USC | School of Social Work

Social Work 645
Sections 67345 and 67346

Clinical Interventions: Evidence Based Practice in Health and Mental Health Settings

3 Units
Spring, 2017

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Office Hours: By Appointment

Course Day: Tuesday
Course Time: 4:45 – 6:05 pm PCT and 6:25 – 7:45 pm PCT
Course Location: Virtual Academic Center

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 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.

Objective #	Objectives
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.

Objective #	Objectives
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.	Midterm Paper Final Paper Class Discussion & Reading Cards
	8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics.	
	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. 21. Critique and apply knowledge to understand person and environment.	Midterm, Final, Exercises, Class Discussion, Reading Cards

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
Assignment 1: Reflective Journal – Mid Term	Week 6	35%
Assignment 2: Library Research Paper - Final	Finals Week	45%
Assignment 3: Reading Summaries	Weekly, Before Class	10%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1: Reflective Journal (35% of course grade) Mid Term

Choose a book from the list attached to this syllabus. Relate themes addressed in the book and how they tie into mental health issues, practices, and your own story. Discuss your impressions of the piece holistically, mental health issues that come up in the book, your assessment of the main issues, how you might address these issues as a mental health social work practitioner, and most important, issues in countertransference for you and with whom you identified the most in the novel. In addition, please comment on cases held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and to the book. Reflect on how the book affects you as a clinician and as a human being. Do not summarize the novel in great length, this is not a book report. This is an integrative assignment. Do not forget to draw the paper together into a cohesive whole. 8-10 pages, 8-10 references, 12 pt./Times Roman, double spaced, APA style. See attachment at end of syllabus for further detail.

This assignment relates to student learning outcomes 1 and 2.

Assignment 2: Library Research Paper (45% of course grade) Final

This assignment is a library research paper in which you will examine a particular mental health problem, or vulnerable population with whom you work. Examine intervention strategies you have employed for the mental health problem including referral issues, engagement, bio-psycho-social assessment (mind-brain-body involvement), diagnosis, contracting, core/middle phase (including the use of relationship and expressions of resistance), termination, aftercare, and evaluation of practice, integrating one or two practice theories. Discuss your role as a social work clinician and how this role may differ from other service providers, including responsibility of leadership. Include issues of the working alliance, and examples of transference and countertransference as they apply to treatment and your clinical case example. Be sure to include material throughout the phases of treatment on diversity, ethics and values, and issues of social justice. Use APA style including, the use of subheadings, introductions, conclusions, etc. (15-20 pages, 15-20 references, 12 pt. Times Roman, double spaced). Utilize one case example throughout the paper to show understanding of your treatment choices. See attachment at end of this syllabus for further details.

This assignment relates to student learning outcomes 1 and 2.

Assignment 3: Weekly Reading Summaries (10% of course grade)

Summary of key ideas and your reaction to the reading. Please discuss any points you may agree or disagree with the author. You may also want to include relevant case material from your internship as it relates to the reading. One page, double spaced with proper APA reference of reading at the top of the page. No summary is due week 1, 14 summaries by end of semester. Please upload your reading summary prior to class for which it is due.

Due: Weekly, before class

This assignment relates to student learning outcomes 1-6.

Class Participation (10% of Course Grade)

Evaluation of class participation includes quality as well as frequency of participation, including active listening and engagement, discussion, on time attendance, and quality of involvement in experiential exercises as well as **completion of asynchronous material**. Please come to class ready to discuss readings and their application to practice. Regular participation in class is an expectation of this class. **Please notify me of your absence via email before class if possible.**

Guidelines for Evaluating Participation Including Participation in Experiential Exercises

10: Outstanding Contributor: Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on target behavior in role plays, small group discussions, and other activities.

9: Very Good Contributor: Contributions in class reflect thorough preparation and frequency is participation is high. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role plays, small group discussions, and other activities.

8: Good Contributor: Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role plays, small group discussions, and other activities.

7: Adequate Contributor: Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role plays, small group discussions, and other activities.

6: Inadequate: This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

5: Non-Participant: Attends class only.

0: Unsatisfactory Contributor: Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable air-time would be saved. Is unable to perform exercises and detracts from the experience.

