



USC | School of Social Work

Brief Therapy and Crisis Intervention

"Suffering is inevitable... Misery is optional" Aaron Beck

Social Work 615

3 Units

Instructor:

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Course Day:

Thursday

Office Hours:

As needed

Course Location:

VAC

I. COURSE PREREQUISITES

Students enrolled in SOWK 615 are required to have completed two semesters of foundation year practice.

II. CATALOGUE DESCRIPTION

Theory and multimodal approaches for brief therapy and crisis intervention with diverse clientele in a range of mental health and health settings.

III. COURSE DESCRIPTION

SOWK 615, Brief Therapy and Crisis Intervention, is an advanced clinical practice course designed to teach second year practice students the theories and techniques of brief treatment and crisis intervention. Students will receive historical, theoretical, and clinical information sufficient to work with individuals, couples, families, groups, and organizations. Ethical, professional, transference, and counter transference issues will be addressed as they relate to brief therapy modalities.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Demonstrate knowledge of relevant brief therapy and crisis intervention theories.
2	Implement brief therapy and crisis intervention models and techniques with individuals' families, groups and organizations.
3	Treat specific client problems and populations including, but not limited to: Ethnically, culturally and sexually diverse clients, psychiatric, mood and substance abuse issues, medical and community crises

Objective #	Objectives
4	Become knowledgeable about research based, best practice models and what client populations are best served by them.
5	Explore efficacy and ethical issues, raised by managed care and mandated brief therapy for clients.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

This advanced practice course will be taught with a combination of didactic lecture, classroom discussion, videos, and experiential exercises. Students will be expected to work with a client in their field placement agency, applying course content and sharing the process of this experience with classmates.

VI. STUDENT LEARNING OUTCOMES

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

	Social Work Core Competencies	SWK 615	Course Objective
1	Professional Identity	*	1-5
2	Ethical Practice	*	1-5
3	Critical Thinking	*	1-5
4	Diversity in Practice	*	1-5
5	Human Rights & Justice	*	1-5
6	Research Based Practice	*	1-5
7	Human Behavior	*	1-5
8	Policy Practice	*	1-5
9	Practice Contexts	*	1-5
10	Engage, Assess, Intervene, Evaluate	*	1-5

* Highlighted in this course

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

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p>Professional Identity—Identify as a professional social worker and conduct oneself accordingly.</p> <p>Social workers competent in Professional Identity:</p> <ul style="list-style-type: none"> ▪ Serve as representatives of the profession, its mission, and its core values. ▪ Know the profession’s history. ▪ Commit themselves to the profession’s enhancement and to their own professional conduct and growth. 	<p>1. Advocate for client access to the services of social work.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>2. Practice personal reflection and self-correction to ensure continual professional development.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>3. Attend to professional roles and boundaries.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>4. Demonstrate professional demeanor in behavior, appearance, and communication.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>5. Engage in career-long learning.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>6. Use supervision and consultation.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

<p>Ethical Practice—Apply social work ethical principles to guide professional practice.</p> <p>Social workers competent in Ethical Practice:</p> <ul style="list-style-type: none"> ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law. 	<p>7. Recognize and manage personal values in a way that allows professional values to guide practice.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Role Play and Reflective Assignment • Case Study • Brief Therapy Demonstration • Class Discussions
	<p>8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>9. Tolerate ambiguity in resolving ethical conflicts.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>10. Apply strategies of ethical reasoning to arrive at principled decisions.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

<p>Critical Thinking—Apply critical thinking to inform and communicate professional judgments.</p> <p>Social workers competent in Critical Thinking:</p> <ul style="list-style-type: none"> Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. Use critical thinking augmented by creativity and curiosity. Understand that critical thinking also requires the synthesis and communication of relevant information. 	<p>11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions
	<p>12. Analyze models of assessment, prevention, intervention, and evaluation.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions
	<p>13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions

