary Prevention

Required Readings

1. McCaughey, M., & Cermele, J. (2017). Changing the hidden curriculum of campus rape prevention and education: Women's self-defense as a key protective factor for a public health model of prevention. *Trauma, Violence, and Abuse*, *18*(3), 287–302.

2. Vaidya, N., Thota, A. B., Proia, K. K., Jamieson, S., Mercer, S. L., Elder, R. W., Zaza, S. (2017). Practice-based evidence in community guide systematic reviews. *American Journal of Public Health*, *107*(3), 413–420.

3. Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health Education Quarterly*, *11*(1), 1–47. (still relevant)

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Unit 9:   Secondary and Tertiary Prevention

- Secondary Prevention Review
- Key Factors Regarding Tertiary Prevention
- Health Promotion Interventions
- Risk and Protective Factors
- Prevention Models
- Phases of Treatments
- Considerations of Secondary Prevention

Required Readings

1. Hetherington, E., McDonald, S., Wu, M., & Tough, S. (2017). Risk and protective factors for mental health and community cohesion after the 2013 Calgary flood. *Disaster Medicine and Public Health Preparedness*, 1–8.

2. Mo, P. K., Chong, E. S., Mak, W. W., Wong, S. Y., & Lau, J. T. (2016). Physical activity in people with mental illness in Hong Kong: Application of the health belief model. *Journal of Sport and Exercise Psychology*, *38*(2), 203–208.

3. Olfson, M., Blanco, C., & Marcus, S. C. (2016). Treatment of adult depression in the United States. *JAMA internal medicine*, *176*(10), 1482–1491.

4. Pedersen, E. R., Neighbors, C., Atkins, D. C., Lee, C. M., & Larimer, M. E. (2017). Brief online interventions targeting risk and protective factors for increased and problematic alcohol use among American college students studying abroad. *Psychology of Addictive Behaviors*, *31*(2), 220.

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Unit 10: Prevention and Intervention: Continuum of Care

Topics

- Facts About Tertiary Prevention
- Psychosis
- Phases of Treatment
- Treatment Outcomes
- Rethinking Antipsychotics (Robert Whittaker-Video)

Required Readings

1. Thyer, B., & Myers, L. (2016). Linking assessment to outcome evaluation. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 345–364). New York, NY: Oxford University Press.
2. Weiss, E., & Pineda, D. (2016). The engineering of social work in communities. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 353-358). Los Angeles, CA: Sage.
3. Sikka, S., Vrooman, A., Callender, L., Salisbury, D., Bennett, M., Hamilton, R., & Driver, S. (2017). Inconsistencies with screening for traumatic brain injury in spinal cord injury across the continuum of care. *Journal of Spinal Cord Medicine*, 1–10.
4. CDC guideline for prescribing opioids for chronic pain. (2016). *American Journal of Public Health, 106*(3), 392. doi:http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2016.303080

Unit 11: Mindfulness-Based Treatment Approaches

Topics

- Background of Mindful Practices
- Evidence-Based Mindfulness Practices
- Imagery
- Body and Stress Connection
- Diaphragmatic Breathing

Required Readings

1. Hjort, J. (2016). Mindfulness in mental health care setting. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 70-78). Los Angeles, CA: Sage.
2. Schumacher, S., Kemps, E., & Tiggemann, M. (2016). Using mindfulness- and imagery-based techniques to reduce chocolate cravings. *European Health Psychologist*, *18*(S), 501.
3. Yamada, T., Inoue, A., Mafune, K., Hiro, H., & Nagata, S. (2017). Recovery of percent vital capacity by breathing training in patients with panic disorder and impaired diaphragmatic breathing. *Behavior Modification*, *41*(5), 665–682.
4. Rook, K. S., August, K. J., Choi, S., Franks, M. M., & Stephens, M. A. P. (2016). Emotional reactivity to daily stress, spousal emotional support, and fasting blood glucose among patients with type 2 diabetes. *Journal of Health Psychology*, *21*(11), 2538–2549.

