Social Work 645

Clinical Practice in Mental Health Settings

3 Units

Fall 2015

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I. COURSE PREREQUISITES

Second year standing

II. CATALOGUE DESCRIPTION

Social work processes from intake to termination; emphasis on clinical skills required for social work practice in a broad spectrum of mental health settings. Required for students in Mental Health concentration.

III. COURSE DESCRIPTION

This course builds on previous practice courses. Knowledge regarding life cycle issues and developmental theory will be applied to practice with mental health service populations. Skills in working with individuals and their support systems will have a new application specifically to mental health services clients. Core concepts of relationship, the therapeutic alliance, problem solving, and the phases of treatment are applied to common mental health disorders. Within a bio-psycho-social, ecosystemic framework, specific interventions with varying theoretical bases are examined for appropriate treatment of clients with common presenting disorders. These interventions include body, brain, mind (neurobiological, sensory motor) treatment, psychodynamic treatment (particularly self-psychology, object relations, and the relational school, ego psychology, attachment-based interventions), interpersonal treatment, cognitive and behavioral treatment, trauma-focused, emotion-focused, and the expressive therapies. Evidence-based and empirically-based treatments are addressed throughout the course.

Students will learn how to treat clients from diverse groups often seen in urban mental health settings, including persons evidencing substance abuse, anxiety disorders, trauma related disorders, depression, phobia, eating disorders, psychoses, and personality disorders. We will address practice implications of work with culturally diverse, client groups with respect to race, ethnicity, class, gender, sexual orientation, religion, and age, as they apply to issues in clinical practice. The continuum of care will be applied to clinical interventions with emphasis on the outpatient experience for adults. The impact of social injustice on those seeking mental health services, and the effects of stigma will be examined. Content will be

applied to work in mental health settings. We will discuss the effects of working with highly distressed clients on the worker, and the value base of social work.

IV. COURSE OBJECTIVES

The Clinical Practice in Mental Health Settings course (SOWK 645) will:

Objective #	Objectives
1	Help students use their knowledge of explanatory theories of human behavior to enhance clinical skill in accurate assessment of mental health clients coping with their often complex social situations, particularly in multicultural, urban environments such as Los Angeles, including: a) Psychosocial implications of mental illness, or handicapping mental or emotional conditions on clients and their support systems, b) Psychosocial development and personality functioning of the client & support systems, c) Client use of mental health care, reasons why and why not, d) Influence of race, ethnicity, social class, gender, age, and religion on individuals and their support systems, and e) Familiarity with social work values and ethics pertaining to the use and misuse of the DSM 5 diagnostic entities, particularly with reference to issues of culture, gender, class, race, age, religion, and physical ability.
2	Increase students' understanding of the use of the worker/client relationship and the working alliance with individuals and their support systems from a variety of cultures, classes, race, and ages. Help students to understand their own feelings, values, experiences, and culture as these enhance or detract from a helping relationships with clients, staff colleagues, and others. Also help students understand the feelings, values, experiences, and culture, of the individual client, and their significant others as these influence positive motivation or resistance in the treatment relationship.
3	Facilitate students' ability to apply various practice theories (building on first year content) toward developing competence in intervening in beginning, middle, and ending phases of treatment. Share knowledge of interventions that have been supported by research as being effective with mental health problems. Explain the strengths and limitations of empirically supported interventions in working with culturally diverse groups of people with mental health problems. Demonstrate the process of evidence based practice and its application to mental health populations.
4	Promote students' development of competence in practice skills (informed by research findings) across the continuum of care for work with those presenting common mental health problems evidenced in clients living in multicultural, and complex, urban environments, and particularly Los Angeles. Increase students' understanding of practice in urban, multicultural mental health settings, and the leadership role of the social worker in cooperative, and team activities.
5	Help students demonstrate their identity as social workers, with clarity about the social work domain, values, ethics, clinical privileges, and responsibilities. Promote leadership skills by increasing students' ability to identify and take a position on philosophical and ethical dilemmas and legal issues confronting self, client groups, and staff in the mental health care system.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

A combination of lecture and experiential format will be utilized in this class in order to highlight process and to build skills in a variety of practice modalities. We will be discussing some readings through reading groups. Simulated interviews, case examples, DVDs, films, and structured class exercises will accompany lectures and assigned readings. Students will have an opportunity to consult with the professor and the class on particular cases held in the field through experiential exercises and class discussion. (Confidentiality is always observed.)

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	SOWK 645	Course Objective
1	Professional Identity	*	5
2	Ethical Practice	*	5
3	Critical Thinking	*	2 & 3
4	Diversity in Practice	*	1-3
5	Human Rights & Justice		
6	Research Based Practice	*	1-4
7	Human Behavior	*	1
8	Policy Practice		
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
Professional Identity—Identify as a professional social worker and conduct oneself accordingly. Social workers competent in Professional Identity: ▪ 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.	1. Advocate for client access to the services of social work.	Midterm Assignment
	2. Practice personal reflection and self-correction to ensure continual professional development.	Final Paper Class Discussion, Exercises & Reading Cards
	3. Attend to professional roles and boundaries.	
	4. Demonstrate professional demeanor in behavior, appearance, and communication.	
	5. Engage in career-long learning.	Class Discussion
	6. Use supervision and consultation.	Final Paper Class Discussion, Exercises

Ethical Practice—Apply social work ethical principles to guide professional practice. Social workers competent in Ethical Practice: ▪ 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.	7. Recognize and manage personal values in a way that allows professional values to guide practice. 8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics.	Midterm Paper Final Paper Class Discussion & Reading Cards
	9. Tolerate ambiguity in resolving ethical conflicts.	Class Discussion, Exercises, Reading Cards
	10. Apply strategies of ethical reasoning to arrive at principled decisions.	Midterm Paper Final Paper Class Discussion, Exercises

| **Critical Thinking—**Apply critical thinking to inform and communicate professional judgments.

