**Social Work 643**

Social Work Practice in Integrated Care Settings

**3 Units**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor**  **Peggy Stewart** |  | | |
| **E-Mail: peggyste@usc.edu** |  | **Course Day: Tuesday** |  |
| **Telephone:**  **818-209-6693** |  | **Course Section 60917**  **Time:**  **8-10:50 AM** |  |
| **Office Hours:**  **Tues. on campus by appt.**  **M-F by appt.** |  | **Course SOWK 643**  **Location:**  **MRF 204** |  |
|  |  |

# Course Prerequisites

# Catalogue Description

Social work processes and skills required for the implementation of short-term interventions in medical, behavioral health and integrated care settings with individuals, families and groups.

# Course Description

This course builds on previous practice courses in the Adult and Healthy Aging Department and reflects the recognition that emotional and physical well-being are inextricably connected. The course focuses on teaching evidence-based skills in working with individuals and their support systems in medical, behavioral health and integrated care settings. Ethnicity, culture, gender, sexual orientation, and SES will be examined and integrated throughout the course with attention to they affect help-seeking behavior and access to services. Additionally, the potential need for the adaption of interventions will be discussed.

# Course Objectives

The course will:

|  |  |
| --- | --- |
| **Objective #** | **Objectives** |
| 1 | Increase students’ awareness of the unique contribution of social workers to interdisciplinary teams through the discussion and application of social work values, ethics and standards of care. |
| 2 | Increase students competence in selection of evidence based interventions based on a biopsychosocial perspective, taking into account individuals’ and families’ culture, ethnicity, gender, sexual orientation and other salient factors |
| 3 | Facilitate students’ ability to apply practice interventions that have been supported by research as being effective in integrated care settings, including an examination of the strengths and limitations of the interventions in working with diverse groups. |
| 4 | Provide students with the knowledge necessary to adapt interventions in taking into account individuals’ and families’ culture, ethnicity, gender, sexual orientation and other salient factors. |

# Course format / Instructional Methods

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

# 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 6XX** | **Course Objective** |
| 1 | **Professional Identity** | **\*** | **1** |
| 2 | **Ethical Practice** |  |  |
| 3 | **Critical Thinking** | **\*** | **2, 3** |
| 4 | **Diversity in Practice** | **\*** | **4** |
| 5 | **Human Rights & Justice** |  |  |
| 6 | **Research Based Practice** |  |  |
| 7 | **Human Behavior** |  |  |
| 8 | **Policy Practice** |  |  |
| 9 | **Practice Contexts** |  |  |
| 10 | **Engage, Assess, Intervene, Evaluate** | **\*** | **2,3,4** |

\* 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 social policy that will impact and/or be relevant clients/populations served by social workers 2. Demonstrate ability to represent community needs from a social work perspective 3. Attend to professional roles and boundaries 4. Demonstrate professional demeanor in behavior, appearance, and communication. 5. Engage in active advocacy campaign(s) 6. Engage in career-long learning | Midterm Assignment  Final Assignment  Class Discussion  Class 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. | 1. Distinguish, appraise and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom. 2. Analyze models of assessment, prevention, intervention and evaluation. 3. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities and colleagues | Midterm Assignment  Final Assignment |
| **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. | 1. Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate -- or create or enhance – privilege and power. 2. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups. 3. Recognize and communicate understanding of the importance of *difference* in shaping life experiences. 4. View themselves as learners and engage those with whom they work as informants. | Midterm Assignment  Final Assignment  Class Discussion  Class 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 | 1. Engagement: substantively and affectively prepare for action with individuals, families, groups, organizations, and communities. Use empathy and other interpersonal skills. Develop a mutually agreed-on focus of work and desired outcomes. 2. Assessment: collect, organize and interpret client data. Assess client strengths and limitations. Develop mutually agreed-on intervention goals and objectives. Select appropriate intervention strategies. 3. Intervention: initiate actions to achieve organizational goals. Implement prevention interventions that enhance client capacities. Help clients resolve problems. Negotiate, mediate and advocate for clients. 4. Evaluation: critically analyze, monitor, and evaluate interventions. | Midterm Paper  Final Paper  Class Discussion  Class Exercises |

# Course Assignments, Due Dates and Grading

| **Assignment** | **Due Date** | **% of Final Grade** |
| --- | --- | --- |
| Midterm | Week 7 | 35% |
| Final- Integrated paper | Week 15 | 50% |
| Class Participation | Ongoing | 10% |

**Midterm Assignment**

The midterm assignment is an interview with a practicing social worker working within an interdisciplinary setting. The student will explore the roles and skills of the social workers, care managers and navigators, and describe the brief interventions utilized critically appraising course readings and class content. A more detailed description of the assignment can be found at the end of the syllabus.

Due: Week 7

**Final Assignment**

The final assignment is a crossover paper with the Explanatory Theories of Health and Mental Health course (SOWK 644)\*. For this course the student is asked to use the same topic discussed in the SOWK 644 paper to look at interventions that flow from this theoretical perspective. Students will identify brief or short term interventions used in an integrated setting for the symptom/disorder/problem identified in the SOWK 644 paper. A more detailed description of the assignment can be found at the end of the syllabus.

\*For students not enrolled in the SOWK 644 course there will be a stand-alone assignment.

