

Social Work 544
Clinical Social Work Practice with Individuals, Families, & Groups
Three Units

INSTRUCTOR: JESSICA KLEIN, LCSW

COURSE DAY: FRIDAY

E-Mail: kleinjes@usc.edu

Course Time: 4:10pm – 7:00pm

Telephone: (323) 363-0954

Office Hours: By Appointment

Classroom: City Center G

I. COURSE PREREQUISITES

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) is built upon a liberal arts undergraduate foundation. First-year students are expected to have, and be able to draw upon, basic knowledge and theory found in various social science disciplines including psychology, sociology, anthropology, and biology.

II. CATALOGUE DESCRIPTION

Principles underlying generic social work practice with emphasis on working with individuals, families, and groups.

III. COURSE DESCRIPTION

Given the complex and diverse urban/rural environments in which social workers practice and the diverse situations in which they intervene, a generalist social work education offers the best foundation for effective social work practice. SOWK 544 is designed to educate and prepare generalist social workers with the knowledge and skills needed to assess the person-in-environment (PIE) configuration and decide which system(s)—individuals, families, groups, communities, and/or organizations—are most appropriate for the focus of work and service provision.

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) introduces generalist social work principles emphasizing a systems perspective, the continuum of service delivery levels and modalities, and a commitment to underserved and vulnerable populations. In addition, knowledge of professional identity, the profession's ethical standards, and the ethical dilemmas that occur as social work values and professional ethics are operationalized in practice.

The course takes a sequenced approach to teaching basic practice skills; students are exposed simultaneously to the theory, research and necessary skills required to work with individuals,

families and groups in the engagement, assessment, intervention, termination, and evaluation phases of treatment. The person-in-environment and systems approach to practice are emphasized, highlighting the necessity for multilevel intervention. The importance of research to social work practice is introduced as it applies to the understanding of client problems and the choice and effectiveness of interventions.

IV. COURSE OBJECTIVES

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) will:

Objective #	Objectives
1	Teach professional identity and ethical standards and practices of professional social work. Provide an environment that encourages students to explore how their particular gender identity, age, religion, ethnicity, social class, and sexual orientation (sexual identity) influence their ethics and how these variables may affect their understanding, empathy, and ethical decision making in practice.
2	Provide opportunities for students to increase awareness of individual needs that diverse populations (gender, race, sexual orientation, social class, religion, and vulnerable and oppressed groups) present and which require appropriately matched effective services.
3	Demonstrate the importance of the role of theory, empirical research, and evidence-based intervention as they apply to social work practice. The principles of evidence-based practice will be presented and students will have opportunity to apply the principles to clinical case studies.
4	Present foundation materials on the complex nature and scope of generalist social work practice, including the varied tasks and roles that social workers undertake as effective change agents. Emphasis will be placed on the importance of a systems paradigm and person-in-environment framework, both of which show the interaction among the biological, psychological, social, and cultural systems.
5	Demonstrate major concepts to support the treatment process (engagement, assessment, planning and contracting, implementation, and termination/evaluation phases). Provide students with commonly applied models of practice and experiential activities to practice clinical skills.

V. COURSE FORMAT/INSTRUCTIONAL METHODS

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students' learning. These exercises may include the use of videotapes, role-play, or structured small-group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory, research, and practice.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education’s 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	Demonstrate Ethical and Professional Behavior*
2	Engage in Diversity and Difference in Practice*
3	Advance Human Rights and Social, Economic, and Environmental Justice
4	Engage in Practice-informed Research and Research-informed Practice
5	Engage in Policy Practice
6	Engage with Individuals, Families, Groups, Organizations, and Communities*
7	Assess Individuals, Families, Groups, Organizations, and Communities*
8	Intervene with Individuals, Families, Groups, Organizations, and Communities*
9	Evaluate Practice with Individuals, Families, Groups, Organizations and Communities

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objective	Behaviors	Dimensions	Content
<p>Competency 1: Demonstrate Ethical and Professional Behavior Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession’s history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.</p>	<p>1. Teach professional identity and ethical standards and practices of professional social work. Provide an environment that encourages students to explore how their particular gender identity, age, religion, ethnicity, social class, and sexual orientation (sexual identity) influence their ethics and how these variables may affect their understanding, empathy, and ethical decision making in practice.</p>	<p>1a. Makes ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context. 1b. Uses reflection and self-regulation to manage personal values and maintain professionalism in practice situations. 1e. Uses supervision and consultation to guide professional judgment and behavior.</p>	<p>Values, Cognitive and Affective Processes</p>	<p>Unit 1: Overview of Social Work Profession, Professional Identity, Values and Ethics, and Social Diversity.</p> <p>Unit 4: Biopsychosocial Assessment: Overview and Essential Components</p> <p>Unit 5: Assessment with Individuals</p> <p>Unit 15: Termination, Evaluation, and follow up</p> <p>Assignment 1: Engagement Phase Vignettes</p> <p>Assignment 2: Family of Origin Paper</p> <p>Assignment 3: EBI Application</p> <p>Class Participation</p>