<p>Diversity in Practice—Engage diversity and difference in practice.</p> <p>Social workers competent in Diversity in Practice:</p> <ul style="list-style-type: none"> Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. 	<p>14. Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.</p>	<ul style="list-style-type: none"> Brief Reaction Paper
	<p>15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.</p>	<ul style="list-style-type: none"> Case Study
	<p>16. Recognize and communicate understanding of the importance of difference in shaping life experiences.</p>	<ul style="list-style-type: none"> Application Exercise of Brief Therapy
<p>17. View themselves as learners and engage those with whom they work as informants.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions 	

<p>Human Rights & Justice—Advance human rights and social and economic justice.</p> <p>Social workers competent in Human Rights & Justice:</p> <ul style="list-style-type: none"> ▪ Acknowledge that each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. ▪ Recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. ▪ Incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. 	<p>18. Understand the forms and mechanisms of oppression and discrimination.</p> <p>19. Advocate for human rights and social and economic justice.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>20. Engage in practices that advance social and economic justice.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

<p>Research Based Practice—Engage in research-informed practice and practice-informed research.</p> <p>Social workers competent in Research Based Practice:</p> <ul style="list-style-type: none"> ▪ Use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. ▪ Comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. 	<p>21. Use practice experience to inform scientific inquiry.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>22. Use research evidence to inform practice.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

<p>Human Behavior—Apply knowledge of human behavior and the social environment.</p> <p>Social workers competent in Human Behavior:</p> <ul style="list-style-type: none"> Are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. 	<p>23. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions
	<p>24. Critique and apply knowledge to understand person and environment.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions

<p>Policy Practice—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.</p> <p>Social workers competent in Policy Practice:</p> <ul style="list-style-type: none"> Understand that policy affects service delivery, and they actively engage in policy practice. Know the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. 	<p>25. Analyze, formulate, and advocate for policies that advance social well-being.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions
	<p>26. Collaborate with colleagues and clients for effective policy action.</p>	<ul style="list-style-type: none"> Brief Reaction Paper Case Study Application Exercise of Brief Therapy Brief Therapy Demonstration Class Discussions

<p>Practice Contexts—Respond to contexts that shape practice.</p> <p>Social workers competent in Practice Contexts:</p> <ul style="list-style-type: none"> ▪ Are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. ▪ Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. 	<p>27. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>28. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

<p>Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities.</p> <p>Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities.</p> <ul style="list-style-type: none"> ▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals ▪ Using research and technological advances ▪ Evaluating program outcomes and practice effectiveness ▪ Developing, analyzing, advocating, and providing leadership for policies and services ▪ Promoting social and economic justice 	<p>29. Engagement:</p> <p>Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities.</p> <p>Use empathy and other interpersonal skills.</p> <p>Develop a mutually agreed-on focus of work and desired outcomes.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>30. Assessment:</p> <p>Collect, organize, and interpret client data.</p> <p>Assess client strengths and limitations.</p> <p>Develop mutually agreed-on intervention goals and objectives.</p> <p>Select appropriate intervention strategies.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>31. Intervention:</p> <p>Initiate actions to achieve organizational goals.</p> <p>Implement prevention interventions that enhance client capacities.</p> <p>Help clients resolve problems.</p> <p>Negotiate, mediate, and advocate for clients.</p> <p>Facilitate transitions and endings.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions
	<p>32. Evaluation: Critically analyze, monitor, and evaluate interventions.</p>	<ul style="list-style-type: none"> • Brief Reaction Paper • Case Study • Application Exercise of Brief Therapy • Brief Therapy Demonstration • Class Discussions

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
#1-Brief Reaction Paper	Unit 4	10%
Midterm – Case Study	Unit 7	35%
#2 -Application Exercise of Brief Therapy	Unit 10	10%
Brief Therapy Demonstration	Finals Week	35%
Class Participation	On going	10%

Each of the major assignments is described below.

Class grades will be based on the following:

ASSIGNMENT #1: BRIEF REACTION PAPER – 10%

Due on Unit 4

During unit 4, the student will watch the HBO documentary “Bellevue Inside Out”. For VAC students, the film is located in Unit 4 of your asynchronous material. All other students may access the film via the internet at <http://www.youtube.com/watch?v=1nVEN1Reeaw&list=PL64D75B9549BB123D>. The student will be required to write a short paper (3 pages maximum) which includes a brief overview of the film, discusses pertinent themes/issues and applies knowledge of crisis theory and intervention to an individual from the film. The student will be graded on how well they demonstrate an understanding of and application of topics discussed in class and the reading material.