## Class Participation (10% of Course Grade)

Class participation is defined as students’ active engagement in class-related learning. Students are expected to participate fully in the discussions and activities that will be conducted in class. Students are expected to contribute to the development of a positive learning environment and to demonstrate their learning through the quality and depth of class comments, participation in small group activities, and experiential exercise and discussions related to readings, lectures, and assignments. Class participation should consist of meaningful, thoughtful, and respectful participation based on having completed required and independent readings and assignments prior to class. When in class, students should demonstrate their understanding of the material and be prepared to offer comments or reflections about the material, or alternatively, to have a set of thoughtful questions about the material. Class participation evaluation will be based on the following criteria:

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

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

3. **Non-participant:** This person says little or nothing in class. Hence, there is not an adequate basis for evaluation. Attendance is factored in. (40% to 80% points).

4. **Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights, and do not provide a constructive direction for the class. Integrative comments and effective challenges are absent. (0% to 40% points)

Class grades will be based on the following:

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

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

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School:

(1) Grades of **A** or **A-** are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

(2) A grade of **B+** will be given to work which is judged to be very good.  This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.

(3) A grade of **B** will be given to student work which meets the basic requirements of the assignment.  It denotes that the student has done adequate work on the assignment and meets basic course expectations.

(4) A grade of **B-** will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

(5) A grade of **C** would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.

(6) Grades between **C-** to **F** will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

**Cautionary Note to Students on Plagiarism**

You are expected to know what plagiarism is. Being "unclear" on the citing format is not an acceptable excuse so please avail yourselves of the resources below. All papers go through “turnitin,” a web-based plagiarism detection program. Once quotations and references are filtered, if an instructor sees more than 10% similarity index there may be significant consequences, up to and including failing the paper and/or course and being referred to the University Office of Judicial Affairs.

The following resources, as well as our writing support center, are provided for your support.

<https://owl.english.purdue.edu/owl/resource/589/02/>

<https://owl.english.purdue.edu/owl/resource/589/1/>

<https://owl.english.purdue.edu/owl/section/3/33/>

<http://libguides.usc.edu/APA-citation-style>

<http://www.usc.edu/student-affairs/SJACS/pages/students/academic_integrity.html>

**Excerpt below is from your USC Student Guidebook:** <http://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>

**11.00 Behavior Violating University Standards and Appropriate Sanctions**

General principles of academic integrity include and incorporate 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. Faculty members may include additional classroom and assignment policies, as articulated on their syllabus.

The following are examples of violations of these and other university standards.

**11.11**

1. The submission of material authored by another person but represented as the student’s own work, whether that material is paraphrased or copied in verbatim or near-verbatim form.
2. The submission of material subjected to editorial revision by another person that results in substantive changes in content or major alteration of writing style.
3. Improper acknowledgment of sources in essays or papers.

# Required and Supplementary Instructional Materials and Resources

## On Reserve

All required articles and chapters can be accessed through ARES.

**Note:** If the instructor believes students are not coming to class prepared, having read the required material, s/he may institute some additional activity to encourage more meaningful class participation (e.g. quizzes).

**Course Overview**

| **Unit** | **Topics** | **Assignments** |
| --- | --- | --- |
| **1** | * + The Role of the Social Worker on an Interdisciplinary Team |  |
| **2** | * + Social Workers as Care Navigators and Care Managers |  |
| **3** | * + An Overview of Brief Interventions |  |
| **4** | * + Interventions to Support Caregivers |  |
| **5** | * + Solution-Focused Brief Therapy for Individuals and Families (1) |  |
| **6** | * + Solution-Focused Brief Therapy for Individuals and Families (2) |  |
| **7** | * + Psycho-education for Individuals, Families and Groups | Midterm due |
| **8** | * + Crisis Intervention |  |
| **9** | * + Assessing and Intervening in Suicide |  |
| **10** | * + Short-Term Interventions for Depression |  |
| **11** | * + Short-Term Interventions for Distress and Anxiety |  |
| **12** | * + Brief Family Interventions |  |
| **13** | Brief Interventions with Older Adults |  |
| **14** | * + Brief Substance Abuse Interventions with Individuals, Families and Groups (1) |  |
| **15** | Brief Substance Abuse Interventions with Individuals, Families and Groups (2) | FINAL DUE |
| **STUDY DAYS / NO CLASSES** | | |
| **FINAL EXAMINATIONS** | | |

**Course Schedule**

| **Unit 1:** The Role of the Social Worker on an Interdisciplinary Team |  |
| --- | --- |
| **Topics** | |
| * Core Concepts   + Collaboration   + Interdependence   + Partnership   + Advocacy * Drivers and Barriers to Interdisciplinary Practice * Skills and Knowledge that Social Workers Bring to Interdisciplinary Practice | |

This unit relates to course objective 1

### Required Reading

Crawford, K. (2012). The contribution of social work to the collaborative environment. In *Interprofessional Collaboration in the Social Work Environment* (pp. 114-136). Thousand Oaks, CA: Sage.

Golden, R. L. (2011). Coordination, integration, and collaboration: A clear path for social work in health care reform. *Health & Social Work*, *36*(3), 227-228

Hudson, A. (2015). Social work: A "forgotten" piece of the integration jigsaw?*Journal of Integrated Care, 23*(2), 96-103.

Jansson, B. S., Nyamathi, A., Heidemann, G., Duan, L., & Kaplan, C. (2015). Predicting patient advocacy engagement: A multiple regression analysis using data from health professionals in acute-care hospitals. *Social Work in Health Care, 54*(7), 559-581. doi:10.1080/00981389.2015.1054059

### Recommended

Mangan, C., Miller, R., & Ward, C. (2015). Knowing me, knowing you.*Journal of Integrated Care, 23*(2), 62-73

Nisbet, G., Dunn, S. & Lincoln, M. (2015). Interprofessional team meetings: Opportunities for informal interprofessional learning. *Journal of Interprofessional Care* (publication online in advance of press).