Social workers competent in Critical Thinking:

▪ 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. | 11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.
12. Analyze models of assessment, prevention, intervention, and evaluation.
13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues. | Midterm Paper
Final Paper
Class Discussion, Reading Cards, Exercises |

| **Diversity in Practice—**Engage diversity and difference in practice.

Social workers competent in Diversity in Practice:

▪ 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. | 14. Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.
15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.
16. Recognize and communicate understanding of the importance of difference in shaping life experiences. | Midterm Paper
Final Paper,
Class Discussion, Exercises, Reading Cards |
| | 17. View themselves as learners and engage those with whom they work as informants. | Class Discussion, Exercises |

Research Based Practice—Engage in research-informed practice and practice-informed research. Social workers competent in Research Based Practice: ▪ 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.	18. Use practice experience to inform scientific inquiry.	Midterm and Final Assignment, Lecture, Class Discussion, Exercises
	19. Use research evidence to inform practice.	Class Discussion, Lecture, Final Assignment, Exercises In Class, Reading Cards, Midterm Assignment

Human Behavior—Apply knowledge of human behavior and the social environment. Social workers competent in Human Behavior: ▪ 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.	20. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation.	Midterm, Final, Exercises, Class Discussion, Reading Cards
	21. Critique and apply knowledge to understand person and environment.	

Practice Contexts—Respond to contexts that shape practice. Social workers competent in Practice Contexts: ▪ 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.	22. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.	Midterm, Final, Exercises, Class Discussion, Reading Cards
	23. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.	Class Discussion, Reading Cards, Exercises

Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities. 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. ▪ 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	24. Engagement: Substantively and affectively prepare for action with individuals and their support systems in mental health settings. Use empathy and other interpersonal skills. Develop a mutually agreed-on focus of work and desired outcomes.	Class Discussion, Midterm, Final Assignment, Exercises, Reading Cards, Lectures
	25. Assessment: Collect, organize, and interpret client data. Assess client strengths and limitations. Develop mutually agreed-on intervention goals and objectives. Select appropriate intervention strategies.	Midterm, Reading Cards, Exercises, midterm
	26. Intervention: Initiate actions to achieve organizational goals. Implement prevention interventions that enhance client capacities. Help clients resolve problems. Negotiate, mediate, and advocate for clients. Facilitate transitions and endings.	
	27. Evaluation: Critically analyze, monitor, and evaluate interventions.	

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Advanced Clinical Skill Development with Complex Clients	Session 7	30%
	Session 10	30%
Intervention Presentation	Designated Class Session	30%

Assignment	Due Date	% of Final Grade
Class Participation	Each Class Session	10%

Each of the major assignments is described below.

I. Advanced Clinical Skill Development with Complex Clients (two)

Two written presentations on <u>adult</u> clients that the student is currently working or has worked with in his/her field placement. Citations, using APA style, will be used to support the perspective and assertions that the student is making. The presentation will include the following information. *PLEASE USE ALL THESE HEADINGS.*

- <u>Clinical case study, theoretical formulation, treatment plan, and treatment evaluation.</u> (*USE ALL HEADINGS IN THIS TEMPLATE.*)
  - Identifying Information (age, gender, ethnicity, employment / funding, housing, relationship status, etc.)

  - Referral Source

  - Presenting Problem

  - History of Problem (using timeline of significant losses and symptom manifestation)

  - History of Substance Abuse / Addiction

  - Previous Treatment Experience

  - Family Background

  - Personal History

  - Medical History, including psychotropic medications

  - Cultural History (comment on identified culture)

  - Spirituality / Religion

  - Mental Status *(Use template from our course. Use all headings)*

  - Ecosystem Strengths (i.e., Family, peers, housing, transportation, education, etc.)

- **Theory (***Citations to be used to support perspective and assertions.)*

  - Formulation – (your impressions and theoretical application)
    - Theory
    - Points
    - Points into questions
    - Answer questions with your case information

- Recommendations and Goals for Treatment

- Specific Plan for Evidence – based Intervention

- Ongoing Monitoring
  - Plans for Future Evaluation

- <u>Justification of primary diagnoses.</u>
  - Write the DSM 5 diagnostic criteria, then write a very brief description of how this client's symptoms meet this criteria.
    - <u>Example</u>
    - "More talkative than usual or pressure to keep talking.
      - Mr. B talks non-stop for the duration of the interview. He will not be interrupted by clinician. He talks in a tangential manner about the most recent basketball game.