Competency	Objective	Behaviors	Dimensions	Content
<p>Competency 2: Engage Diversity and Difference in Practice Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand 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. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<p>2. Provide opportunities for students to increase awareness of individual needs that diverse populations (gender, race, sexual orientation, social class, religion, and vulnerable and oppressed groups) present and which require appropriately matched effective services.</p>	<p>2b. Presents her/himself as a learner and engages clients and constituencies as experts of their own experiences.</p>	<p>Skills</p>	<p>Unit 1: Overview of Social Work Profession, Professional Identity, Values and Ethics, and Social Diversity</p> <p>Unit 2: Understanding Individuals: Diversity, Adversity, and Empathy</p> <p>Unit 4: Assessment: Biopsychosocial Assessment – Overview and Essential Components</p> <p>Assignment 1: Engagement Phase Vignettes</p> <p>Assignment 2: Family of Origin Paper</p> <p>Class Participation</p>

Competency	Objective	Behaviors	Dimensions	Content
<p>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>3. Demonstrate the importance of the role of theory, empirical research, and evidence-based intervention as they apply to social work practice. The principles of evidence-based practice will be presented and students will have opportunity to apply the principles to clinical case studies.</p>	<p>6b. Uses empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p>	<p>Cognitive and Affective Processes</p>	<p>Unit 2: Understanding Individuals: Diversity, Adversity, and Empathy Unit 3: Initial Phase of Treatment: Engagement and Rapport Building with Individuals and Families Unit 4: Assessment: Biopsychosocial Assessment – Overview and Essential Components Unit 5: Assessment with Individuals Unit 6: Assessment with High-Rick Clients Unit 7: Assessment with Families Unit 8: Treatment Planning Unit 9: Solution-Focused Therapy with Individuals and Families Unit 10: Introduction to Evidence-Based Short-Term Treatment Models Unit 11: Introduction to Group Treatment Unit 12: Practice with Groups and Stages of Development Unit 13: Facilitation Strategies and Leadership Roles in Groups Unit 14: Group Types Unit 15: Termination and Evaluation Assignment 1: Engagement Phase Vignettes Assignment 3: EBI Application Class Participation</p>

Competency	Objective	Behaviors	Dimensions	Content
<p>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<p>4. Present foundation materials on the complex nature and scope of generalist social work practice, including the varied tasks and roles that social workers undertake as effective change agents. Emphasis will be placed on the importance of a systems paradigm and person-in-environment framework, both of which show the interaction among the biological, psychological, social, and cultural systems.</p>	<p>7c. Develops mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.</p> <p>7d. Selects appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p>	<p>Skills, Cognitive and Affective Processes</p> <p>Knowledge, Cognitive and Affective Processes</p>	<p>Unit 4: Assessment: Biopsychosocial Assessment – Overview and Essential Components</p> <p>Unit 5: Assessment with Individuals</p> <p>Unit 6: Assessment with High-Rick Clients</p> <p>Unit 7: Assessment with Families</p> <p>Unit 8: Treatment Planning</p> <p>Unit 9: Solution-Focused Therapy with Individuals and Families</p> <p>Unit 10: Introduction to Evidence-Based Short-Term Treatment Models</p> <p>Unit 11: Introduction to Group Treatment</p> <p>Unit 12: Practice with Groups and Stages of Development</p> <p>Assignment 1: Engagement Phase Vignettes</p> <p>Assignment 3: EBI Application</p> <p>Class Participation</p>

Competency	Objective	Behaviors	Dimensions	Content
<p>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.</p>	<p>5. Demonstrate major concepts to support the treatment process (engagement, assessment, planning and contracting, implementation, and termination/evaluation phases). Provide students with commonly applied models of practice and experiential activities to practice clinical skills.</p>	<p>8a. Critically chooses and implements interventions to achieve practice goals and enhances capacities of clients and constituencies.</p> <p>8e. Facilitates effective transitions and endings that advance mutually agreed-on goals</p>	<p>Knowledge, Skills, Cognitive and Affective Processes</p> <p>Skills</p>	<p>Unit 8: Treatment Planning Unit 9: Solution-Focused Therapy with Individuals and Families Unit 10: Introduction to Evidence-Based Short-Term Treatment Models Unit 11: Introduction to Group Treatment Unit 12: Practice with Groups and Stages of Development Unit 13: Facilitation Strategies and Leadership Roles in Groups Unit 14: Group Types Unit 15: Termination and Evaluation Assignment 3: EBI Application</p> <p>Class Participation</p>

VII. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

	Assignment	Due Date	% of Final Grade
Assignment 1:	Engagement Phase Vignettes	Unit 5- Sept. 22	20%
Assignment 2:	Family of Origin Paper	Unit 9 – Oct. 20	35%
Assignment 3:	EBI Application	Unit 15 – Dec. 1	35%
Assignment 4:	Participation	Throughout	10%

Each of the major assignments is described below

Assignment 1: Engagement

This assignment will focus on examining engagement strategies with clients. Each student will prepare engagement strategies in response to one of the two vignettes provided. Students will be graded on their ability to describe appropriate engagement strategies focusing on cultural values, beliefs, and behaviors that are described in the literature as related to the vignettes. Concepts must be supported by professional literature. The vignettes will be provided at the first class session.