Unit 12: Recovery From Serious Mental Illness

Topics

- Introduction to Person-First Mental Health
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia and Related Disorders
- Continuum Model of Mental Illness
- Elements of Recovery

Required Readings

1. Weaver, H. (2016). Intergenerational trauma and indigenous people. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 400-410). Los Angeles, CA: Sage.
2. Mangurian, C., Keenan, W., Newcomer, J. W., Vittinghoff, E., Creasman, J. M., & Schillinger, D. (2017). Diabetes prevalence among racial-ethnic minority group

members with severe mental illness taking antipsychotics: Double jeopardy? *Psychiatric Services*, appi–ps.

3. Dixon, L., & Schwartz, E. C. (2013). Fifty years of progress in community mental health in US: The growth of evidence-base practice. *Epidemiology and Psychiatric Sciences*, 1–5. doi:10.1017/S20457960130000620 (still relevant)
4. Regueiro, M. D., McAnallen, S. E., Greer, J. B., Perkins, S. E., Ramalingam, S., & Szigethy, E. (2016). The inflammatory bowel disease specialty medical home: A new model of patient-centered care. *Inflammatory Bowel Diseases*, *22*(8), 1971–1980.
5. Heslin, M., Lappin, J. M., Donoghue, K., Lomas, B., Reininghaus, U., Onyejiaka, A., ... Doody, G. A. (2016). Ten-year outcomes in first episode psychotic major depression patients compared with schizophrenia and bipolar patients. *Schizophrenia Research*, *176*(2), 417–422.

Unit 13: Understanding Drug Abuse and Addiction

Topics

- How Our Brain Seeks and Reacts to Stimulants
- How the Brain Reacts to Substances
- Risk Factors to Substance Use
- Substance Prevention
- Understanding Drug Abuse and Addictions
- Factors of Treatment

Required Readings

1. Momtazi, S. (2016). Drug abuse in Iran. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 502-510). Los Angeles, CA: Sage.
2. Peele, S. (2016). People control their addictions: No matter how much the "chronic" brain disease model of addiction indicates otherwise, we know that people can quit addictions–with special reference to harm reduction and mindfulness. *Addictive Behaviors Reports*, *4*, 97–101.
3. Elaghoury, A. (2017). The emerging therapeutic role of the non-invasive brain stimulation in the addiction medicine: Review of the ongoing studies. *Brain Stimulation*, *2*(10), 454–455.
4. Becker, S. J., Squires, D. D., Strong, D. R., Barnett, N. P., Monti, P. M., & Petry, N. M. (2016). Training opioid addiction treatment providers to adopt contingency management: A prospective pilot trial of a comprehensive implementation science approach. *Substance Abuse*, *37*(1), 134–140.
5. Herzberg, D., Guarino, H., Mateu-Gelabert, P., & Bennett, A. S. (2016). Recurring epidemics of pharmaceutical drug abuse in America: Time for an all-drug strategy. *American Journal of Public Health, 106*(3), 408–410. doi:http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2015.302982

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Unit 14: Putting It All Together

Topics

- Reviewing What We Know of Practice
- Changing Our Practice and Research
- Changing the World

Unit 15: Integration and Application

Topics

- Integrated Case Assessment, Analysis, and Treatment Plan

University Policies and Guidelines

VII. 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 (joosten@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 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.

VIII. STATEMENT ON ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards*https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct/. Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* http://equity.usc.edu/ or to the *Department of Public Safety* http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us. This

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is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* http://www.usc.edu/student-affairs/cwm/ provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

IX. SUPPORT SYSTEMS

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

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/

- *Virtual Academic Center (VAC)* Students can access counseling services through Perspectives – (800)456-6327 – 24/7 on call. www.perspectivesltd.com

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

USC Emergency Information
Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible, http://emergency.usc.edu

USC Department of Public Safety – 213-740-4321 (UPC) and 323-442-1000 (HSC) for 24-hour emergency assistance or to report a crime.
Provides overall safety to USC community. http://dps.usc.edu

X. STATEMENT FOR STUDENTS WITH DISABILITIES

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

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

XI. EMERGENCY RESPONSE INFORMATION

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

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

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

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

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

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

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

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

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

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

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 well-

being 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 chair of the department, Suzanne Wenzel, PhD, swenzel@usc.edu do not receive a satisfactory response or solution, contact your advisor or Dr. John Clapp, Executive Vice Dean and Professor of Academic and Student Affairs, at johnclap@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance.

Tips for Maximizing Your Learning Experience in This Course

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.

✓ Participate in class discussions.
✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.