  - <u>Remaining questions:</u> When referring to differential diagnoses, list questions you still have or information that you still need to acquire to be able to rule in or rule out these diagnoses.

All names must be changed to protect client confidentiality. Write a minimum of 9 pages per summary. Full credit will be given to the work that adequately includes all above points. If the paper is over 9 pages, the instructor will read all work. Make every attempt to write concisely.

Due: 1- 11:59pm before Session 7

2 – 11:59pm before Session 10

II. Intervention Presentation   30%   (due on the class day as chosen by the student)
- Each student will choose and present a recent evidence-based intervention article, based on a diagnostic category (i.e. Major Depressive Disorder and CBT or Borderline Personality Disorder and Dialectical Behavioral Therapy) or specific problem (i.e. homelessness, trauma, assertiveness, coping). Articles may be chosen from the course syllabus or chosen by the student. Use citations in your PowerPoint presentation.
- Each presentation will last approximately 20-30 minutes.
- Students will work individually or in pairs.
- Each group will post their PPT presentation to Blackboard.
- Answer the following questions.
  - Title, author(s), availability and cost of manual.
  - Which groups or populations are best served by this evidence-based intervention best served? What is the evidence for this?
  - Intervention
    - What are step by step instructions?
      - How many sessions?
      - What is the format of each session?
      - Take the group through one structured element / exercise in the manual.
    - What is the structure of the manual?
    - What kind of training / certification is required?
    - Theory – What is the underlying logic of the intervention?
  - What groups are not best treated by this intervention? (Consider cultural sub-groups) Why? What additional intervention is indicated?
  - What counter-transference reactions can you anticipate in yourself as you deliver this evidence-based intervention?
  - How does this intervention demonstrate identity as a social worker, with clarity about the social work domain, values, ethics, clinical privileges, and responsibilities?

Class Participation (10% of Course Grade)

Evaluation of class participation includes frequency and quality of participation, discussion, attendance, and involvement in experiential exercises. You are expected to come to class prepared to discuss readings and their application to practice.
(Including, tardiness, leaving early, behavior that is distractive to other students. Please do not use computers for anything other than taking class notes. Please refrain from using smart phones for texting/ emailing during class.)

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Please note that readings are available on ARES. Many can be pulled off the internet. While some of our readings are cutting edge, others are classics in the field. Further readings are optional and are given for each session. You may elect to complete them following the required readings. Weekly readings are starred. Do a reading summary on 1 reading each week but read everything that is listed under required reading. We will be covering some of the same material repeatedly, in the required texts and the DSM 5, so that the student will be exposed to multiple sources of information. Please be aware that the DSM is not a theoretically driven text; rather, it is a manual of classification (as is the ICD 10 which codes are in parentheses next to DSM codes). Inter-rater reliability remains low for the DSM; thus, we will be teaching diagnostic classification as only one part of bio-psycho-social-spiritual assessment.

Required Textbooks

American Psychiatric Association. (2013). *The DSM 5.* Arlington, VA, APA press.
(Students have free access to DSM 5 via USC Library system.)

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

Barlow, D.H. (ed.). (2014). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual.* . New York: Guilford.

Brisch, K. (2012). *Treating attachment disorders from theory to therapy*. New York, NY: Guilford Press.

Solomon, M., & Siegel, D. (2003). *Healing trauma: Attachment, mind, body & brain.* New York, NY: Norton.

Readings:. Available on ARES.

Note: Please note that readings are available on ARES. Many can be pulled off the internet. While some of our readings are cutting edge, others are classics in the field. Further readings are optional and are given for each session. You may elect to complete them following the required readings. Weekly readings

are noted. Do a reading summary on 1 reading each week but read everything that is.assigned in class or is of interest to you.

Recommended Textbooks

Note: Readings are assigned in these books.

Morrison, J. (2013). The DSM 5 Made Easy.

Gaw, A. (1993). *Culture, ethnicity, and mental health*. Washington, DC: APA Press.
    (Instructor Note: Or latest version.)

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

Course Schedule—Detailed Description
Part 1: Introduction

Unit 1: Prevention of Mental Disorders

Topics

- The continuum of care: Concepts, educative and preventive techniques
- Primary prevention versus secondary and tertiary models
- Anticipatory intervention and situational stress, stress reactions, and treatment (review)
- Prevention practice skills with individuals and their support systems
- Issues of diversity and social injustice in mental health treatment
    - ▽ Who gains access to help, where, when, and how
- Ethics & values in social work
- Screening for substance abuse
- Giving a mental status exam
- Introduction to DSM

This Unit relates to course objectives 1a, 1c, 1d, 1e, 5, and 7.

Note: **Read your entire course outline before the next class.**

Readings of Interest but not required

Cuijpers, P., Van Straten, A., & Smit, F. (2005). Preventing the incidence of new cases of mental disorders. *Journal of Nervous and Mental Disease*, *193*(2), 119-125.
(Instructor Note: No card-skim. Required weekly reading.)

Handout on culture-bound syndromes and self assessment on prevention.
(Instructor Note: Required weekly reading.)

Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, R. J., Bullard, K. M., … Jackson, J. S. (2007). Race, ethnicity, and the use of services for mental disorders. *Archives of General Psychiatry*, *64,* 485-494.