A note on lap top computer usage in class: Recently, there have been instances of some students checking email, cruising the net, playing computer games, etc. There is never an excuse for this activity. If you understand the discussion or lecture, you need to be asking further questions, giving examples, writing marginal notes to yourself, practicing active listening, or otherwise deepening your knowledge of the material in some way. If I suspect that there is inappropriate computer usage going on, you are not consciously active, and therefore, not present in class. The involved student will receive a zero for the day and be marked as absent. Absences accrue on your letter grade and on the class participation grade. If this behavior occurs more than once, it will affect your final grade by as much as one letter grade dropped, e.g., a B becomes a C. Computer usage will be lost for the duration of the course.

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. Do a reading summary on one 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 in 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.

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

Barlow, D.H. (5th 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 under the lead professor's name: **Dr. Estela Andujo**

Recommended Textbooks

Note: Some readings are assigned in these books.

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

Van der Kolk, B. (2014). *The Body Keeps the Score.* New York, Norton.

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 for Unit 1

- 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

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

Readings of Interest

Note: **Read your entire course syllabus.**

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.

DSM 5, 833-837.

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.

Part 2: Clinical Practice with Adult Individuals: Implementation of DSM V 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

Badenoch, B. (2008). The brain's flow. In *Being a brain-wise therapist* (pp. 23-41). New York, NY: Norton.

Craske, M. & Barlow, D. (2014). Panic disorder and agoraphobia. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual.* New York: Guilford, 1-61.
   (Do reading summary on this reading.)

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

DSM 5, Anxiety Disorders, 189-205.

Recommended Readings for Unit 2

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.

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

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

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

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.)

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.

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.

Topics for Unit 3

🟫 Phobias, assessment, diagnosis, and treatment
- Systematic desensitization

🟫 The case of Jay, class exercise: Case analysis. Part I and II: building a comprehensive treatment plan
This Unit relates to course objectives 1-5.

Required Readings for Unit 3

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

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 reading summary on this reading.)**

DSM 5, 197-221.

Recommended Reading for Unit 3

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.

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.

This Unit relates to course objectives 1-5.

Required Readings for Unit 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 reading summary 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.

Resick, P., Monson, C., 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 for Unit 4

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

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.

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.

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.

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

Topics for Unit 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
- Pairing expressive therapies with Evidence-based talk therapies in the middle phase.
- Using of CBT in the middle phase

This Unit relates to course objectives 1-5.

Required Readings for Unit 5

Select a reading for your summary 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: NortonBadenoch, 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.

Recommended Readings for Unit 5

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 depression, adjustment disorders, major depressive disorder, depression within personality disorders, bereavement, and depression associated with PTSD
- Bio-psycho-socio correlates, impact of the urban environment; cultural & gender diversity:
- Depression versus bereavement: a different course of therapy
  - ▽ 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 reading summary on this reading).**

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

DSM 5, 123-188, 799-792.

Recommended Readings for Unit 6

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

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

Topics for Unit 7

- Treating Grief and complicated Bereavement
- Anniversary Depressions
- Interpersonal Treatment
- 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
  This Unit relates to course objectives 1-5.

Required Readings for Unit 7

Select from one of the readings below for your reading summary

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.

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.

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.

Higgins, S., Sigmon, S. & Heil, S. (2014). Drug abuse and dependence. . In Barlow, D. (ed*). Clinical Handbook of Psychological Disorders:* A step-by-step treatment manual. New York: Guilford,588-639.

DSM 5, 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.

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Topics for Unit 8

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

This Unit relates to course objectives 1-5.

Required Readings for Unit 8

Select from one of the readings below for your reading summary.

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).

Young, J., Rygh,J.L.,, Weinberger, A. & Beck, A. (2014).Cognitive therapy for depression. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 275-331.

Recommended Reading 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 for Unit 9

- 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, group treatments, nutrition counseling)
  - ▽ Body tracing & other mind-brain-body-interventions
  - ▽ Pairing with EFT & CBT

This Unit relates to course objectives 1-5.

Required Readings for Unit 9

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

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.

Fairburn, C., & Cooper, Z., (2014). Eating disorders: A transdiagnostic protocol. In D.Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 560-702.. **(Do reading summary on this reading.)**

DSM 5, 329-354.

Recommended Readings for Unit 9

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

- 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

This Unit relates to course objectives 1-5.