I. Introduction

- a. Provide a brief overview of the film. (Limit your discussion to 1-2 paragraphs)
- b. Include a discussion of the key topic/subject of the film and what you feel is its overall purpose.
- c. Discuss how the film relates to course material/content.

II. Reaction/Analysis- Discuss a minimum of 2 of the following:

- Do you think the film overlooked or left out anything important? What?
- Did the film hold your interest? Why or why not?
- What did you realize as the result of watching this film?
- What questions does the film raise for you—about the material or other issues?
- Did the film challenge your existing views about mental health crisis?

III. Application

Select an individual from the documentary.

- a. Using crisis theory describe the development of the crisis for this individual.
- b. How would you apply the Robert’s crisis intervention model to your work with this individual? For example, if the client identifies substance abuse as the last straw precipitant, discuss how you might help the client to generate and explore alternative ways to cope/manage their psychiatric symptoms as means of decreasing future crisis and build resiliency.
- c. Identify and briefly discuss potential barriers to implementation of your intervention. How might you decrease these barriers?

CASE STUDY MIDTERM ASSIGNMENT – 35%*Due on Unit 7*

The purpose of the midterm assignment is to integrate learning obtained from the unit readings and discussion about crisis intervention and apply it to a clinical case. Written work will be evaluated on how well the student formulates and conceptualizes the case utilizing crisis theory, demonstrates an understanding and application of the Robert's crisis intervention model to the case study.

In the first portion of the assignment you will be expected to develop a case study of a single person which should include the following:

Brief agency description and the role of the social worker within the agency.**Case History**

- Include a brief discussion about the circumstances under which the client presented to your agency for assistance. (For example, is the client self-referred, voluntary, involuntary, etc.? Why are they presenting for help at this time.)

Description of the presenting problem including pertinent biopsychosocial data as it relates to the individuals current crisis state.

- Describe/conceptualize the presenting problem using crisis theory
- Include discussion of the crisis precipitant, subjective distress; failed coping and subsequent impairments in functioning precipitated the need for crisis intervention. (This is not simply a retelling of the problem identified; rather you are synthesizing the information provided in your assessment into a clear and concise problem statement.)
- How long has this been a problem and how is it impacted functioning.
- Include a discussion about similar crisis and coping strategies the individual utilized to resolve this crisis.
- Include any relevant cultural/personal factors (sexual identity, traumatic events, significant attachments, etc.) that contribute to the development, maintenance or resolution of the individual's crisis.

In the second portion of the assignment the student will develop an intervention plan that addresses the presenting problem discussed in Part 1 of the assignment:

Apply and describe crisis intervention strategies that may be utilized, using Robert's stage crisis intervention model.

- The student is required to discuss each stage of the Robert's model and specifically discuss how they will offer interventions consistent with the stage being discussed. (For example, what interventions will be implemented to assess lethality (stage 1) or generate and explore alternatives (stage 5)?
While the student may incorporate and utilize an "eclectic approach" within the second portion of the paper, the student must demonstrate where and how these interventions will be utilized within the Robert's 7 stage model of crisis intervention.
- The student must include a brief discussion of their clinical rationale which is empirically supported for their intervention plan.

Throughout the paper, provide conceptual and empirical evidence to support your problem formulation and intervention strategies, referencing a minimum of 5 scholarly works, at least 3 of which must be outside materials (i.e., not on the syllabus). You may organize your work in a manner you chose however, you must address all topics identified in the assignment guidelines.

The paper should be 8-10 pages in length (not counting references or title page), double-spaced, with 1-inch margins on all sides. Use citation and referencing styles as specified in the Publication Manual of

the American Psychological Association (APA style). Throughout the paper, provide conceptual and empirical evidence to support your problem formulation and intervention strategies, referencing a minimum of 5 scholarly works, at least 3 of which must be outside materials (i.e., not on the syllabus).