Simons, R. (1993*).* Culture bound syndromes. In A. Gaw (Ed.), *Culture, ethnicity, and mental illness* (pp. 75-94). Washington, DC: APA Press.Recommeded

Vega, W. A., Karno, M., Alegria, M., Alvidrez, J., Bernal, G., Escamilla, M., Loue, S. (2007). Research issues for improving treatment of U.S. Hispanics with persistent mental disorders. *Psychiatric Services*, *58*(3), 385-394.

DSM 5, 833-837.

Part 2: Clinical Practice with Adult Individuals: Implementation of DSM 5 Skills; Assessment, and Evidence-Based and Empirically Supported Treatment Interventions

Unit 2/Unit 3: **Treating Anxiety Disorders: GAD, panic disorders, Phobia, Compulsive, and Somataform Disorders: Use of Supportive Treatment, CBT, Systematic Desensitization / Behavioral Interventions, Mindfulness Meditation**

Topics for Unit 2:

- Differential manifestation of anxiety disorders across cultural & gender lines, issues in practice,
- Taking a mental status examination for anxiety disorders
- Assessment of anxiety in co-ocurring disorders (e.g. substance abuse), diagnosis of anxiety states, a review
  - ▽ Cultural implications of assessing and treating anxiety (see culture-bound syndromes handout)
- Overview of Treatment planning & interventions for clients with anxiety disorders, psychophysiological involvement, and individuals with obsessive-compulsive disorders
  - ▽ Use and abuse of DSM V, Best practice models
  - ▽ Cognitive Behavioral Treatment (a review)
  - ▽ Mindfulness meditation & the safe place exercise
  - ▽ Systematic desenitization
  - ▽ Sensory motor psychotherapy, a body, brain, mind approach to treatment
  - ▽ Supportive treatment, mindfulness meditation
  - ▽ Building the Therapeutic Alliance: Introduction to Self Psychology
- The continuum of care; outpatient care
- Experiential exercise: assessment & treatment planning, the case of Jay, break out groups
- Effects on the worker & countertransference issues
- A cultural twist to the case of Jay

This Unit relates to course objectives 1-5.

Required Readings for Unit 2

Craske, M. & Barlow, D. (2008). Panic disorder and agoraphobia. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual.* New York: Guilford, 1-61.
(Instructor Note: Unit 2. Required weekly reading. Do reading card for unit 2 on this reading)

Badenoch, B. (2008). The brain's flow. In *Being a brain-wise therapist* (pp. 23-41). New York, NY: Norton.
(Instructor Note: Unit 2. Required weekly reading. Skim)

Newman, M. G., & Stiles, W. B. (2006). Therapeutic factors in treating anxiety disorders. *Journal of Clinical Psychology*, *62*(6), 649-659.(Skim)

DSM 5, Anxiety Disorders, 189-205.

Recommended Readings for Unit 2

Zimmerman, M. (1994). Mental Status Exam. In *Interview guide for evaluating DSM IV Psychiatric Disorders and the Mental Status Exam* (pp. 120-124). Philadelphia, PA: Psych Products Press.

Baez, A. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. *American Journal of Orthopsychiatry*, *71*(4), 408-415.

Austrian, S. (2005). Anxiety disorders. In *Mental disorders, medication and clinical social work* (3 rd ed., pp. 10-29). New York, NY: Columbia University Press.

Gelso, C., & Carter, J. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Consulting and Clinical Psychology, 41*(3), 296-306. (Instructor Note: Classic.)

Badenoch, B. (2008). The three faces of mindfulness. In *Being a brain-wise therapist* (pp. 174-190). New York, NY: Norton.

Elson, M. (1986). Transference and countertransference. In *Self psychology and clinical social work* (pp. 67-76). New York, NY: Norton: (Instructor Note: Classic.)

Greenberg, L. (1994). What is real in the relationship? Comments on Gelso and Carter. *Journal of Consulting and Clinical Psychology*, *41*(3), 307-309. (Instructor Note: Classic.)

Hill, N. R., & Beamish, P. M. (2007). Treatment outcomes for Obsessive-Compulsive Disorder: A critical review. *Journal of Counseling and Development*, *85*(4), 504-510.

Topics of Unit 3 This Unit relates to course objectives 1-5.

- Phobias, assessment, diagnosis, and treatment
  - Systematic desensitization
- The case of Jay, class exercise: Case analysis. Part I and II: building a comprehensive treatment plan

Required Readings for Unit 3

Brisch, K. (2012). Attachment disorders in adults, panic and agoraphobia. In *Treating attachment disorders from theory to therapy* (pp. 219-228). New York, NY: Guilford Press. (Do the reading card on this reading)

Badenoch, B. (2008). The relationship between brain and mind. In *Being a brain-wise therapist* (pp. 42-75). New York, NY: Norton. (Instructor Note: Unit 3. (Required weekly reading.)

DSM 5, 197-221.