Required Readings for Unit 10

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

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 summary on this reading.)**

DSM, 645-684.

Recommended Reading for Unit 10

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

Topics for Unit 11

- **Treating Borderline Personality Disorder**
  - Dialectical Behavioral Therapy,
  - Transference Focused Therapy
  - Clarification, confrontation, interpretation
  - Conncection, disruption,repair

This Unit relates to course objectives 1-5.

Required Readings for Unit 11

Select a reading from below for your reading summary.

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

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

Recommended Reading for Unit 11

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

Topics for Unit 12

Treating Borderline Personality Disorder
- Transference-focused Therapy
- Clarification, confrontation, interpretation
- Using non-neurotic countertransference
- Dialectic Behavior Therapy
- Schema Therapy

This Unit relates to course objectives 1-5.

Required Readings for Unit 12

Do your summary on any of the readings below.

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.

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

Recommended Reading for Unit 12

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.

Topics for Unit 13

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

This Unit relates to course objectives 1-5.

Required Readings for Unit 13

Do your summary on any of the readings below.

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

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.

Recommended Readings for Unit 13

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

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

Unit 14:   Practice with the Severely Mentally Ill
Topics for Unit 14

- 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

This Unit relates to course objectives 1-5.

Required Readings for Unit 14

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

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.

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.

Tarrier, N. ,Taylor,R.(2014). Schizophrenia and other psychotic disorders. In Barlow, D*. Clinical Handbook of psychosocial disorders*. New York, Guildford, 502-532**. (Do reading summary on this reading)**

DSM 5, 87-105; 123-154.

Recommended Readings for Unit 14

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 for Unit 15

- 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

This Unit relates to course objectives 1-5.

Required Readings for Unit 15

Do your reading summary on either the Kessler or the Ruiz article below.

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.

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.

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

Recommended Readings for Unit 15

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 (smwheele@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

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Only use your computer for class purposes. Turn off cell phones during class.
- ✓ Come to class on time and stay in class throughout the session.
- ✓ 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.

SW 645: Reflective Journal

Covers objectives 1, 3, 4, and 5.

Choose a book from the literature list below that relates to your own interests and issues. The more you put into this work the more you will get out of it. Do not summarize the book at length, this is not a book report. Discuss how the book affected you and why. Discuss the piece as a clinical social work student in the field of mental health. Remember to draw the piece together into a cohesive whole at the end. Discuss your impressions of the piece holistically, the mental health issues that come up in the book, your assessment of the issues, how you might address these issues as a social work practitioner; and **particularly, any issues of countertransference that arise for you, with an example from your work.** Apply material we have covered in class. In addition, please comment on cases you have held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and the book you select.

Think of a character you identify with the most and why. How have the issues involved with the character affected you as a human being, and as a clinician? What themes are especially important to you? Do not use superficial themes (e.g. development) but rather; deeper themes (e.g. arrested development with incomplete grieving, true self/false self issues). How might the experiences you have had affect your practice? What issues in neuroscience are evident in this reading? Where do you see yourself needing to grow and how does this piece push you to do so? Talk about your experiences with your clients and how they have impacted you as a clinician and as a human being. Can you see why the value base of social work is what it is? How do the characters in the book, it's setting, themes, text, and subtext relate to your experiences as a clinical social worker? What process did you have to go through to write this assignment and how might that process affect your practice with clients? This is an integrative assignment. Use APA style, 8-10 pages, 8-10 references, Times New Roman, 12 point font.

Literature List for Reflective Journal Assignment:

Kingsolver, B., *The Poisonwood Bible* (OCD, religion, family dynamics, cultural issues)

Hugo, V., *Cousin Bette* (personality disorders, family)

Heller, P. *The Painter* (Retribution, homicide)

Gordon, M., *The Other Side*, *In the Company of Women*, *Pearl* (women's issues, family, religion)

Irving, J., *A Prayer for Owen Meany* (war, intimacy, friendship, identity)

Greene, G., *Typhoon*. (OCD)

Parent, G., *Sheila Levine Is Dead and Living in New York* (culture, family)

Steinbeck, J., *East of Eden*, (family, identity) *Cannery Row* (substances)

Styron, W., *Darkness Visible* (depression)

Waugh, E., *Brideshead Revisited*. (class, family, LGBTQ)