Youngwerth, J. & Twaddle, M. (2011). Cultures of interdisciplinary teams: How to foster good dynamics. Journal of Palliative Medicine, 14(5), 650-654.

| **Unit 2: Social Workers as Care Navigators and Care Managers** |  |
| --- | --- |
| **Topics** | |
| * Models of Care Management * The Roles of Care Navigators and Care Assisters under the Affordable Care Act. * NASW Standards for Social Work Case Management | |

This unit relates to course objective 1

### Required Reading

Browne, T., Darnell, J., Savage, T. E., & Brown, A. (2015). Social Workers as Patient Navigators: A Review of the Literature. *Social Work Research*, 158-166.

Darnell, J. (2013). Navigators and Assisters: Two case management roles for social workers in the Affordable Care Act. *Social Work, 38*(2), 123-126.

Mas-Expósito, L., Amador-Campos, J., Gómez-Benito, J., & Lalucat-Jo, L. (2014). Depicting current case management models. *Journal of Social Work, 14*(2), 133-146.

**Recommended Reading**

Ell, K., Katon, W., Xie, B., Lee, P.-J., Kapetanovic, S., Guterman, J., & Chou, C.-P. (2010). Collaborative care management of major depression among low income, predominantly Hispanic subjects with diabetes. *Diabetes Care, 33*, 706–713.

Kanter, J. (2011). Clinical case management. In *Theory and practice in clinical social work (2nd ed.)* (pp. 561-586) Sage Publications, Inc.: Thousand Oaks, CA.

National Association of Social Work (2013) NASW Standards for Social Work Case Management. NASW Press: Washington, D.C.

Sullivan, P. W., & McCabe, H. A. (2015). Reprise: Case management in substance use services in the age of the affordable care act.*Journal of Social Work Practice in the Addictions, 15*(2), 185-199.

| **Unit 3: An Overview of Brief Interventions** |  |
| --- | --- |
| **Topics** | |
| * When to use Brief Interventions * Goals of Brief Interventions * Components of Effective Brief Interventions * Essential Knowledge and Skills for Brief Interventions * Single-Session Interventions * Brief Interventions From a Cultural Perspective | |

This unit relates to course objective 2

### Required Reading

Cameron, C. L. (2006). Brief psychotherapy: A brief review.*American Journal of Psychotherapy, 60*(2), 147-152.

Gibbons, J., & Plath, D. (2012). Single session social work in hospitals.*Australian and New Zealand Journal of Family Therapy, 33*(1), 39-53.

Hoyt, M. F. (2011). Brief psychotherapies. In S. Messer (Ed.). *Essential psychotherapies: Theory and practice (3rd ed.).* (pp. 1-39) Guilford Press, New York, NY

**Recommended Reading**

Bobele, M., López, S. S., Scamardo, M., & Solórzano, B. (2008). Single-session/walk-in therapy with Mexican-American clients. *Journal of Systemic Therapies, 27*(4), 75-89.

Echemendía, R. J., & Núñez, J. (2012). Brief Psychotherapy from a Multicultural Perspective. In M Dwan, B. Steenbarger & R. Greenberg (Eds), *The Art and Science of Brief Psychotherapies: An Illustrated Guide* (pp. 287-300). Arlington, VA: American Psychiatric Press.

Keast, K. (2012). A toolkit for single-session groups in acute care settings.*Social Work in Health Care, 51*(8), 710-724.

Slive, A., McElheran, N. & Lawson, A. (2008). How brief does it get? Walk-in single session therapy. *Journal of Systemic Therapies, 27*(4), 5-22

| **Unit 4:** Interventions to Support Caregivers |  |
| --- | --- |
| **Topics** | | |
| * Issues of Gender, Ethnicity and Culture in Caregiving * Caregiver Burden   + Conceptual understanding   + Evidence-based interventions * Caregiver Support Groups * Caregiver Education | | |

This unit relates to course objective 2, 3 and 4

### Required Reading

Cox, C. (2011). Ethnic, cultural and gender issues in conducting caregiver educational and support groups. In R. Toseland, D. Haigler & D. Monahan, (Eds). *Education and Support Programs for Caregivers: Research, Practice and Policy*, (pp. 59-71). New York: Springer.

Elliott, T. (2011). Education and support programs for family caregivers: Current practices across health-care scenarios. In R. Toseland, D. Haigler & D. Monahan, (Eds*.). Education and Support Programs for Caregivers: Research, Practice and Policy*, (pp. 45-58). New York: Springer.

MacNeil, G., & Jaggers, J. (2013). Banking positives: A strengths-based intervention for long-term family caregivers.*Best Practices in Mental Health: An International Journal, 9*(2), 102-113

**Recommended Reading**

Chen, Y. M. (2014). Differences in Outcomes of Caregiver Support Services for Male and Female Caregivers. *SAGE Open*, *4*(3), 1-10.

Gallagher-Thompson, D., & Coon, D. W. (2007). Evidence-based psychological treatments for distress in family caregivers of older adults. *Psychology and Aging, 22*, 37–51.

Iris, M., Berman, R.L. & Stein, S. (2014). Developing a faith-based caregiver support partnership. *Journal of Gerontological Social Work, 57*(6-7), 728-749.