Midterm assignments are due during the week of **Unit 7**. The date to be determined by your instructor. Papers may be submitted via the course assignment upload page at the VAC or emailed to the instructor. Papers not received by the deadline will lose half a grade point for each day they are late.

The evaluation of the paper will be based on whether you addressed all aspects of the assignment (adequate case description; problem formulation and appropriate interventions; references), the quality of your written work (organization, flow, clarity, grammar, spelling), and the correct application of APA style.

The assignment is worth 35% of your overall grade for this course.

ASSIGNMENT #2 APPLICATION OF BRIEF THERAPEUTIC METHODS—10%

Due on Unit 10

During Unit 10, the student will watch episode of A&E “Obsessed” which explores symptoms and treatment of Obsessive Compulsive Disorder utilizing CBT. The student will select an individual from the episode and apply knowledge of CBT theory and clinical skills discussed during class and in the reading material. The student will be required to select either Sharon or Patricia and discuss the following:

Conceptualize the client’s problem utilizing cognitive behavioral formulation.

- Identify automatic thoughts and core schema demonstrated by the selected individual.
 - Automatic thoughts and core schema may not be explicitly identified and the student’s discussion of these elements may be hypothesized based on the information given.
- Identify emotional and behavioral responses/compensatory strategies that the individual engages in.
 - Include a discussion of the resulting functional impairments caused by these behaviors.
- Include discussion and identify any psychosocial history which may be used to explain and understand the development and maintenance of symptoms. Include identification of any relevant psychosocial stressors experienced by the individual discussed.

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual’s cognitions.

- What cognitive interventions would you add? Describe how you would integrate these interventions into treatment (i.e. use of automatic thought records, generating rational alternatives, decatastrophizing etc.)

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual’s behavioral responses. Describe 1 additional behavioral intervention you would add to enhance the overall efficacy of treatment with this individual? (This may include activity scheduling, activation etc.)

Describe barriers that the client demonstrated and evaluate how the therapist managed these throughout the treatment process.

- **What additional methods could be utilized to manage barriers or obstacles to change in the therapeutic process?**

- You may include a discussion of how you would utilize CBT to work with barriers within treatment, psychoeducation, motivational interviewing, relapse prevention etc.

BRIEF TREATMENT INTERVENTION DEMONSTRATION AND CRITICAL ANALYSIS— 35%

Due during finals week.

The final assignment will apply Brief Treatment clinical skills learned in Units 8-14. The 2-part assignment will consist of a role play exercise and a critical analysis/reflective written paper.

The objective of Part 1 of this assignment is to demonstrate an understanding of skills learned by application of them within a recorded session.

In **Part 1** the student will record an unrehearsed, spontaneous therapy “session”. The student will be the therapist. The student will receive case vignettes of three potential clients at the conclusion of Unit 14. The student will randomly select a client that will be role played when they arrive to their “session”. In the case vignette, the student will be provided with all of the relevant biopsychosocial data that they would obtain by conducting an assessment. The student will assume that sufficient time has passed to develop the therapeutic relationship with their client. The session should be reflective of sessions in the “middle phase” of treatment which may be session 2 and beyond. The student should review the case vignettes and develop a “working hypothesis” or case conceptualization prior to the start of the session. The student may begin their “session” with a discussion with your client about this conceptualization/hypothesis.

The student may practice/prepare for the role play prior to taping, and it is encouraged that you consider potential issues that the “client” may present with and how to address these issues within the session. Students will not have the opportunity to “start over” however, may address any areas of improvement in Part 2 of the assignment. Finally, students may not script sessions. The purpose of the assignment is to approach the session as you would one in your clinical practice.

VAC Students: Contact student support 24 hours prior to completion of your recorded session if you would like to have a conference line connected to your room. Please note that it takes a minimum of 24 hours for recorded session to be available to review on the VAC platform.