Recommended reading

Austrian, S. (2005). Somatoform & fictitious disorders. In *Mental disorders, medication and clinical social work* (2nd ed., pp. 59-71). New York, NY: Columbia University Press. (Instructor Note: Unit 3. Required weekly reading. (Do reading card on this reading)

Unit 4/Unit 5:   Traumatic Stress Disorders & Dissociative Disorders, Dissociative Identity Disorder

Topics for Unit 4

- Anxiety in relation to PTSD & dissociative disorders: The function of the defensive system, stress reactions vs. PTSD
- Populations at risk: The sexually and physically abused, war survivors, rape survivors, holocaust survivors, cult survivors. The frequency of trauma history in clients.
- Cultural, gender, and age variability in response to treatment: What we encounter in Los Angeles & the US.
- Co-occurring disorders (substance abuse & other addictive disorders as means of affect regulators),
- Trauma and the brain, issues in practice: Working with traumatic attachment issues, neurobiological interventions, regulation of affect, self psychological techniques, expressive treatments, evidence-based treatments
- Phasing in treatment: Grounding, stabilization, reworking the trauma in the corrective emotional experience (connection, disruption & repair), supportive treatment vs. flooding, suppression.
- Mind-brain-body interventions: using expressive therapies to access limbic memories
- Moral injury and recovery from war
- Effects on the worker, the continuum of care: secondary trauma of the worker.
- Vander Kolk DVD

This Unit relates to course objectives 1-5.

Required Readings session 4

Badenoch, B. (2008). Attaching. In *Being a brain-wise therapist* (pp. 52-75). New York, NY: Norton.

Neborsky, R. (2002). A clinical model for the comprehensive treatment of trauma using an affect experiencing-attachment theory approach. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 282-321). New York, NY: Guilford Press. (do your reading card on this reading.)

Ogden, P., Pain, C., & Fisher, J. (2006). A sensorimotor approach to the treatment of trauma and

dissociation. *Psychiatric Clinics of North America, 29,* 263-279. (skim this reading)

Monson, C., Resick, P., & Rizvi, S. (2014). Post traumatic stress disorder. In Barlow, D. (ed). Clinical Handbook of Psychological Disorders: A step-by-step treatment manual. New York: Guilford,62-113.

DSM 5, 265, 271-280.

Recommended Readings

Meyer, W. (1993). In defense of long-term treatment: On the vanishing holding environment. *Social Work, 38*(5), 571-578.

Fosha, D. (2002). Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In Solomon, M., & Siegel, D. *Healing trauma* (pp. 221-282). New York, NY: Guilford Press.

Austrian, S. (2005). Dissociative disorders. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 72-89). New York, NY: Columbia University Press. Do your reading card on this reading

Franco, M. (2007). Posttraumatic stress disorder and older women. *Journal of Women and Aging*, *19*(1/2), 103-117.

Glass, N., Perrin, N., Campbell, J. C., & Soeken, K. (2007). The protective role of tangible support on post-traumatic stress disorder symptoms in urban women survivors of violence. *Research in Nursing and Health*, *30*(5), 558-568.

Edmond, T., Sloan, L., & McCarty, D. (2004). Sexual abuse survivors' perceptions of the effectiveness of EMDR and Eclectic therapy. *Research on Social Work Practice, 14*(4), 159-272.

Topics for Unit 5

This Unit relates to course objectives 1-5.

- Using Evidence-based Expressive Treatments to access body, mind, and brain in beginning and middle phases of treatment.
- Art therapy, music therapy, writing therapy, the empty chair, sand for mind, brain, and body
- Pairing expressive therapies with Evidence-based talk therapies in the middle phase.
- Using of CBT in the middle phase

Required Readings for session 5

Select a reading for your card from the ones listed below.

Badenoch, B. (2008). Picturing the inner community. In *Being a brain-wise therapist* (pp. 76-89). New York, NY: Norton.

Badenoch, B. (2008). The healing power of Sandplay. In *Being a brain-wise therapist* (pp. 220-243). New York, NY: Norton. Do your reading card on this reading.

Badenoch, B. (2008). Doing art. . In *Being a brain-wise therapist* (pp. 220-243). New York, NY: Norton, 244-268.

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press. We will re-read this reading later. Skim.

Recommended Reading

Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. *British Journal of Psychiatry*, *190,* 97-104.

Colson, B. (1995). Nightmare help of traumatic survivors with PTSD*. Psychotherapy, 32*(3), 381-387. (Instructor Note: Classic.)

VanderKolk, B. (2002). EMDR and information processing in psychotherapy treatment. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 168-195). New York, NY: Guilford Press.

**Unit 6/Unit 7/Unit 8:   Working with Clients with Affective
                          Disorders**

Topics for unit 6

- Overview of Depressive disorders
- Discerning the different & complex types of affective disorders: Clinical manifestations and diagnosis of unipolar and bipolar I & II disorder
  - Assessing dysthymic disorder, sub-clinical depressions, adjustment disorders, cyclothymic disorder, major depressive disorder, empty depression, and depression within personality disorders, bereavement, depression associated with PTSD
- Bio-psycho-socio correlates, impact of the urban environment; cultural & gender diversity:
  - The Los Angeles experience vs, different locales
- Depression versus bereavement: a different course of therapy (case of Jack, case of Nancy)
  - Differing treatment strategies for different types of depression (review CBT, EFT)
- Assessment for suicide and treatment for suicidal ideation
- Treatment planning & differential intervention strategies:
  - Psychodynamic, interpersonal therapy (IPT) and cognitive models (CBT), bereavement therapy, crisis intervention, the use of medication-update, short-term vs. longer term treatment
- Concomitant disorders & self medication:
  - Substance abuse, PTSD, personality disorders, eating disorders
- Effects on the worker & countertransference

This Unit relates to course objectives 1-5.