Due: Fifth Week; *This assignment relates to student learning outcomes 1, 2, 6.*

Assignment 2: Family of Origin Paper

The family assignment for this course will consist of a paper which requires you to apply theoretical and empirical knowledge to your family or extended family of origin. Papers will require you to: (1) interview two members of your family; and (2) develop an analysis of your family that includes intergenerational patterns and family structure as described in Hepworth reading.

Due: Ninth Week; *This assignment relates to student learning outcomes 1, 2, 6, and 7.*

Assignment 3: Understanding and Applying Evidence Based Interventions

This assignment will consist of engagement with an on-line evidence based orientation module in which you will learn about high quality evidence based interventions being prioritized in social work practice. The final paper will be an application of one of the reviewed evidence-based interventions to a population chosen by the student (ex. Trauma focused CPT to survivors of sexual assault).

Due: Fifteenth Week; *This assignment relates to student learning outcomes 1, 2, 3, 4, 6, and 7.*

ASSIGNMENTS DETAILS CAN BE FOUND AT THE END OF THE SYLLABUS

Assignment 4: Class Participation (10% of Course Grade)

It is expected that students will attend class regularly, participate in the class discussions, and submit work promptly. Failure to meet these expectations may result in reduction in grades. Your

involvement in this class is considered essential to your growth as a practitioner. You will be asked to discuss the material assigned, participate in role-playing exercises, etc. Knowing the "right" answers is not nearly as important as being willing to risk, explore your ideas, and be open to new information and ideas. Your presence in class along with preparation by having read and considered the assignments, and participation in discussion is essential.

Guidelines for Evaluating Class Participation

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 in 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: Nonparticipant: 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.

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–	80.5–82.4	B–
2.25–2.59	C+	76.5–80.4	C+
1.90–2.24	C	73.5–76.4	C
		70.5–73.4	C–

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

On Reserve

All required readings are available online through electronic reserve (ARES) (**under lead instructor name ZALESKI**).

DSM-5: Tthe DSM 5 is available online through the library’s subscription using the link below.

URL: <https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/>

You’ll be asked to log in using your USC ID and password. Once you’re on the page, click on the link titled “Explore the new edition” to access the content.

Here’s a screenshot of what the page looks like: <http://screencast.com/t/cPoq2jSd>

USC Rainbow Alliance Caucus LGBT+ Resources

<http://rainbowallianceswcatusc.weebly.com/resources.html>

544 Course Overview

Unit	Topics
1	■ Overview of Social Work Profession, Professional Identity, Values and Ethics, and Social Diversity
2	■ Understanding and Engaging Individuals: Diversity, Adversity, and Empathy
3	■ Initial Phase of Treatment: Engagement and Rapport Building with Individuals and Families
4	■ Assessment: Bio-psycho-social Assessment – Overview and Essential Components
5	■ Assessment Individuals (Assignment #1 Due)
6	■ Assessment Families
7	■ Treatment Planning
8	■ Assessment with High Risk Clients
9	■ Solution Focused Therapy with Individuals and Families (Assignment #2 Due)
10	■ Short Term Evidence-Based Interventions
11	■ Introduction to Group Treatment
12	■ The pre-group interview and Stages of Group Dynamics
13	■ Facilitation Strategies and Leadership Roles in Groups
14	■ Working Phases of Group and Group Types
15	■ Termination, Evaluation, and Follow-up (Assignment #3 Due)

Course Schedule—Detailed Description

Unit 1: Overview of Social Work Profession, Professional Identity, and Values and Ethics, and Social Diversity Friday, August 25

Topics

- Overview of social work practice: a generalist social work model
- Roles of social workers
- Overview of engagement, assessment, intervention, and evaluation
- The value and ethics of the profession (including the NASW Code of Ethics); a focus on diversity and acceptance

REQUIRED:

Cameron, M. & King Keegan, E. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work, 55*, 63-73.

National Association of Social Workers (NASW). (n.d.). *Code of ethics*. Retrieved from <http://www.naswdc.org/pubs/code/default.asp> ***CROSSOVER READING***

Reamer, F. G. (2013). Social work values. In F. G. Reamer *Social work values and ethics, 4th ed.* (pp. 13-42). New York: Columbia University Press.

RECOMMENDED:

Jackson, E., & Samuels, G. (2011). Multiracial competence in social work: Recommendations for culturally attuned work with multiracial people. *Social Work, 56*(3), 235-245.