The student will have a maximum of 30-45 minutes for their session. During the session, the student will utilize clinical skills from Cognitive Behavioral and/or Solution Focused Therapy Brief treatment models. The student may utilize an “eclectic” approach however, **no more** than 10% of interventions utilized may be outside of those discussed in class. Examples of interventions may include but are not limited to: the miracle question, Socratic questioning, homework assignments, exposure, decatastrophizing, activity scheduling, etc. There is no expectation of a minimum or maximum number of interventions, however, those offered should be appropriate to the “clients” presenting problem.

The objective of Part 2 of the assignment is for the student to review and reflect upon their clinical work conducted in Part 1.

In **Part 2** the student will review the recorded session and complete a written critical analysis and reflection about their role play. The written part of the final should not exceed 8 pages and includes a discussion of the following:

Introduce the interviewee or client:

- Describe the interviewee or client in terms of their age, gender, ethnicity, race, sexual orientation, spirituality or other relevant social identities.
- Describe the presenting problem. Include any relevant biopsychosocial data as it relates to understanding/explaining the “clients” presenting problem. Since this information was provided to

the student, your discussion should not exceed 1 page and should include a brief discussion of the students' formulation of the client's presenting problem.

Analysis and Critique

The student is required to analyze and evaluate a minimum of 5 skills/interventions demonstrated in the role play. No more than 1 may be a basic interviewing or attending skill (i.e. open ended questioning, empathic/reflective listening etc.) The student will include the interview dialogue that is being discussed and evaluated. The student should use quotes and/or describe how they used the intervention/skills within the session. The student will analyze their role play, identifying the skill that is being demonstrated in the dialogue. In your analysis, include a discussion about the clinical rationale/intent of the skill/intervention demonstrated.

Finally, the student will critically evaluate the skill/intervention utilized, specifically discussing the relevant strengths and weaknesses; and any modifications you would make to your use of the skill/intervention. If there was not an opportunity during the interview to demonstrate a particular skill, include a discussion with an example of how you may have utilized the skill/intervention if the occasion had arisen to do so.

Personal Reflection

To conclude their written analysis and critique, the student will reflect upon their overall ability to implement brief treatment interventions that were discussed throughout the course. The student should identify areas of growth as well as areas of continued practice and study that they may have at the conclusion of the course.

The student will be graded on how well they execute the brief treatment interventions utilized (40%) and their overall analysis and critique of skills demonstrated (50%). Finally, they will be graded on the overall organization and clarity of their written work. (10%) The assignment does not require the use of any outside resources, however, if the student chooses to do so, all work must be cited utilizing 6th edition APA format guidelines and include a reference page. On your cover page, the student must include the URL for the recorded session which will be reviewed by the instructor, or provide a DVD or other electronic version of the recording. **UPC Students:** You may utilize Google Drive or Dropbox to share your video link with your instructor.

The student's written assignment must be emailed/uploaded to the assignment page by a date to be determined by the instructor. Late assignments will be penalized a half grade point for each 24 hour period after the due date, the assignment is turned in.

CLASS PARTICIPATION - 10%

Student is expected to come to and remain in class for entire sessions. Student is expected to participate in class discussions. Texting and working on anything other than course material is considered not participating and participations points will be deducted accordingly.

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		3. – 72	C-

Grading Standards

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.

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.

REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

The following textbooks are required readings for SOWK 615. Each book was carefully chosen to expose students to the most essential concepts for this course. There are very few articles on the reading list. We understand that these books are expensive. There are alternative methods for retrieving the readings, including accessing digital copies of books on library reserve services, renting text books from commercial online services, etc.

Berg, I. & de Jong, P. (2012). *Interviewing for solutions*. 4th Edition. New York: Thompson Brooks/Cole.

Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. New York: Oxford University Press.

Wright, J., Basco, M. & Thase, M. (2006) *Learning Cognitive Behavior Therapy: An illustrated guide*. Washington, DC: American Psychiatric Publishing, Inc.