Nebokov, V., *Lolita*. (pedophilia)

Kennedy, W., *Ironweed*. (trauma)

Chase, T., *When Rabbit Howls*. (sex abuse, dissociative disorder)

Mason, B., *In Country*. (Veterans)

Otto, W. *How to Make an American Quilt*. (culture, women's issues)

McCullough, C., *The Heart is a Lonely Hunter*; (coming of age, disability, intimacy)

Roth, P., *Portnoy's Complaint*. (family issues, sexuality, assimilation/acculturation)

Morrison, T., *The Bluest Eye* (trauma, racism)

Tan, A., *Joy Luck Club. Kitchen God's Wife.* (acculturation & assimilation, trauma, family)

Saks, E., *The Center Cannot Hold.* (schizophrenia)

McCort, F., *Angela's Ashes.* (family, culture)

Weisel, E., *Night.* (holocaust, prejudice, trauma)

Camus, A., *The Stranger* (alienation, personality disorder)

Williams, T., *Glass Menagerie* (personality disorders, LGBTQ)

Cisneros, S*., House on Mango Street, How the Garcia Sisters Lost their Accent* (culture, family)

Tobar, H. ,*The Tattooed Soldier* (homelessness, trauma, migration)

Faulkner, W., *As I Lay Dying* (family, culture, bereavement)

Ondaatje, M. ,*The English Patient* (trauma, intimacy, war)

McEwan, I., *Atonement, Amsterdam, On Chsesil Beach* (war, intimacy, suicide/homicide, sexual issues)

Wilde, O., *The Picture of Dorian Grey* (narcissism)

Sapphire, *Push* (sex abuse, racism)

Nasar, S., *A Beautiful Mind* (mental illness)

Ablom, M*., Tuesdays with Morrie* (aging, intimacy)

Schlink, B., *The Reader* (coming of age, disability)

Smiley, J., *1000 Acres* (family, sex abuse)

Wells, R., *Divine Secrets of the Ya Ya Sisterhood* (family, women's issues, eating disorders)

Eugenides, J., *Middlesex* (LGBTQ, identity)

Toiban, *C., Brooklyn* (migration, intimacy)

Baldwin, J. *Another Country* (racism, gender and identity)

Hemmingway, E., *Red Badge of Courage, A Farewell to Arms* (war, coming of age, vets)

Wharton, E., *A Midnight Clear* (war)

Frazier, I., *Cold Mountain* (war, vets)

Kovic, R., *Born on the 4th of July* (vets)

Warton, J*., Birdy* (obsession)

Kraft, H., *Rule Number Two: Lessons I Learned in a Combat Hospital* (war, counseling)

Glass, J., *Three Junes* (LGBTQ, family, generations)

Strayed, C., *Wild* (drug abuse, loss, identity)

Bragg, R., *All Over But the Shoutin* (poverty, abuse, class)

Feldman, D., *Unorthodox, Exodus* (religion, community, trauma, identity)

Patchett, A., *State of Wonder; Commonwealth (diversity; family; trauma)*

Chabon, M. *Moonglow (trauma, family, war)*

GUIDELINES FOR THE LIBRARY RESEARCH PAPER

Use this sheet as a check list before you turn in your paper. This assignment covers all objectives (1, 2, 3, 4, 5, 6, and 7). Start this assignment <u>at least</u> 3 weeks before it is due. Choose an approach suitable for work with *adult individuals* and their support systems (not families or groups). Case material is integrated throughout so please pick a mental health problem which one of your clients is exhibiting. Use phases of treatment as your subheadings. Remember to include an abstract, introduction and conclusion. This is an academic paper which should comply with the APA style manual. Use current citations.

1. Select a disorder or special population. Choose a disorder present in a case you are currently working with/or recently worked with so you may integrate case material throughout your paper and throughout the phases of treatment.

2. Select an intervention strategy that is a good fit for the disorder/population and discuss how that method is employed throughout all phases of intervention. If there is no literature on the phase of treatment (such as referral), please use other sources of information.

Cover all phases of treatment including:

Issues in referral: How does the client come into the system? Is there typically a history with other systems of care? In what segment (s) of the continuum of care are you most likely to be working and why? What might influence client use of mental health care?