Navaie, M. (2011). Accessibility of caregiver education and support programs: Reaching hard-to-reach caregivers. In R. Toseland, D. Haigler & D. Monahan, (Eds*.). Education and Support Programs for Caregivers: Research, Practice and Policy*, (pp. 13-28). New York: Springer.

Patel, B. R. (2015). Caregivers of veterans with “invisible” injuries: What we know and implications for social work practice.*Social Work, 60*(1), 9-17.

Scharlach, A. E., Kellam, R., Ong, N., Baskin, A., Goldstein, C., & Fox, P. J. (2006). Cultural attitudes and caregiver service use: Lessons from focus groups with racially and ethnically diverse family caregivers. *Journal of Gerontological Social Work*, *47*(1-2), 133-156.

| **Unit 5-6: Solution-Focused Brief Therapy for Individuals, Families and Groups** |  |
| --- | --- |
| **Topics**   * Analysis of SFBT as a strengths-based practice * Evidence of Effectiveness * Overview of Solution-Focused Interventions * Using SFBT with Individuals * Using SFBT with Families * Using SFBT with Groups * Issues of Diversity in SFBT | |

This unit relates to course objective 2, 3 and 4

### Required Reading

Backhaus, K (2011). Solution-Focused Brief Therapy with families. In L. Metcalf (Ed*.) Marriage and Family Therapy: A Practice-Oriented Approach*. (pp. 287-312). New York: Springer Publishing.

De Shazer, S. & Dolan, Y. (2007) A Brief Overview. In S. De Shazer & Y. Dolan, *More than Miracles: The state of the art of Solution Focused Brief Therapy* (pp. 1-14). Binghampton, NY: The Hawthorne Press.

Franklin, C. (2015). An update on Strengths-Based, Solution Focused Brief Therapy. *Health & Social Work, 40*(2), 73-76.

Kim, J. S. (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis.*Research on Social Work Practice, 18*(2), 107-116.

Kim, J. S. (2013). Solution-Focused Brief Therapy and cultural competency. In J. Kim (Ed.), *Solution-Focused Brief Therapy: A Multicultural Approach* (pp. 1-13). Thousand Oaks, CA: Sage Publications.

Proudlock, S., & Wellman, N. (2011). Solution focused groups: The results look promising.*Counselling Psychology Review, 26*(3), 45-54

**Recommended Reading**

Bischof, G. H., & Helmeke, K. B. (2006). Including religion or spirituality on the menu in solution-oriented brief therapy. In K. Helmeke & C. Sori (Eds.), *The therapist's notebook for integrating spirituality in counseling II: Homework, handouts and activities for use in psychotherapy* (pp. 3-9). Hawthorn Press, New York, NY.

Carr, S. M., Smith, I. C., & Simm, R. (2014). Solution-focused brief therapy from the perspective of clients with long-term physical health conditions.*Psychology, Health & Medicine, 19*(4), 384-391.

Chaudhry & Li (2011). Is Solution-Focused Brief Therapy culturally appropriate for Muslim American counselees? *Journal of Contemporary Psychotherapy, 41*, 109-113.

Hsu, W-S. & Wang, C. (2011). Integrating Asian clients’ filial piety beliefs into Solution-Focused Brief Therapy. *International Journal of Advances in Counselling, 33*, 322–334

Yokotani, K., & Tamura, K. (2014). Solution-Focused Group Therapy Program for Repeated-Drug Users. *International Journal*, *4*(1), 28-43.

| **Unit 7: Psychoeducation for Individuals, Families and Groups** |  |
| --- | --- |
| **Topics** | |
| * The Evidence of Effectiveness * Essential Elements   + Education   + Behavioral training   + Coping skills   + Emotional support * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

### Required Reading

Burlingame, G. & Woodland, S. (2013). Conducting psychoeducational groups. In G. Kocher (Ed.) *Psychologists desk reference* (pp. 380-383). New York: Oxford University Press.

Landwehr, K. & Baker, L. (2012). Psychoeducation's role in integrated health care.*Psychiatric Annals, 42*(6), 219-225.

Lucksted, A., McFarlane, W., Downing, D., & Dixon, L. (2012). Recent developments in family psychoeducation as an evidence‐based practice. *Journal of Marital and Family Therapy*, *38*(1), 101-121.

**Recommended Reading**

Batista, T. A., Baes, C. V. W., & Juruena, M. F. (2011). Efficacy of psychoeducation in bipolar patients: Systematic review of randomized trials.*Psychology & Neuroscience, 4*(3), 409-416.

De Souza Tursi, M., von Werne Baes, C., de Barros Camacho, F., de Carvalho Tofoli, S. & Juruena, M. (2013). Effectiveness of psychoeducation for depression: A systematic review.*Australian and New Zealand Journal of Psychiatry, 47*(11), 1019-1031.

Hackethal, V., Spiegel, S., Lewis-Fernández, R., Kealey, E., Salerno, A., & Finnerty, M. (2013). Towards a cultural adaptation of family psychoeducation: Findings from three Latino focus groups.*Community Mental Health Journal, 49*(5), 587-98.

Jones, J. M., Cheng, T., Jackman, M., Walton, T., Haines, S., Rodin, G., & Catton, P. (2013). Getting back on track: Evaluation of a brief group psychoeducation intervention for women completing primary treatment for breast cancer.*Psycho-Oncology,22*(1), 117-124.

McGillion, M. H., Watt-Watson, J., Stevens, B., LeFort, S. M., Coyte, P., & Graham, A. (2008). Randomized controlled trial of a psychoeducation program for the self-management of chronic cardiac pain.*Journal of Pain and Symptom Management,36*(2), 126-140.