Course readings outside of the course texts may be located on ARES. Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"> ■ Course Introduction ■ Overview of Course Expectations ■ Introduction to Crisis Theory 	

Unit	Topics	Assignments
2	<ul style="list-style-type: none"> ■ Introduction to Crisis Intervention Clinical Skills <ul style="list-style-type: none"> ➢ General Engagement Skills ➢ Crisis Assessment ➢ Robert's 7-Stage Crisis Intervention Model 	
3	<ul style="list-style-type: none"> ■ Crisis Intervention: Legal and Ethical Considerations <ul style="list-style-type: none"> ➢ Mandated Reporting Laws and Professional Guidelines <ul style="list-style-type: none"> ▼ Child Abuse / Neglect/ Child Sexual Involvement ▼ Elder / Dependent Abuse / Neglect ▼ Danger to Self ▼ Danger to Other or Property / Tarasoff Notification / Duty to Warn 	
4	<ul style="list-style-type: none"> ■ Crisis Intervention with Special Populations: People with Psychiatric Disorders <ul style="list-style-type: none"> ➢ Overview of DSM-IV-TR Diagnostic Criteria ➢ Crisis Assessment, Establishing Clinical Goals, and Treatment Planning ■ Video Activity 	Assignment #1 Due
5	<ul style="list-style-type: none"> ■ Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence <ul style="list-style-type: none"> ➢ Substance Abuse: Signs and Symptoms ➢ Crisis Assessment and Management of Substance Related Issues ➢ Intimate Partner Violence: Assessment and Clinical Skills 	
6	<ul style="list-style-type: none"> ■ Crisis Intervention with Special Populations: Grief, Loss, and Medical Crises <ul style="list-style-type: none"> ➢ Types of Medical / Health Crises ➢ Single Session Crisis Intervention ➢ Elisabeth Kubler-Ross's Stages of Grief and Loss ➢ Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills 	
7	<ul style="list-style-type: none"> ■ Types of Group and Organizational Crises ■ Critical Incident Stress Debriefing (CISD) ■ Vicarious and Secondary Trauma: Help for the Helper 	Midterm Assignment Due
8	<ul style="list-style-type: none"> ■ Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy <ul style="list-style-type: none"> ➢ Cognitive Behavioral Therapy: Theory and Basic Principles ➢ Assessment, Problem Formulation, and Treatment Planning ➢ General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment ➢ Evaluation of Progress and Treatment Outcomes Measurements 	

Unit	Topics	Assignments
9	<ul style="list-style-type: none"> ■ Cognitive Behavioral Therapy Clinical Skills Development <ul style="list-style-type: none"> ➤ Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema <ul style="list-style-type: none"> ▼ Common Problems and Pitfalls 	
10	<ul style="list-style-type: none"> ■ Cognitive Behavioral Therapy: Clinical Skills Development <ul style="list-style-type: none"> ➤ Behavioral Skills Training ➤ Video Activity 	Assignment #2 Due
11	<ul style="list-style-type: none"> ■ Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People Addictive Disorders <ul style="list-style-type: none"> ➤ Application of Clinical Skills ➤ Identifying and Overcoming Resistance and Barriers to Change 	
12	<ul style="list-style-type: none"> ■ Solution Focused Therapy: Basic Principles <ul style="list-style-type: none"> ➤ Theory, Assessment, and Problem Formation 	
13	<ul style="list-style-type: none"> ■ Solution Focused Therapy: Clinical Skills Development <ul style="list-style-type: none"> ➤ Working with clients strengths and “building solutions”: Miracle Question, Exception Finding, Scaling, and Coping Questions ➤ Evaluation of Progress and Treatment Outcomes Measurements 	
14	<ul style="list-style-type: none"> ■ Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders <ul style="list-style-type: none"> ➤ Assessment and Clinical Intervention 	
15	<ul style="list-style-type: none"> ■ Course Review, Wrap Up and Course Evaluation <ul style="list-style-type: none"> ➤ Course Wrap-Up ➤ Course Evaluations 	
STUDY DAYS / NO CLASSES		
FINAL EXAMINATIONS		

Course Schedule—Detailed Description

Unit 1: Course Introduction and Overview

Topics

- Course Introduction
- Overview of Course Expectations
- Introduction to Crisis Intervention Theory
- Culture and Crisis Development and Intervention