Required Readings for unit 6

Badenoch, B. (2008). The mutuality of the therapeutic relationship. In *Being a brain-wise therapist* (pp. 90-104). New York, NY: Norton.

Badenoch, B. (2008). Through the lens of diagnosis: Depression, anxiety, dissociation & addiction. In *Being a brain-wise therapist* (pp. 119-152). New York, NY: Norton.(do your reading card on this reading).

Baker, F. (2001). Diagnosing depression in African Americans. *Community Mental Health Journal, 37*(1), 31-38.

Norcross, J. & Beutleer, L. (2014) Evidence-based relationships and responsiveness for depression and substance abuse. In Barlow, D. (ed). Clinical Handbook of Psychological Disorders: A step-by-step treatment manual. New York: Guilford, 617-639.

DSM 5, 123-188, 799-792.

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Recommended Readings for unit 6

Palombo, J. (1985). Depletion states and self object disorders*. Clinical Social Work Journal, 13*(1), 32-49 (Instructor Note: Classic.)

Austrian, S. (2005). Mood disorders. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 30-58). New York, NY: Columbia University Press. Do reading card on this reading.

Topics for unit 7

- Treating Grief and complicated Bereavement
- Anniversary Depressions
- Interpersonal Treatment (review),
- Screening for Substance abuse
- Evidence-based Expressive Treatments for Bereavement Recovery , mind-brain –body treatments
  - Memory box, picture poem, writing as therapy, pairing talk therapy
- Making use of the Client's cultural and religious values in treating bereavement
- Screening for substance abuse
- The memory box, writing and journaling
  This Unit relates to course objectives 1-5.

Required Readings for unit 7

Bleiberg, K.& Markowitz, J. (2014).Interpersonal psychotherapy for depression. . In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual.* New York: Guilford, 332-352. (Do your reading card on this reading).

Brisch, K. (2012). Depressive symptoms. In *Treating attachment disorders from theory to therapy* (pp. 97-105, 228-234 & 252-258). New York, NY: Guilford Press. You may also choose to do your reading card on this reading.

Higgins, S., Sigmon, S. & Heil, S. (2014). Drug use disorders588-616. . In Barlow, D. (ed*). Clinical Handbook of Psychological Disorders:* A step-by-step treatment manual. New York: Guilford,547-577..

De Mello, M. F., de Jesus Mari, J., Bacaltchuk, J., Verdeli, H., & Neugebauer, R. (2005). A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. *European Archives of Psychiatry and Clinical Neuroscience*, *255*, 2, 75-82.skim.

McCrady, B. Alcohol use Disorders. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual.* New York: Guilford,533-587.

DSM, 289, 789-792

Recommended Readings for Unit 7

Boss, P. (1999). Ambiguous loss: Living with frozen grief. *Harvard Mental Health Letter, 16*, 5 1292-1297.

Catalano, G. (2005). Bereavement, depression, and our growing geriatric population. *Southern Medical Journal*, *98*(1), 3-4.

Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F., III. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association, 293*(21), 2601-2608.

Zisook, S., & Kendler, K. S. (2007). Is bereavement-related depression different than non-bereavement-related depression? *Psychological Medicine*, *37*(6), 779-794.skim.

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Topics for unit 8   This Unit relates to course objectives 1-5.

Cognitive Behavioral Therapy for mild to moderate depression

- The importance of relationship building when using CBT
- Methods of Assessment with CBT, going beyond identification of automatic thoughts
- Charting issues
- Challenging dysfunctional thoughts: methods to avoid blaming and scolding

- Cognitive Interventions
- Behavioral Interventions
- Case of Jack, case analysis

Required Readings for Unit 8:

Select your own reading for your reading card from the ones below.

Young, J., Young, J., Weinberger, A. & Beck, A. (2014).Cognitive therapy for depression. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 2.

Dimidjian, S., Martel, R. & Herman-Dunn, R. (2014). Behavioral Activation for Depression. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 353-393. (skim)

Beevers, C. G., Wells, T. T., & Miller, I. W. (2007). Predicting response to depression treatment: The role of negative cognition. *Journal of Consulting and Clinical Psychology*, *75*(3), 422-431.

Karasz, A., & Watkins, L. (2006). Conceptual models of treatment in depressed Hispanic patients. *Annals of Family Medicine*, *4*(6), 527-533.

Givens, J. L., Katz, I. R., Bellamy, S., & Holmes, W. C. (2007). Stigma and the acceptability of depression treatments among African Americans and Whites. *Society of General Internal Medicine*, *22*(9),

Recommended Readings for Unit 8

McBride, C., Atkinson, L., Quilty, L. C., & Bagby, R. M. (2006). Attachment as a moderator of treatment outcome in major depression: A randomized controlled trial of interpersonal psychotherapy vs. cognitive behavior therapy. *Journal of Consulting and Clinical Psychology*, *74*(6), 1041-54.