Methods of engagement: What issues are involved in engaging the client and what must you do to establish rapport and empathy? How will you engage given these issues? Why are these practice aspects important given the case and problem area? Discuss engaging diverse groups of clients and what you do differently with those from different groups? Any differences between you and your client? Consider race, ethnicity, class, culture, gender, sexual orientation, age, etc.

Assessment Issues: Remember that your assessment should be based on the practice intervention selected, not just DSM diagnosis. If you are using CBT, how would CBT assess this case? Please integrate case material rather than simply reporting. Why might someone have certain dynamics going on, certain symptomatology, etc.

Remember to include:

- A short biopsychosocial and spiritual assessment and analysis of what factors influenced symptom presentation. Make sure to de-identify your client by using initials or a pseudonym.
- Neurobiological issues in the assessment and how do you know they are present?
- DSM 5 diagnosis(es)
- Any assessment instruments you used with your client or are commonly used
- Integrate relevant cultural factors of the case and note that Caucasians are not one group, Latinos are not one group, etc. Also consider gender, age, sexual orientation, identity, etc.

Treatment plan and **treatment goals**: Remember to consult evidenced based practice information tied to the intervention you are using. Discuss issues in the worker client relationship and your own feelings, **transference & countertransference** issues (give examples of transference and countertransference from your work with the client), values & experiences that may affect motivation or resistance in you, the client, and the system in treatment. Why are these issues present? What will you do differently given these issues? How will you do it?

Contracting issues: Any barriers? Any challenges/successes to contracting with the client? Contracting for safety?

Methods of intervention: Discuss the middle phase of treatment and interventions in the middle phase should derive from your assessment issues. Tell me why you are doing what you are doing. Go beyond telling what interventions you will use. How do you/will you institute these interventions? What were the successes and challenges in your work. Please give specific examples from case material. The middle phase should represent the bulk of your paper and should be detailed (i.e., several kinds of interventions which coincide with treatment plans and goals and integrate case material to show your understanding of the interventions. Consider how you engage and attend to issues in body, mind, and brain.

Termination: How is termination performed with this model and how do you know it is time for termination? What are the issues & plan? Give examples of any possible resistance, relapses, and successes that did/may occur with the client you are discussing.

Evaluation strategies: Evaluation should follow the same practice intervention as in the assessment. Remember to include a valid and reliable assessment measure(s) as part of your evaluation. If you haven't used an evaluation with your client, discuss evaluations or instruments that are used for your population/treatment choice in the future.

Follow-up: Discuss follow up as it relates to the practice model. Why might follow-up be important? Any barriers to follow-up?

Social justice issues: What are the social justice issues and how do they impact problem presentation and treatment?

Social Work Role and Identity: Discuss what makes your domain different from other professionals. What leadership responsibilities do you have in team activities? What ethical issues are involved in working with this group? What social work values intersect with these ethical issues? Any challenges or benefits with the role in your work with your client?

Points to remember when writing and proof reading your paper:

- Do not present case material with no explanation of your practice model assessment or theoretically-based intervention strategies. This assignment is not simply a case study. Use a case to illustrate material of how to apply the interventions.
- Use APA style. APA style includes the use of headings and subheadings. Remember to start with an abstract and introduction and end with a conclusion. Do not use lengthy citations, rather, paraphrase material to make your point. When you quote directly, you must include pagination and attribution. If you are unclear about APA style, please consult the manual. Use Times Roman 12 point.
- Use a variety of citations. Do not rely solely on one or two texts, and do not rely on introductory texts such as Hepworth & Larsen or solely on classroom readings. Do a thorough search for

citations on your presenting problem and treatment choice. Also look for research that may relate to your client's race, culture, religion, age, etc. Include journal articles, as this is a research paper.

- Length should be between 15-20 double spaced pages with 15-20 references. Please use APA style for your paper and for your reference list (alphabetized, proper indentations, etc.)

- Please see me if you have any questions at all. I would be happy to take a look at a draft of your paper. Remember to use the writing center if you feel that may be helpful.

- If for some reason you are unable to turn in your paper on time, please contact me. <u>Do not turn in your paper late without contacting me, otherwise your grade will drop.</u> Together, we will negotiate a solution to the problem. If an extension is given and the date of the extention is failed by the student, points will be taken off the paper and your grade will drop.

- Good luck!