Norrie, L. M., Diamond, K., Hickie, I. B., Rogers, N. L., Fearns, S., & Naismith, S. L. (2011). Can older "at risk" adults benefit from psychoeducation targeting healthy brain aging?*International Psychogeriatrics, 23*(3), 413-24

http://patienteducation.stanford.edu/programs/cdsmp.html

| **Units 8:** Crisis Intervention | **Midterm Due** |
| --- | --- |
| **Topics** | |
| * Overview of the DSM-5 criteria:   + Adjustment Disorder   + Acute Stress Disorder   + Post Traumatic Stress Disorder * The Seven-Stage Crisis Intervention Model * Strengths and Resilience * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

**Required Reading**

Greene, G. J., & Lee, M. (2015). How to work with clients' strengths in crisis intervention: A solution-focused approach. *Crisis intervention handbook: Assessment, treatment, and research (4th ed.).* (pp. 69-98) Oxford University Press, New York, NY.

Myer, R. A., Lewis, J. S., & James, R. K. (2013). The introduction of a task model for crisis intervention.*Journal of Mental Health Counseling, 35*(2), 95-107.

Regehr, C. (2011). Crisis theory and social work treatment. *Social work treatment: Interlocking theoretical approaches (5th ed.).*(pp. 134-143) Oxford University Press, New York, NY.

**Recommended Reading**

Miller, G. (2012). Working with different cultures. In G. Miller, *Fundamentals of crisis counseling* (pp. 191-215). Hoboken, N.J.: John Wiley & Sons.

Myer, R. A., Williams, R. C., Haley, M., Brownfield, J. N., McNicols, K. B., & Pribozie, N. (2014). Crisis intervention with families: Assessing changes in family characteristics.*The Family Journal, 22*(2), 179-185.

| **Units 9:** Conducting a Threat Assessment and Intervening in Suicide/ Homicide |  |
| --- | --- |
| **Topics** | |
| * Biopsychosocial Models of Suicide/ Homicide * Understanding the Terms Used in Providing Threat Assessment and Intervention * Assessment   + Empirically Supported Areas for Assessment   + Review of Assessment Tools * Safety Planning as a Suicide/ Homicide Intervention   + Rationale   + Safety Planning versus No Suicide Contracts * Issues of Diversity * Managing our Emotional Reactions to Suicide/Homicide | |

This unit relates to course objective 2, 3 and 4

**Required Reading**

Chu, J., Floyd, R., Diep, H., Pardo, S., Goldblum, P., & Bongar, B. (2013). A tool for the culturally competent assessment of suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure. *Psychological assessment*,*25*(2), 424.

Goranson, A., Boehnlein, J., & Drummond, D. (2012). Commentary: A homicide-suicide assessment model. *Journal of the American Academy of Psychiatry and the Law Online, 40*(4), 472.

Granello, D. H. (2010). The process of suicide risk assessment: Twelve core principles.*Journal of Counseling & Development, 88*(3), 363-371.

Messing, J. T., Campbell, J. C., Brown, S., Patchell, B., Androff, D. K., & Wilson, J. S. (2014). The association between protective actions and homicide risk: Findings from the oklahoma lethality assessment study. *Violence and Victims, 29*(4), 543. doi:10.1891/0886-6708

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk.*Cognitive and Behavioral Practice, 19*(2), 256-264.

**Recommended Reading**

Esposito-Smythers, C., Walsh, A., Spirito, A., Rizzo, C., Goldston, D. B., & Kaminer, Y. (2012). Working with the suicidal client who also abuses substances.*Cognitive and Behavioral Practice, 19*(2), 245-255.

Granello, D. H. (2010). A suicide crisis intervention model with 25 practical strategies for implementation.*Journal of Mental Health Counseling, 32*(3), 218-235.

Linehan, M. M., Comtois, K. A., & Ward-Ciesielski, E. (2012). Assessing and managing risk with suicidal individuals.*Cognitive and Behavioral Practice, 19*(2), 218-232.

Luoma, J. B., & Villatte, J. L. (2012). Mindfulness in the treatment of suicidal individuals.*Cognitive and Behavioral Practice, 19*(2), 265-276.

Stanley, B., & Brown, G. K. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Retrieved from <http://www.mentalhealth.va.gov/docs/va_safety_planning_manual.pdf>.

York, J. A., Lamis, D. A., Pope, C. A., & Egede, L. E. (2013). Veteran-specific suicide prevention. *Psychiatric quarterly*, *84*(2), 219-238

| **Units 10:** Short-Term Interventions for Depression |  |
| --- | --- |
| **Topics** | |
| * Overview of the DSM-5 Criteria   + Persistent Depressive Disorder (Dysthymia)   + Major Depressive Disorder * Behavioral Activation   + Orienting to treatment   + Functional assessment   + Developing goals   + Individualizing targets   + Reviewing and consolidating treatment gains * Cognitive Behavior Therapy * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

**Required Reading**

Dimidjian, S., Martell, C. R., Addis, M. E., Herman-Dunn, R., & Barlow, D. H. (2008). Behavioral activation for depression. In D. Barlow (Ed.) *Clinical handbook of psychological disorders: A step-by-step treatment manual*, (pp. 328-364). New York: Guilford Publications.

Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E., Busch, A. M., & Rusch, L. C. (2010). What is behavioral activation? A review of the empirical literature. *Clinical Psychology Review*, *30*(6), 608-620.