Unit 9:	Eating Disorders

Topics This Unit relates to course objectives 1-5.

Unit 9:   Eating Disorders

- Completing a thorough diagnosis of eating disorders
- Examining the impact of our cultural ideals and acculturation issues
- Treatment regimens
- The containment of anxiety and depression; coexisting conditions:
    - ▽ Personality disorders; sexual abuse and PTSD, addictive correlates
- Phasing in treatment with varying strategies, knowing the treatment protocol:
    - ▽ Stabilization & hospitalization, adjunctive treatments (family therapy, groups treatment, nutrition counseling)
    - ▽ Body tracing & other mind-brain-body-interventions
    - ▽ Pairing with EFT & CBT
    - ▽ DVD Thin or guest speaker Leigh Miller

Required Readings

Fairburn, C., Cooper, Z., Shafran, R. & Wilson, T. (2014). Eating disorders: A transdiagnostic protocol. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford,670-702. (Do your card on his reading).

Badenoch, B. (2008). Grounding therapy in the right brain. In *Being a brain-wise therapist* (pp. 153-162). New York, NY: Norton. Skim.

Bennett, S., & Dodge, T. (2007). Ethnic-racial differences in feelings of embarrassment associated with binge eating and fear of losing control. *International Journal of Eating Disorders*, *40*(5), 454-459.

DSM 5, 329-354.

Recommended Readings

Chavez, M. & Insel, T. (2007). Eating disorders: NIMH perspective. *Am. Psychol, 62*, 3, 159-166.

Cummins, L. H., Simmons, A.M., & Zane, N. W. (2005). Eating disorders in Asian Populations: A critique of current approaches to the study of culture, ethnicity, and eating disorders. *American Journal of Orthopsychiatry*, *75*(4), 553-574.

Hepworth, N., & Paxton, S. J. (2007). Pathways to help-seeking in bulimia nervosa and binge eating problems: A concept mapping approach. *International Journal of Eating Disorders*, *40*(6), 493-504.

McIntosh, W., Jordan, J, Carter, F. A., Luty, S. E., McKenzie, J. M., Bulik, C. M., Joyce, P. R. (2005). Three psychotherapies for anorexia nervosa: A randomized controlled trial. *American Journal of Psychiatry, 162*(4), 741-47.

Unit 10/Unit 11/Unit 12:   Personality Disorders

Topics for Unit 10 This Unit relates to course objectives 1-5.

Unit 10/Unit 11/Unit 12:   Personality Disorders

- Over view of Personality disorders: Variability in gender and culture: what we see in Los Angeles and in the US
- Complex & co-occurring disorders, personality disorders in relation to trauma, anxiety, unipolar & bi-polar depression
- Overview of Diagnosis, treatment planning & intervention
- Effects on the worker, values, on labeling of clients
- Continuum of care
- Clips from classic films and case analysis.

Required Readings for Unit 10

Kraus, G., & Reynolds, D. (2001). The ABC's of cluster B's: Identifying, understanding & treating cluster B personality disorders. *Clinical Psychological Review, 21*(3), 345-373. (Do your card on this reading)

Badenoch, B. (2008). Patterning the internal work. In *Being a brain-wise therapist* (pp. 205-219). New York, NY: Norton. Skim

DSM, 645-684.

Recommended Readings for Unit 10

Goldstein, E. (2005). *Borderline Disorders*. New York, NY: Guilford Press.

Topics for Unit 11

- Treatment of Narcissist Personality Disorder
  - Transference-focused Therapy
  - Using non-neurotic countertransference
  - Connection, disruption, repair

  This Unit relates to course objectives 1-5.

Required Readings for Unit 11

Do your reading card on any required reading below**.**

Glickauf-Hughes, C. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy, 32*(2), 213-221.

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press.(Do your card on this reading)

Brisch, H. (2012). *Treating Attachment Disorders,* 2nd Ed. New York: Guilford, 234-241. skim

Recommended Readings for Unit 13

Kernberg, O. F. (2007). The almost untreatable narcissistic patient. *Journal of the American Psychoanalytic Association*, *55*(2), 503-539.

Cushman, P. (1990). Why the self is empty. *American Psychologist, 45*(5), 599-611.

Topics for Unit 12

🟫 Treating Borderline Personality Disorder
  ⟩ Dialectical Behavioral Therapy,
  ⟩ Schema focused therapy
  ⟩ Mind-brain-body treatments
  ⟩ Containment and Expression choices in treatment
  ⟩ Using gentle confrontation
  ⟩ Treating Co-occurring disorders (cutting, substance abuse, and other affect regulators)
  ⟩ DBT and dvd of Marsha Linehan
  This Unit relates to course objectives 1-5.

Required Readings for Unit 11

Select a reading below for your reading card.

Neacsiu, A. & Linehan, M. (2014). Borderline personality disorder. . In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 394-461.

Badenoch, B. (2008). Listening to family histories. In *Being a brain-wise therapist* (pp. 163-173). New York, NY: Norton.

Recommended Readings for Unit 12

Valliant, G. (1994). Ego mechanisms of defense and personality psychopathology. *Journal of Abnormal Psychology, 103*(1), 44-50.
(Instructor Note: Classic.)