Required Readings

Roberts, A. (Eds.). (2005). *Crisis intervention handbook*: Introduction, Chapter 1 (pgs. 3-18)

Dykeman, B. (2005) Cultural implications of crisis intervention. *Journal of Instructional Psychology*. 32.1

Unit 2: Introduction to Crisis Intervention Theory and Clinical Skills

Topics

- Introduction to Crisis Intervention Clinical Skills
 - Crisis Assessment
 - Application of Robert's Model of Crisis Intervention

Required Readings

Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. Chapter 1 (pgs. 19-33) & 3

Roberts, A. and Ottens, A. (2005). The Seven Stage Crisis Intervention Model: A Road Map to Goal Attainment, Problem Solving and Crisis Resolution. *Brief Treatment and Crisis Intervention*. 5. 4.

Unit 3: Crisis Intervention: Legal and Ethical Considerations

Topics

- Crisis Intervention: Legal and Ethical Considerations
 - Mandated Reporting Laws and Professional Guidelines
 - ▼ Child Abuse / Neglect/Child Sexual Involvement
 - ▼ Elder / Dependent Abuse / Neglect
 - ▼ Danger to Self
 - ▼ Danger to Other or Property / Tarasoff Notification / Duty to Warn

Required Readings

California Department of Social Services, Office of Child Abuse Prevention: The California Child Abuse and Neglect Reporting Law. Booklet.

Meichenbaum, D. (2005). 35 years of working with suicidal patients: Lessons learned. *Canadian Psychologist*. 46, 2.

Roberts, A. (Eds.) (2005). *Crisis intervention handbook*. Chapter 2.

Handout: Steps in Ethical Decision Making Process

Unit 4: Crisis Intervention with Special Populations: People with Psychiatric Disorders

Topics

- Crisis Intervention with Special Populations: People with Psychiatric Disorders
 - Overview of DSM-IV-TR Diagnostic Criteria
- Crisis Assessment, Treatment Planning, and Clinical Skills

Required Readings

- Ball, J., Links, P., Strike, C., Boydell, K. (2005). It's overwhelming... Everything seems to be too much: A theory of crisis formation for individuals with severe and persistent mental illness. *Psychiatric Rehabilitation Journal*, Summer, 29, 1; 10.
- Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. Chapters 4, 6 (pgs.161-167) & 26 (pgs. 619-630).
- U.S Department of Health and Human Services: Practice Guidelines Core Elements in Responding to Mental Health Crises. Pgs. 1-26.

Unit 5: Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence

Topics

- Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence
 - Substance Abuse: Signs and Symptoms
 - Crisis Assessment and Management of Substance Related Issues
 - Intimate Partner Violence: Clinical Assessment and Skills

Required Readings

- Kanel, K. (2007). *A guide to crisis intervention*. Chapter 10 &12 (pp. 220-230).
- Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. Chapters 19 & 24.

Unit 6: Crisis Intervention with Special Populations: Grief, Loss, and Medical/Health Related Crises

Topics

- Crisis Intervention with Special Populations: Grief, Loss, and Medical / Health Crises
 - Medical Social Work: Roles and Responsibilities
 - Crisis Intervention in Medical Settings
 - Elisabeth Kubler-Ross's Stages of Grief and Loss
 - Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills

Required Readings

- Deranieri, J. Clements, P, Henry, G. (2002) When catastrophe happens: Assessment and intervention after sudden traumatic death. *Journal of Psychosocial Nursing & Mental Health Services*. 40. 4
- NASW Standards for Palliative and End of Life Care.
- Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. Chapters 12, 23, 27 & 29.

Unit 7: Family, Group and Organizational Crisis Worker Burnout and Compassion Fatigue

Topics

- Types of Large Scale Natural and Man Made Disasters
- Families in Crisis
- Psychological First Aid
- Critical Incident Stress Debriefing (CISD)
- Vicarious and Secondary Trauma: Help for the Helper

Required Readings

Psychological First Aid- MRC Field Operations Guide

Roberts, A. (Eds.). (2005). *Crisis intervention handbook*. Chapter 7 (pgs.189-197) Chapter 8: (pgs. 203-218). Chapter 9, & 13.