Unit 2: Understanding Individuals: Diversity, Adversity, and Empathy Friday, Sept. 1

Topics

- Race, class, orientation, identity / Racism, discrimination, subjugation, heteronormativity
- Adverse Childhood Experiences (ACEs)
- Engagement
- Empathy
- Confidentiality and mandated reporting: legal and ethical

REQUIRED:

Bowleg, L. (2012). The problem with the phrase *women and minorities*: Intersectionality – an important theoretical framework for public health. *American Journal of Public Health, 102*, 1267-1273.

Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and Adverse Childhood Experiences research: Implications for practice and health policy. *Social Work in Public Health, 29*, 1-16.

Reamer, F. G. (2013). Social work in a digital age: Ethical and risk management challenges. *Social Work, 58*(2), 163-172.

Unit 3: Initial Phase of Treatment: Engagement and Rapport Building

Friday, Sept 8

Topics

- Critical understanding of engagement, assessment, treatment, intervention through a person-in-environment perspective
- Building the relationship: engagement, exploration, empathy, acceptance
- Overcoming barriers
- Transference and countertransference
- Transtheoretical Model/Stages of Change

REQUIRED:

Birkenmaier, J., Berg-Weger, M., & Dewees, M. P. (2013). Individual engagement. *The practice of generalist social work, 3rd ed.* (pp. 67- 97). New York: Routledge.

Gerdes, K., & Segal, E. (2011). Importance of empathy for social work practice: integrating new science. *Social Work, 56*(2), 141-148. ***CROSSOVER READING***

Bodenheimer, D. (2015, November 2). *Becoming a clinical social worker: Interview with Dr. Danna Bodenheimer* [Audio podcast]. Retrieved from <http://socialworkpodcast.blogspot.com/2015/11/Bodenheimer.html>

RECOMMENDED:

Miller, W. R. & Rolnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy, 37*, 129-140.

Staudt, M., Lodato, G., & Hickman, C.R. (2012). Therapists Talk About the Engagement Process. *Community Mental Health, 48*, 212-218.

Unit 4: Biopsychosocial Assessment: Overview and Essential Components

Friday, Sept 15

Topics

- What is assessment?
- Overview of Biopsychosocial assessment tools

Milner, J., Myers, S., & O'Byrne, P. (2015). Assessment in the 21st Century. In *Assessment in social work* (pp. 3-21). Palgrave Macmillan.

Southwick, S., & Charney, D. (2012). *Resilience: The Science of Mastering Life's Greatest Challenges*. (pp. 1-20) Cambridge: Cambridge University Press.
doi:10.1017/CBO9781139013857

Unit 5: Assessment with Individuals

Friday, Sept 22

Topics

ASSIGNMENT #1 DUE

- Strengths-based perspective and assessment
 - Life span perspective assessment
 - Ecomaps
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REQUIRED:

Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society*, 82(3), 233-242. Retrieved from <http://libproxy.usc.edu/login?url=http://search.proquest.com/docview/230159365?accountid=14749>

Singer, J. B. (Host). (2009, October 10). Prochaska and DiClemente's Stages of Change Model for Social Workers [Episode 53]. *Social Work Podcast*. Podcast Retrieved <http://socialworkpodcast.com/2009/10/prochaska-and-diclementes-stages-of.html>

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2013). An overview of the interview process. In *Clinical interviewing, 5th ed.* (pp.171-205). New York: John Wiley & Sons Inc.

RECOMMENDED:

Hodge, D. R. (2005). Spiritual Ecograms: A new assessment instrument for identifying clients' strengths in space and across time. *Families in Society*, 86(2), 287-296.

Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society*, 82(3), 233-242.

Lee, M. Y., Chan, C. & Ng, S-M. (2009). Systematic assessment: Everything is connected. In *Integrative social work practice* (pp. 51-82). Cary, N.C.: Oxford University Press.

Prochaska, J. O., Norcross, J. C., DiClemente, C. C. (2013). Applying stages of change. *Psychotherapy in Australia*, 19(2), 10-15.

Unit 6: Assessment with Families

Friday, Sept 29

Topics

- Family Assessment
 - Intergenerational Assessment—Genogram
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REQUIRED:

Barker, P. & Chang, J. (2013). The family diagnostic interview. In *Basic Family Therapy* (6th ed., pp. 70-79). Somerset, N.J.: John Wiley & Sons.

Collins, D., Jordan, C., & Coleman, H. (2012). Family boundaries. In *An introduction to family social work, 4th edition* (pp. 85-95). Brooks/Cole: United States.

Hepworth, D. H., Rooney, R. H., Dewberry Rooney, G., & Strom-Gottfried, K. (2010). Assessing family functioning in diverse family and cultural contexts. In *Direct social work practice, 9th edition* (pp. 251-292). Belmont, CA: Brooks Cole.

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2013). Interviewing in a diverse and multicultural world. In *Clinical interviewing, 5th ed.* (pp.365-397). New York: John Wiley & Sons Inc.