Sturmey, P. (2009). Behavioral activation is an evidence-based treatment for depression. *Behavior Modification*, *33*(6), 818-829.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*(1), 17-31. doi:10.1016/j.cpr.2005.07.003

**Recommended Reading**

Beutel, M. E., Weißflog, G., Leuteritz, K., Wiltink, J., Haselbacher, A., Ruckes, C., ... & Brähler, E. (2014). Efficacy of short-term psychodynamic psychotherapy (STPP) with depressed breast cancer patients: results of a randomized controlled multicenter trial. *Annals of oncology*, *25*(2), 378-384.

Collado, A., Castillo, S. D., Maero, F., Lejuez, C. W., & MacPherson, L. (2014). Pilot of the brief behavioral activation treatment for depression in Latinos with limited English proficiency: preliminary evaluation of efficacy and acceptability. *Behavior therapy*, *45*(1), 102-115.

Driessen, E., Hegelmaier, L. M., Abbass, A. A., Barber, J. P., Dekker, J. J., Van, H. L., ... & Cuijpers, P. (2015). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update. *Clinical Psychology Review*, *42*, 1-15.

Kanter, J. W., Santiago-Rivera, A. L., Rusch, L. C., Busch, A. M., & West, P. (2010). Initial outcomes of a culturally adapted behavioral activation for Latinas diagnosed with depression at a community clinic. *Behavior Modification*, *34*, 120-144.

Holland, J. M., & Diliberto, R. (2012). Behavioral activation with bereaved older adults: Unique clinical considerations. *Clinical Gerontologist*, *35*(4), 303-315.

Whittington, A., editor, Grey, N., editor, & ebrary. (2014). *How to become a more effective CBT therapist: Mastering metacompetence in clinical practice* (First;1; ed.). West Sussex, England: John Wiley & Sons.

| **Unit 11:** Short-Term Interventions for Distress and Anxiety |  |
| --- | --- |
| **Topics** | |
| * Overview of DSM-5 Criteria   + Panic Disorder   + Generalized Anxiety Disorder   + Social Anxiety Disorder (Social Phobia) * Mindfulness-Based Stress Reduction   + Mindfulness training     - Open Awareness     - Present-Moment Focus     - Nonjudgmental/compassionate attitude   + Formal and Informal Mindfulness Activities * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

**Required Reading**

Call, D., Miron, L., & Orcutt, H. (2014). Effectiveness of brief mindfulness techniques in reducing symptoms of anxiety and stress. *Mindfulness, 5*(6), 658-668.

Hayes-Skelton, S. & Wadsworth, L. (2014). Mindfulness in the treatment of anxiety. In K. Brown & D. Creswell (Eds). *Handbook of mindfulness: Theory, research and practice* (pp. 367-386). New York: Guilford Publications

Salmon, P., Sephton, S. & Dreeben, S. (2011). Mindfulness based stress reduction. In J. Herbert & E. Forman (Eds). *Acceptance and mindfulness in cognitive behavior therapy* (pp. 132-163). Hoboken, NJ: Wiley.

**Recommended Reading**

Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *Journal of psychosomatic research*, *68*(6), 539-544.

Greeson, J., & Eisenlohr-Moul, T. (2014). Mindfulness-Based Stress Reduction for Chronic Pain. *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications*, 269.

Ledesma, D., & Kumano, H. (2009). Mindfulness‐based stress reduction and cancer: a meta‐analysis. *Psycho‐Oncology*, *18*(6), 571-579.

Thompson B (2009). Mindfulness-based stress reduction for people with chronic conditions. *British* *Journal of Occupational Therapy, 72(9),* 405-410.

Young, L. A., & Baime, M. J. (2010). Mindfulness-based stress reduction: Effect on emotional distress in older adults. *Complementary health practice review*, *15*(2), 59-64.

| **Unit 12:** Brief Family Interventions |  |
| --- | --- |
| **Topics** | |
| * Medical Family Therapy   + Underlying Theory   + Goals   + Specific Interventions   + Adaptions for Different Settings * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

**Required Reading**

Doherty, W. J., McDaniel, S. H., & Hepworth, J. (2014). Contributions of medical family therapy to the changing health care system. *Family process*, *53*(3), 529-543.

McDaniel, S. H., Doherty, W. J., & Hepworth, J. (2014). Clinical strategies for medical family therapy. In *Medical family therapy and integrated care (2nd ed.).* (pp. 27-52) American Psychological Association, Washington, DC.

Tyndall, L. E., Hodgson, J. L., Lamson, A. L., White, M., & Knight, S. M. (2012). Medical family therapy: A theoretical and empirical review.*Contemporary Family Therapy: An International Journal, 34*(2), 156-170.

**Recommended Reading**

Anderson, R. J., Huff, N. L., & Hodgson, J. L. (2008). Medical family therapy in an inpatient psychiatric setting: A qualitative study. *Families, Systems, & Health*, *26*(2), 164.

Hodgson, J. L., McCammon, S. L., Marlowe, D. P., & Anderson, R. J. (2012). Medical family therapy in cancer care: Patient and family experiences.*American Journal of Family Therapy, 40*(3), 258-266.

Ruddy, N. B., & McDaniel, S. H. (2013). Medical family therapy in the age of health care reform. *Couple and Family Psychology: Research and Practice*,*2*(3), 179-191.