Rothschild, B. and Rand, M. (2006). *Help for the helper: the psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton and Company. Chapter 3.

US Department of Health and Human Services: Crisis Intervention in Child Abuse and Neglect

Unit 8: Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy

Topics

- Introduction to Brief Treatment: Cognitive Behavioral Therapy
 - Cognitive Behavioral Therapy: Theory and Basic Principles
 - Assessment, Problem Formulation, and Treatment Planning

Required Readings

Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. Oxford University Press: New York. Chapters 3 & 5 (pp.88-89; 92-103).

Dudley, R., Kuyken, W., Padesky, C. (2009) Collaborative Case Conceptualization: Working Effectively with Client in Cognitive Behavioral Therapy.

Wright, J., Basco, M. & Thase, M. (2006). *Learning cognitive-behavior therapy: An illustrated guide*. Chapter 1, 2, & 3.

Unit 9: Cognitive Behavioral Therapy Clinical Skills**Topics**

- Cognitive Behavioral Therapy Clinical Skills
 - General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment
 - Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema
 - ▼ Common Pitfalls and Problems
 - ▼ Evaluation of Progress and Treatment Outcomes Measurements

Required Readings

Wright, J., Basco, M. & Thase, M. (2006). *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 5, 8 & 9.

Unit 10: Cognitive Behavioral Therapy Clinical Skills**Topics**

- Cognitive Behavioral Therapy Clinical Skills
 - Behavioral Skills Training

Required Readings

Wright, J., Basco, M. & Thase, M. (2006) *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 6 & 7.

Unit 11: Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders**Topics**

- Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders
 - Application of Clinical Skills
 - Identifying and Overcoming Resistance and Barriers to Change

Required Readings

Frances R., Miller, S. & Mack, A. (Eds.) (2005) *Clinical textbook of addictive disorders* (3rd ed.) New York. Guilford Press. Chapter 22

Quick Guide for Clinicians: Brief Interventions and Brief Therapy of Substance Abuse. SAMSHA (2001).

Unit 12: Solution Focused Therapy: Basic Principles**Topics**

- Solution Focused Therapy: Basic Principles
 - Theory, Assessment and Problem Formation

Required Readings

Berg, I. and de Jong, P. (2012). *Interviewing for solutions*. Chapters 1, 2, 3 & 15. Pgs. 380-384; 390

Unit 13: Solution Focused Therapy: Clinical Skills Development**Topics**

- Solution Focused Therapy: Clinical Skills Development
 - General Worker Tasks and Interventions throughout Beginning, Middle, and Termination Phases of Treatment
 - Working with clients strengths and “building solutions”: Miracle Question, Exception Finding, Scaling, and Coping Questions
 - ▼ Common Pitfalls and Problems
 - Evaluation of Progress and Treatment Outcomes Measurements

Required Readings

Berg, I. and de Jong, P. (2012). *Interviewing for solutions*. Chapters 4, 5, 6, 8 & pgs. 386-396; 404

Unit 14: Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders**Topics**

- Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders
 - Assessment and Clinical Interventions

Required Readings

Berg, I. and de Jong, P. (2012). *Interviewing for solutions*. Pgs. 397-404

Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. Oxford University Press: New York. Chapter 8.

Guterman, J. (2010) Advanced Techniques for Solution Focused Counseling. (Handout)

Unit 15: Final Assignment Demonstrations, Wrap-Up, and Course Evaluation**Topics**

- Course Review, Wrap-Up, and Course Evaluation
 - Course Wrap-Up
 - Course Evaluations

University Policies and Guidelines

VIII. ATTENDANCE POLICY

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

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

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

IX. STATEMENT ON ACADEMIC INTEGRITY

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

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

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. The phone number for DSP is (213) 740-0776.

XI. EMERGENCY RESPONSE INFORMATION

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

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

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

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

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

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

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

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

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 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

- ✓ 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.