Recommended

Balaguer Dunn, A., & Levin, M. M. (2000). The Genogram: From diagnostics to mutual collaboration. *The Family Journal, 8*(3), 236-244.

Chavis, M. A. (2004). Genograms and African American families: Employing family strengths of spirituality, religion, and extended family network. *Michigan Family Review, 10*, 30-36.

Weiss, E. L., Coll, J. E., Gerbauer J. D., Simley, K., & Carillo, E. (2010). The military genogram: A Solution-Focused Approach for resiliency building in service members and their families. *The Family Journal, 18*(4), 395-406.

Unit 7: Assessment with High Risk Clients

Friday, Oct. 6

Topics

- Self-Injury
 - Suicide, Homicide, Intimate Partner Violence, Child Abuse, and Elder Abuse
-

Eastland, E. & Hess, S. (2015). Intimate Partner Violence. In E. M. P. Schott, & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 271-282). Thousand Oaks, CA: Sage.

Singer, J. B. (2012, August 10). Non-suicidal self-injury (NSSI): Interview with Jennifer Muehlenkamp, Ph.D. [Episode 73]. *Social Work Podcast*. Podcast retrieved <http://www.socialworkpodcast.com/2012/08/non-suicidal-self-injury-nssi-interview.html>

Stone, F. (2015). The suicidal military client. In E.M.P. Schott, & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 413-426). Thousand Oaks, CA: Sage.

Unit 8: Treatment Planning Friday, Oct. 13

Topics

- Choosing intervention targets
 - Worker's intervention plan: outline
 - The process of evidence-based practice
 - Goals and contracting
 - Case management
-

REQUIRED:

Barker, P. & Chang, J. (2013). Establishing treatment goals. In *Basic Family Therapy, 6th ed.* (pp. 88-94). Somerset, N.J.: John Wiley & Sons.

Drisko, J. W. & Grady, M. D. (2012). The steps of evidence-based practice in clinical practice: An overview. In *Evidence-Based Practice in Clinical Social Work* (pp. 31-53). NY: Springer. *****CROSSOVER READING*****

Drisko, J. W. & Grady, M. D. (2012). Shared decision making with the client. In *Evidence-Based Practice in Clinical Social Work* (pp. 155-164). NY: Springer.

Unit 9: Solution Focused Therapy with Individuals and Families Friday Oct 20

Topics

ASSIGNMENT #2 DUE

- Use of SFT with individuals
 - Use of SFT with families
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Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy*, 37, 87-94.

Boyd-Franklin, C. (2015). An update on strengths-based, solutions-focused brief therapy. *Health & Social Work*, 40(2), 73-76.

Stith, M, Miller, M. S., Boyle, J., Swinton, J., Ratcliffe, G., & McCollum, E. (2012). Making a difference in making miracles: Common roadblocks to miracle question effectiveness. *Journal of Marital and Family Therapy*, 38, 380-393.

Unit 10: Introduction to Evidence Based Short Term Treatment Models

Friday Oct 27

Topics

- Introduction to brief therapies
- Examples of brief therapies (crisis intervention and mindfulness)

REQUIRED:

Myer, R. A., & Conte, C. (2006). Assessment for crisis intervention. *Journal of Clinical Psychology: In Session*, 62, 959-970.

Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal*, 37, 95-103.

Unit 11: Introduction to Group Treatment

Friday, Nov. 3

Topics

- Definitions of a group
- History of Group Psychotherapy in Social Work Practice
- Types of Groups: Homogenous vs. heterogeneous; open vs. closed
- Determining the need for a group
- Settings: Outpatient vs. Inpatient group therapy

REQUIRED:

Birkenmaier, J., Berg-Weger, M., & Dewees, M. P. (2013). Social work practice with Groups: Engagement, assessment and planning. *The practice of generalist social work* (3rd ed., pp. 344- 354). Routledge: New York.

MacNair-Semands, R. (2010). Preparing members to fully participate in group therapy. In MacNair-Semands (Ed.), *101 Interventions in Group Psychotherapy* (pp. 403-408). NY: Routledge.

Unit 12: Practice with groups and stages of development

Friday, Nov. 10

Topics

- Group composition: screening
- Assessing readiness for group
- Preparing group members
- Building rapport & Creating norms
- Setting the agenda
- Informed consent & Confidentiality
- Stages of group development

REQUIRED:

Brown, A. & Mistry, T. (2005). Group work with ‘mixed membership’ groups: Issues of race and gender. *Social Work with Groups*, 28(3/4), 133-148. Originally published (1994) *Social Work with Groups*, 17(3), 5-21.

Olivier, C. (2009). Enhancing confidentiality within small groups: The experiences of AIDS service organizations. *Social Work with Groups*, 32(4), 274-287

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group & Organization Management*, 2(4), 419-427. (Classic article)

Unit 13: Facilitation Strategies and Leadership Roles in Groups

Friday, Nov. 17

Topics

- Leadership
- Multicultural Perspective in Group Work
- Dealing with conflict
- Therapeutic Factors in Group
- Mutual aid

REQUIRED:

Chen, E. C., Kakkad, D., & Balzano, J. (2008). Multicultural competence and evidence-based practice in group therapy. *Journal of Clinical Psychology*, 64, 1261-1278.