Willerton, E., Dankoski, M. E., & Martir, J. F. S. (2008). Medical family therapy: A model for addressing mental health disparities among Latinos. *Families, Systems, & Health*, *26*(2), 196.

| **Unit 13: Brief Interventions with Older Adults** |  |
| --- | --- |
| **Topics** | |
| * DSM-5 discussion   + Bereavement   + Complex Grief * Reminiscence therapy   + Overview of Activities That Promote Reminiscence   + Adaptions for Different Settings * Dignity Therapy * Issues of Diversity | |

This unit relates to course objective 2, 3 and 4

### Required Reading

Bohlmeijer, E., Roemer, M., Cuijpers, P., & Smit, F. (2007). The effect of reminiscence on psychological well-being in older adults: A meta-analysis. *Aging and Mental Health, 11*(3), 291-300.

Montross, L., Winters, K. D., & Irwin, S. A. (2011). Dignity therapy implementation in a community-based hospice setting. *Journal of Palliative Medicine, 14*(6), 729-734. doi:10.1089/jpm.2010.0449

Stinson, C. (2009). Structured group reminiscence: An intervention for older adults.*The Journal of Continuing Education in Nursing, 40*(11), 521-8.

Westerhof, G. J., Bohlmeijer, E., & Webster, J. D. (2010). Reminiscence and mental health: A review of recent progress in theory, research and interventions.*Ageing and Society, 30*(4), 697-721.

**Recommended Reading**

Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Main, P. A., Alexopoulos, G. S., & Jeste, D. V. (2008). Evidence-based practices in geriatric mental health care. *Evidence-Based Practices in Mental Health Care*, 95. (recommended in research course)

Chueh, K., & Chang, T. (2014). Effectiveness of group reminiscence therapy for depressive symptoms in male veterans: 6‐month follow‐up.*International Journal of Geriatric Psychiatry, 29*(4), 377-383.

Lai, D. W. L. (2007). Cultural aspects of reminiscence and life review. In *Transformational reminiscence: Life story work.* (pp. 143-154) Springer Publishing Co, New York, NY.

Moral, J. C. M., Terrero, F. B. F., Galán, A. S., & Rodríguez, T. M. (2015). Effect of integrative reminiscence therapy on depression, well-being, integrity, self-esteem, and life satisfaction in older adults.*The Journal of Positive Psychology, 10*(3), 240-247.

Shellman, J. M., Mokel, M., & Hewitt, N. (2009). The effects of integrative reminiscence on depressive symptoms in older African Americans.*Western Journal of Nursing Research, 31*(6), 772-786.

Wu, L. (2011). Group integrative reminiscence therapy on self‐esteem, life satisfaction and depressive symptoms in institutionalised older veterans.*Journal of Clinical Nursing, 20*(15-16), 2195-220

| **Unit 14-15: Brief Substance Abuse Interventions with Individuals, Families and Groups** | **Final Due Week 15** |
| --- | --- |
| **Topics** | |
| * DSM-5 Overview   + Substance Related and Addictive Disorders * Screening   + Survey of Available Instruments * Brief Interventions   + Critical Elements   + FRAMES Model     - Harm Reduction vs Abstinence     - Levels of Care     - Trans-theoretical model of change     - Cultural / Diversity Issues     - Special populations * Brief Therapies   + Components of Effective Brief Therapies   + Motivational Enhancement Therapy * Brief Family Therapy   + Overview of Evidence-Based Models     - Behavioral Marital Therapy     - Community Reinforcement Approach   + Cultural Issues * Time-Limited Group Therapy | |
|  | |
|  | |

This unit relates to course objective 2, 3 and 4

### Required Reading

Bien, T., Miller, W.R., and Tonigan, J.S., Brief interventions for alcohol problems: a review. Addiction, 1993. 88(3): p. 315-336. (Classic Article)

Substance Abuse andMental Health Services Administration (2012). *Brief Interventions and Brief Therapies for Substance Abuse.* Treatment Improvement Protocol (TIP)Series, No. 34. HHS Publication No. (SMA) 12-3952. Rockville, MD: Substance Abuse andMental Health Services Administration

<http://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf>

Chapter 2 Brief Interventions in Substance Abuse Treatment pp. 13-36.

Chapter 3 Brief Therapy in Substance Abuse Treatment pp. 37-50

Chapter 8 Brief Family Therapy pp. 143-156.

Chapter 9 Time-Limited Group Therapy pp. 157- 171

**Recommended Reading**

Bliss, D. L., & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non- substance-abuse practice settings.*Journal of Social Work Practice in the Addictions, 9*(1), 21-40.

Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing for older adults. In *Treatment of late-life depression, anxiety, trauma, and substance abuse.* (pp. 163-180) American Psychological Association, Washington, DC.

Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse.*American Journal of Public Health, 105*(1), 205-211.

Spear, S., Tillman, S., Moss, C., Gong-Guy, E., Ransom, L., & Rawson, R. A. (2009). Another way of talking about substance abuse: Substance abuse screening and brief intervention in a mental health clinic.*Journal of Human Behavior in the Social Environment, 19*(8), 959-977

**University Policies and Guidelines**

# 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 ([j.lewis@usc.edu](file://C:\Users\joosten\OneDrive\Documents\645%20redesign\Curriculum\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\JHO0UXD8\My%20Documents\USC%20Courses\605\605%202013\SW%20605%202013%20Fiinal\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\VGWVNARI\USC%20Syllabi%20for%20Summer%20Project\SOWK%20605-Doni%20Whitsett\whitsett@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 that conflict with students’ observance of a holy day. Students must make arrangements *in advance* to complete class work that 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.