Topics for Unit 13

🟫 Treating Borderline Personality Disorder
  ⟩ Transference-focused Therapy
  ⟩ Clarification, confrontation, interpretation
  ⟩ Using non-neurotic countertransference
  ⟩ Transference-focused TherapySchema Therapy
This Unit relates to course objectives 1-5.

Required Readings for Unit 13

Do your card on any reading below.

Kellogg, S. H., & Young, J. E. (2006). Schema Therapy for Borderline Personality Disorder. *Journal of Clinical Psychology*, *62*(4), 445-458.

Brisch, K. (2012). Borderline symptoms. In *Treating attachment disorders from theory to therapy* (pp. 241-246). New York, NY: Guilford Press.

Gunderson, J. G., Bateman, A., & Kernberg, O. (2007). Alternative perspectives on psychodynamic psychotherapy of Borderline Personality Disorder: The case of "Ellen." *American Journal of Psychiatry*, *164*(9), 1333-1339.

Recommended Readings for Unit 13

Goldstein, E. (2001). Treatment of clients undergoing stressful life events. In *Object relations theory and self psychology in social work practice* (pp. 216-240). New York, NY: Free Press.

Unit 14:   Practice with the Severely Mentally Ill

Topics

- The impact of the system on client: issues of social justice
- Issues in client diversity: class, race, gender, ethnicity, and religion the L.A. experience
- Assessment & treatment of the psychoses:
  - ▽ Schizophrenia, schizoaffective disorder, and psychotic depression, rehabilitation therapeutic case management, Assertive Community Treatment
  - ▽ Bipolar depression
  - ▽ Person first intervention
- Complex & multiple diagnoses:
  - ▽ Dual diagnosis (substance abuse, PTSD)
- Working with clients from diverse backgrounds in the urban environment
- The continuum of care, inpatient and day treatment services, case management issues
- The new medications
- Effects of the worker
- Guest speaker, Brittany Simberg

This Unit relates to course objectives 1-5.

Required Readings

Austrian, S. (2005). Psychotropic medications. In *Mental disorders, medication and clinical social work* (3rded., pp. 254-269). New York, NY: Columbia University Press*.* Skim.

Kilbourne, A. M., Bauer, M. S., Pincus, H., Williford, W. O., Kirk, G. F., & Beresford, T. (2005). Clinical, psychosocial, and treatment differences in minority patients with bipolar disorder. *Bipolar Disorders*, *7*(1), 89-97. Skim.

Kreyenbuhl, J., Buchanan, R. W., Dickerson, F. B., & Dixon, L. B. (2010). The schizophrenic patient outcomes research team (PORT): Updated treatment recommendations 2009. *Schizophrenia Bulletin, 36*(1), 94-103. Skim.

Dsm 5, 87-105; 123-154.S

Recommended Readings

Leahy, R. (2007). Bipolar disorder: Causes, contexts, and treatments. *Journal of Clinical Psychology: In Session*, *63*(5), 417-424.

Mansell, W. (2007). An integrative formulation-based cognitive treatment of bipolar disorders: Application and illustration. *Journal of Clinical Psychology: In Session*, *63*(5), 447-461.

Morris, C., Miklowitz, D., & Waxmonsky, J. A. (2007). Family-focused treatment for bipolar disorder in adults and youth. *Journal of Clinical Psychology: In Session*, *63*(5), 433-445.

Unit 15:	Gender-Sensitive Social Work Practice

Topics

- Impact of historical theory on current scene
- Differential diagnosis (who receives what type of diagnosis, why and by whom)
- Gender issues in the therapeutic relationship
- Developmental issues (life-cycle) and treatment of women, men, lesbians and gay men
- What we see in Los Angeles and in the US, cultural and gender diversity, treatment implications
- Documentary: For the Bible Tells Us So
- Guest speaker Jeremy Gibbs

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B. (2008). Doing art. In *Being a brain-wise therapist* (pp. 244-265). New York, NY: Norton.

Kessler, L., & Waehler, C. (2005). Addressing multiple relationships between clients and therapists in lesbian, gay, bisexual, and transgender communities. *Professional Psychology: Research and Practice*, *36*(1), 66-72. Do your reading card o this reading.

Ruiz, P., Lile, B., & Matorin, A. A. (2002). Treatment of a dually diagnosed gay male patient: A psychotherapy perspective. *American Journal of Psychiatry*, *159*(2), 209-215.Classic reading. (Do reading card on this reading)

NASW, Code of Ethics in Encyclopedia of Social Work. (n.b.). Retrieved from www.nasw.org

Recommended Readings

Land, H. (1995). Clinical social work. In N. Van Den Berg (Ed.*), Feminist practice in the twenty-first century*. Washington, DC: NASW Press.

Lukes, C., & Land, H. (1990). Biculturality and homosexuality. *Social Work, 35*(2), 155-162. (Instructor Note: Classic.)

STUDY DAYS / NO CLASSES

FINAL EXAMINATIONS

University Policies and Guidelines

IX. ATTENDANCE POLICY

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

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

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

X. 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.

XI. 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.

XII. 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.

XIII.   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."

XIV.   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.

XV.   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.

XVI.   CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to

social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. 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 concentration. If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@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