Kotlyar, I., & Karakowsky, L. (2006). Leading conflict? Linkages between leader behaviors and group conflict. *Small Group Research*, 37(4), 377-403.

Unit 14: Group Types

**Thanksgiving Break
November 24**

Topics

- What kind of group? Psychoeducation, Support, Therapeutic, Task.

REQUIRED:

Yalom, I. & Lescz, M. (2005). The composition of therapy groups. *The theory and practice of group psychotherapy*, 5th ed. (pp. 259-280). New York: Basic Books.

Zorzella, K. P. M., Muller, R. T., & Classen, C. C. (2014). Trauma group therapy: The role of attachment and therapeutic alliance. *International Journal of Group Psychotherapy*, 64(1), 25-47.

Topics

ASSIGNMENT #3 DUE

- Dealing with different forms of termination (planned, forced, premature)
 - General Tasks of Termination
 - Referral
 - Efficacy of our work and outcome measurement
 - Evaluating practice
 - Ethical Issues in Evaluation
-

REQUIRED:

Baker, L. R., Stephens, F., & Hitchcock, L. (2010). Social work practitioners and practice evaluation: How are we doing? *Journal of Human Behavior in the Social Environment*, 20(8), 963-973.

Cameron, M. & King Keegan, E. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work*, 55, 63-73. *repeat – week #1*

Knox, S., Adrians, N., Everson, E., Hess, S., Hill, C., & Crook-Lyon, R. (2011). Clients' perspectives on therapy termination. *Psychotherapy Research*, 21(2), 154-167.

RECOMMENDED:

Fieldsteel, N. D. (2005). When the therapist says goodbye. *International Journal of Group Psychotherapy*, 55(2), 245-279.

Mangione, L., Forti, R., Iacuzzi, C. (2007). Ethics and endings in group psychotherapy: Saying Goodbye and saying it well. *International Journal of Group Psychotherapy*, 57(1), 25-40.

Patterson, J., Williams, L. Edwards, T.M., Chamow, L., Grauf-Grounds, C., Sprenkle, D.H. (2009). Getting Unstuck in Therapy. In *Essential Skills in Family Therapy (2nd ed.)* (pg 217-240), New York: Guilford.

Patterson, J., Williams, L. Edwards, T.M., Chamow, L., Grauf-Grounds, C., Sprenkle, D.H. (2009). Termination. In *Essential Skills in Family Therapy (2nd ed.)* (pg 241-250), New York: Guilford.

Assignment #1: Engagement Strategy
(20% of final grade)

This assignment is designed for you to apply culturally appropriate strategies to engage and build rapport with a difficult client case. In each vignette you are asked to consider how you (whom the client is meeting for the very first time) could develop a working relationship and to support your intervention strategies with the assigned reading material in the syllabus.

When reading the vignette, think about the unique strengths and challenges each client presents and how you can use that knowledge to build rapport. Consider the cultural, spiritual, religious, and filial identities that each client in the vignette displays and apply your reading to understand the unique considerations for each case.

Due: 5th week at the start of the class time. Online via Blackboard/ TurnItIn.

This assignment relates to student learning outcomes 1, 2 and 6.

Please consider the following questions in your engagement strategies:

This paper is only about *engagement*.

1. What is (are) the major obstacle(s) in engaging this client?
2. What is your clinical countertransference in working with this client? Please use the first person tense for this section.
3. What does the literature/research say about engagement with this client?
4. What is your strategy to engage this client considering all your answers above?

Academic Paper Guidelines

Select **1** of the vignettes. The paper should be 4-6 pages in length (not counting the title page or reference list), double-spaced, with 1-inch margins on all sides, with 12 point Times New Roman font. Insert page numbers with the title page. Use subheadings (in bold font) to organize your paper. See APA Manual p. 62 for *levels of headings*. Do not restate the vignette or the questions in your paper, though you can identify the client as a subheading, if desired. Throughout the paper, please provide conceptual and empirical evidence to support your intervention, referencing a minimum of 4 scholarly works (at least 1 of those must be found outside of the 544 syllabus). Use editorial referencing styles as specified in the APA Publication Manual 6th Edition (<http://apastyle.apa.org/>).

The title page should be formatted as follows:

SOWK 544
Assignment #1: Engagement Strategy

[Student Name]
[Date]
[Course Instructor]

The evaluation of the paper will be based on whether you addressed all aspects of the assignment, the quality of your written work (graduate level writing, organization, flow, clarity, depth, mechanics of

writing such as grammar, spelling, etc.), and the correct application of APA style. Avoid citing from only one source to support entire sections of your paper.

Proofread and edit your work.