# 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.

# 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](http://us.mc332.mail.yahoo.com/mc/compose?to=ability@usc.edu).

# 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](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** | Leavey Lawn | **San Diego** | Building Parking Lot |
| **SWC** | Leavey Lawn | **Skirball** | Front of Building |
| **VKC** | McCarthy Quad |  |  |
| **WPH** | McCarthy Quad |  |  |

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

# 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.”

# 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.

# 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.

# 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.

# 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 Course Lead, Dr. Jennifer Lewis. 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](mailto:rmaiden@usc.edu).

# 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.*

**Midterm Assignment**

***Assignment One (Midterm):***

Interview with a Social Workers working in an Interdisciplinary care environment.

Interview a social worker working within an interdisciplinary team at a social service agency of your choosing. The social worker that you choose can have administrative functions and/ or clinical functions within the agency. Explore the roles and skills of the social workers, care managers and navigators within the interdisciplinary setting, and brief interventions utilized synthesizing course readings and class content. Include the following information in your interview paper and support/ contrast answers (critical thinking) using course readings and class lectures/ discussions (8-10 pages, double-spaced):

* Describe the interdisciplinary setting.
* What is the role of the social worker within the interdisciplinary team?
* What skills and knowledge to they bring to the interdisciplinary practice?
* What are the drivers and barriers to interdisciplinary practice?
* What models of Care Management are utilized?
* What are the roles of Care Management and/ or care navigators?
* How has the Affordable Care Act impacted their role or work?
* Do NASW Standards for Social Work Case Management apply and if so, which ones are most salient?
* Do they use Brief Interventions and if so, what, when and how? What are strengths and weaknesses of interventions to meet the needs of the clients?
* Are the interventions adequate to address cultural variation and if no, how is content adapted to be culturally sensitive.

Rubric

Application of course content= 75%

Papers will be graded on the comprehension and depth of understanding as evidenced application and synthesis of course content to the interview responses. You do not need to use readings other than those on the syllabus. At least 9 references are required.

Writing Style= 25%

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

Total= 100%

**Final Assignment**

This is a crossover assignment with SOWK 644. In this paper you will choose and discuss the application of a brief or short-term intervention used in an integrated setting for the symptom/disorder/problem identified in the SOWK 644 paper. You must provide a 2 page summary of your SOWK 644\* paper. While the summary will not be graded, it must be of sufficient clarity to enable the instructor of this course to assess whether the intervention chosen is consistent with the theory identified.

Additional required content includes, a critical analysis of the empirical research (a summary of prior empirical research on your chosen intervention in an integrated setting) (1-2 pages), a thorough description of the applied intervention (4-5 pages), analysis of the applicability of the intervention to diverse groups, including issues related to engagement (1-2 pages), discussion of what social workers bring to this intervention that is unique when compared to other professionals (1-2 pages), and discussion of any ethical issues that might arise in the application of the intervention in interdisciplinary settings (1-2 pages).

\*For students not enrolled in SOWK 644, students will describe a theory related to a symptom/ disorder/ problem (2 pages). Acceptable theories include Object Relations Theory- (an integration of at least two theorists e.g. Bion, Klein, Rank. Sandler, Guntrip, Greenberg and Mitchell, Stolorow), Mentalization Theory, Self Psychology, Contemporary Cognitive Behavior Theory, Trauma Theory or Social Learning Theory. You may not use the following: Ecological, Systems, Developmental (Erikson), Drive (Freud) or any others emphasized in HBSE 1st year. It is strongly suggested that you run the theory by the instructor to make sure it meets the requirements of the assignment.

**GRADING GUIDELINES**

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

|  |  |
| --- | --- |
| Content | 75% |
| Process | 25% |
| **Total** | **100%** |
|  |  |
| **Content** |  |
| Presence of a Summary | 5% |
| Intervention choice is conceptually consistent with explanatory theory and empirical research | 15% |
| Issues of engagement, including a discussion of the impact of diversity on help-seeking and access to services | 10% |
| Thorough description of the intervention used in an integrated setting | 20% |
| Analysis of the applicability of the intervention to diverse groups, including relevant research findings, if present. | 15% |
| Discussion of what social workers bring to this intervention that is unique when compared to other professionals. | 5% |
| Discussion of any ethical issues are involved in using this intervention in inter-professional settings. | 5% |
|  |  |
| **Process** |  |
| Writing Style\* | 10% |
| Critical Thinking\*\* | 15% |

\*Writing style includes good English grammar, syntax, sentence structure, and spelling, as well as correct use of APA citation style.

\*\*Critical Thinking includes clarity of concepts and ideas (articulation), as well as integration of the assigned readings and/or recommended readings and/or your own research.

# Format

# 10 -15 pages; double spaced, 12 point Times New Roman font.

APA style must be used, including the use of headings and subheadings. Include an introduction and a conclusion.

Do not use lengthy citations; rather, paraphrase material to make your point. Do not simply link quotes together with some narrative.

At least 12 references are required with no more than 6 coming from the syllabus. Class lectures and Power Points should not be referenced.

Internet resources should be limited to 2 sites. They must be reputable sites (e.g. Cochrane or Campbell Collaborations, Medscape) and preferably peer reviewed. While Wikipedia may be a starting point for some research, the information it contains should be verified through other sources.

**Due date/times and delivery methods:**

Papers are due on (date). Please submit papers electronically to TurnItIn in Microsoft Word format. Check your originality report to make sure it is no more than 10%, not including direct quotes and bibliography.

Late papers will not be accepted without a previously granted extension.

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