It is expected that students will be responsible for submitting their own work and not the work of other students. If you study with other students, be conscious of shaping and writing your own work, and not relying on a “group” consensus of what should go in the paper. Refer to the university guidelines on academic integrity and plagiarism if you have any doubts.

Late papers will be penalized **(1-point off for every 24-hour period late).**

Assignment #2: Family of Origin Paper

Purpose of this assignment: This assignment has become a ‘classic’ assignment in the USC School of Social Work program. In order for you to help your clients and their familial patterns, you need to have done this work on a personal level as well. By understanding your family and who you are within this family context you are able to identify counter-transference reactions with your clients which is an ethical responsibility of social work practice. Many social workers believe, “you cannot bring a client further than you have brought yourself”. By exploring and reflecting on our own experiences, including factors of resilience and risk, this assignment will highlight ways in which we can be more empathetic towards ourselves and others.

This assignment is not a replacement for personal psychotherapy, but may offer some insights into who you are, and how you can help your clients live more fulfilling lives. If this assignment brings up unresolved personal conflict, the USC School of Social Work has free psychotherapy provided to students. Their contact is (213) 740-1771; <http://engemannshc.usc.edu/counseling>. For VAC students Perspectives, Ltd. counselors provide students and families free short-term confidential assistance. Perspectives is found at <http://www.perspectivesltd.com>. Username is VAC500 and password: perspectives. Students may also call directly at 800-456-6327. Available 24/7.

Due: 9th week at the start of the class time. Online via Blackboard/ TurnItIn.

General instructions: This assignment requires you to apply the concepts and theories discussed in SOWK 544 to your family of origin. In order to complete this assignment you will need to conduct at least two interviews of family members. You may interview parents, grandparents, siblings, aunts, uncles, or cousins. Please discuss confidentiality with your interviewees, get permission to use the interview material, and offer to change names if they so desire.

Instructions for paper:

Section one: (One page) Produce a detailed genogram of your family of origin covering at least three generations. Please include names and ages. The genogram must include a key.

Section two: (2-3 pages) Conduct a systemic analysis of your family of origin from a structural and systems perspective. Issues you may cover include (choose 2-4 of these)

1. boundaries (within the family as well as between the family and the world)
2. hierarchies
3. subsystems
4. alliances
5. rules (spoken and unspoken)
6. feedback loops
7. adaptability
8. cohesion
9. power
10. attachment styles
11. family myths
12. significant losses
13. communication style and patterns
14. inclusion
15. intimacy
16. resources
17. social networks
18. intergenerational patterns
19. environmental actors

You must give specific behavioral examples to back up your analysis. For example, it is not sufficient to state that there were strong intergenerational boundaries, rather, you should discuss the specific behaviors that demonstrated that those boundaries existed. (The Hepworth article is an important guide for this section).

In completing this section you will need to cite at least three scholarly articles and/or books (from outside of this syllabus) that address the concepts you are discussing. You will also need to give specific behavioral examples to illustrate your concept as it plays out in your family of origin.

Section three: (2 -3 pages) Select an underlying theme that emerged from the analysis of your family which has influenced your empathy towards others. Research this theme and discuss how it impacts families in general and specifically impacted your family. You may create your own theme or select from the following list:

1. The effects of alcoholism or addiction on the family.
2. Gay and lesbian families.
3. Blended family issues.
4. Single-parent family.
5. The effects of violence or abuse.
6. Poverty and the family.
7. Family secrets.
8. Legacies of loss.
9. The role of ritual in the family.
10. Birth order.
11. Cultural themes.
12. The effects of mental or physical illness on the family.
13. Gender roles within the family.
14. Family stories and the construction of meaning.
15. Models of marriage.
16. Enmeshment and disengagement.
17. Emotional milieu within the family.

In completing this section you will need to cite at least three scholarly articles and/or books that address the theme you are discussing. You will also need to give specific behavioral examples to illustrate your theme as it plays out in your family of origin.

Section 4: (1-2 pages) For this section, we are asking you to step outside of the family system so that you can discuss areas which may influence your clinical work with a family like the one you presented. Based on the structural and/or systems issues you have identified, along with the theme, how might working with the family you presented in your paper influence your: (1) empathy (i.e. lend to expressing an "appropriate" level of empathy, make me less empathetic, or make me feel over-identified and over empathetic), (2) countertransference (i.e what about a family such as this one be a trigger for me or over-identify), and (3) what are the implications for of these two factors on engagement, assessment, and treatment planning based on the family characteristics and needs.

Papers should be 6 to 9 pages in length, typed, and double spaced, APA 6th Edition, 12 point Times New Roman Font, 1" margins. Papers should be written in the 3rd person (unless otherwise stated by the instructor). Papers will be evaluated on the thoroughness of the assignment, the theoretical justification of content, integration of empirical evidenced-based content, and the quality of the written work. Late papers will be penalized **(1-points off for every 24-hour period late)**.

Important Note: All material in this paper will remain strictly confidential. If you feel for any reason you are not able to complete this assignment speak with your instructor immediately for an alternative version of this assignment.

This paper is worth 35% of your course grade.

Assignment #3: Understanding and Applying Evidence Based Interventions

General instructions: This assignment requires you to choose an evidence based group intervention (choose one intervention from three provided). This assignment may be done as an individual paper or as a group paper. Groups may be only 2-3 students and you must confirm this option with your instructor. Students that choose to do the group paper will receive 1 grade for all members of the group.

In this final paper you will apply one of the three reviewed evidence-based interventions to a population of interest. Examples of populations include:

- People whose spouses/partners have deployed in the military
- Teens who are aging out of foster care
- Family members who care for persons with Alzheimer's disease
- Perpetrators of intimate partner violence
- Children experiencing bullying in a school

Step 1: Watch these three videos.

Cognitive Process Therapy:

<https://www.youtube.com/watch?v=Jqj5zDbkPxY>

Dialectical Behavioral Therapy:

<https://www.youtube.com/watch?v=Stz--d17ID4>

Acceptance and Commitment Therapy (ACT)

(you will have to login to the USC library to access this video)

<http://www.psychotherapy.net.libproxy1.usc.edu/stream/usc/video?vid=238>

Step 2: Choose one Evidence Based Practice from the videos you watched and research its use in group treatment with a specific population that interests you. Any population that you choose is fine, a few examples are:

- a. Cognitive Processing Therapy for adult survivors of sexual trauma
- b. Dialectical Behavioral Therapy for suicidal college students
- c. Acceptance and Commitment Therapy for military veterans who have experienced combat.

Step 3: Write a 6 - 8 page paper (8 references minimum) with three sections. We suggest you divide your paper into the following three sections:

Section one: (2 pages): Using the assigned readings, in-class discussions, and independent research, provide a detailed description of the following elements:

- The population you have identified. This should include statistics about the population, incidence and/or prevalence of the issues or needs, outcomes for the population if not intervened with (negative outcomes of the issue if untreated).
- Significant socio-cultural dimensions of the problem: e.g., socioeconomic status, race, gender, culture, etc.

Section two: (2-3 pages). Describe the evidence based intervention you have selected. (This section discusses the EBP in general).

- What is the type of group and what is the purpose of the group?
- Elements of the group intervention (theoretical foundation, number of sessions, topic and activities)
- Is it researched as a closed or open group?
- What evidence is there that this group therapy works? Is there any controversy about its effectiveness?
- Does this research show that this group is effective with more than one population?
- Are there any benefits or drawbacks to using this treatment in a group setting?

Section three: (2-3 pages). Describe how you would apply this intervention to the group selected. (This section discusses the EBP as it applies specifically to your population)

- Is there any research on use of this group intervention with your population? If there is, what is it?
- If there is no research on your chosen population, why do you think it will be a good choice for the population you have chosen?
- What are the unique needs of your chosen population for which the EBP would work well? Are there any drawbacks? Would there be any modifications needed?
- Where might this intervention best be delivered (i.e. schools, community based organizations, churches, etc.)

Papers should be no more than 6-8 pages in length (not counting the title page or reference list), double-spaced, with 1-inch margins on all sides, with 12 point Times New Roman font. Insert page numbers starting with the title page. Use subheadings (in bold font) to organize your paper. See APA Manual p. 62 for *levels of headings*. Throughout the paper, provide references with a minimum of 10 scholarly works (at least 4 of which must be outside sources not on 544

syllabus). Use editorial and referencing styles as specified in the APA Publication Manual 6th Edition (<http://apastyle.apa.org/>).

Papers will be evaluated on the thoroughness of the assignment, the theoretical justification of content, integration of empirical evidenced-based content, and the quality of the written work.

Due: 15th week- December 1 at midnight

This assignment relates to student learning outcomes 1, 2, 3, 4, 6, and 7.

Late papers will be penalized (**1-points off for every 24-hour period late**).

This paper is worth 35% of your course grade.

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 (xxx@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. ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Part B, Section 11, "Behavior Violating University Standards" <https://policy.usc.edu/scampus-part-b/>. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, <http://policy.usc.edu/scientific-misconduct>.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

<https://engemannshc.usc.edu/counseling/>

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. <http://www.suicidepreventionlifeline.org>

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. <https://engemannshc.usc.edu/rsvp/>

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: <http://sarc.usc.edu/>

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class.

<https://equity.usc.edu/>

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. <https://studentaffairs.usc.edu/bias-assessment-response-support/>

Student Support & Advocacy – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. <https://studentaffairs.usc.edu/ssa/>

Diversity at USC – <https://diversity.usc.edu/>

Tab for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

XII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official “Incomplete Completion Form.”

XIII. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XIV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (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 well-

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

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

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

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

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

XVI. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the this course, Dr. Kristen Zaleski, Kristen.Zaleski@usc.edu If you do not receive a satisfactory response or solution, contact your advisor and/or Dean Leslie Wind, wind@usc.edu for further guidance.

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

- ✓ 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.
