USC Suzanne Dworak-Peck
School of Social Work

Social Work 643
Section 60917
Social Work Practice in Integrated Care Settings
3 Units

Instructor:	Thomas J. Pier, LCSW, OSW-C, CMF		
E-Mail:	pier@usc.edu	**Course Day:**	Tuesdays
Telephone:	310-435-2270	**Course Time:**	8:00-10:50 AM
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Office Hours:	Tuesdays 11AM-12PM Or upon request		

I.   COURSE PREREQUISITES

SOWK 544 and SOWK 637

II.   CATALOGUE DESCRIPTION

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

III.   COURSE DESCRIPTION

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

IV. COURSE OBJECTIVES

The course will:

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

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 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	Objectives	Behaviors	Dimensions	Content
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities Social workers in health, behavioral health and integrated care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with adults and older adults understand that engagement involves the dynamic, interactive, and reciprocal processes. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge along with knowledge of practice theories (models, strategies, techniques, and approaches) to facilitate engagement with individuals, families and groups. 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.	Increase students' competence in selection of evidence based interventions based on a biopsychosocial perspective, by deepening understanding of individuals' and families' culture, ethnicity, gender, sexual orientation and other salient factors.	Recognize the primacy of the relationship when engaging with others in integrated care settings. Use empathy and other interpersonal skills to engage and intervene with others using brief evidence based interventions in multi-disciplinary settings.	Values Affective Reaction	Units: Unit 1: The Role of the Social Worker on an Interdisciplinary Team Unit 2: Social Workers as Care Navigators and Care Managers Unit 3: An Overview of Brief Interventions Unit 4: Interventions to Support Caregivers Unit 9: Assessing and Intervening in Suicide Assignment 1: Midterm

Competency	Objectives	Behaviors	Dimensions	Content
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 and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. 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.	Advances students' ability to apply practice interventions that have been supported by research by demonstrating effective practice in integrated care settings, including an examination of the strengths and limitations of the interventions in working with diverse groups.	Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients. Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions.	Exercise of Judgment Reflection	**Unit 8:** Short-Term Interventions for Distress and Anxiety: Mindfulness-Based Stress Reduction **Unit 9:** Short-Term Interventions for Depression: Problem-Solving Therapy, Solution-Focused Brief Treatment, and Behavioral Activation **Unit 10:** Interventions for Personality Disorders: Transference-Focused Psychotherapy **Unit 11:** Interventions for Personality Disorders: Schema Therapy **Unit 12:** Interventions for Older Adults and Caregivers: Reminiscence, Dignity Therapies and Medical Family Therapy **Unit 13:** Advanced Substance Use Interventions: Motivational Enhancement Therapy **Unit 14:** Sexual Health Assessment **Unit 15:** Treatments for Co-Occurring Disorders **Unit 16**: Summative Experience: Interventions in Integrated Care Settings **Assignment 2**

VII. COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Midterm	Week 7 – Oct.3	40%
Final- Integrated paper	Week 15 – Nov.28	50%
Class Participation	Ongoing	10%

Assignment 1: Midterm Assignment

The midterm assignment requires you critically reflect on your work environment and your skills in engaging with clients commonly encountered in integrated settings.

1. Describe the setting in which you are working and *critically analyze* how it relates to the models of integrated care.
2. Utilizing the biopsychosocial framework introduced in SOWK 543, provide an assessment of a client you have worked with who was in crisis, had a chronic condition, was experiencing grief/loss, trauma, or a health condition.
3. Discuss intervention strategies and reflect on specific advanced clinical skills you utilized with the client and the impact you observed. What seemed to have a positive impact? In retrospect, what might you have done differently? Focus on skills and content covered in class such as chronic disease self management, grief counseling, trauma focused principles and adherence and retention in care. Use academic citations to support your thoughts. Discuss the impact of culture on your interactions and reflect on your own cultural self awareness. Again, use citations to support views.

* Please refer to prompt and rubric for further Assignment 1 information.

Due: Week 7

Assignment 2: Final Assignment

For this assignment you are asked to draw from theories of human behavior and empirical literature to enhance your understanding of specific interventions.

1. Identify and describe a theory and corresponding intervention used in an integrated setting for a symptom/disorder/problem listed in the second half of the semester (e.g., anxiety, depression, personality disorders, substance use disorders, palliative care, sexual compulsivity, or co-occurring disorders).
2. Critically analyze the empirical research to determine if the chosen intervention has been demonstrated to be effective with similar clients and in similar settings to that in which you are working.
3. Describe the components of the intervention utilized in your setting and how they are similar and different from those discussed in class.
4. Critically discuss the measurement of outcomes in your setting.
5. Reflect on whether or not clients receiving treatment using the chosen intervention have improved to the desired degree and factors that impact their progress. If not, what did the intervention neglect to address? Consider cultural implications.

Due: Week 16

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

Class Participation (10% of Course Grade)

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

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

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

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

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

Class grades will be based on the following:

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

Class Grades		Final Grade	
1.90 – 2.24	C	73.5 – 76.4	C
		70.5 – 73.4	C-

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

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

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

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

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

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

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

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

On Reserve

All required articles and chapters can be accessed through ARES.

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

Course Overview

Unit	Topics	Assignments
1	▪ Introduction to Integrated Care Practice Models and Inter-professional Collaboration	
2	▪ Advanced Clinical Skills and Common Factors	
3	▪ Advanced Crisis Intervention: Suicide/Homicide	
4	▪ Chronic Care Model and Chronic Disease Management	
5	▪ Grief, Loss, and Bereavement	
6	▪ Overview of Interventions for Trauma in Integrated Settings	
7	▪ Health Interventions: Medications, Adherence, and Retention	ASSIGNMENT 1
8	▪ Short-Term Interventions for Distress and Anxiety: Mindfulness-Based Stress Reduction	
9	▪ Short-Term Interventions for Depression: Problem-Solving Therapy, Solution-Focused Brief Treatment, and Behavioral Activation	
10	▪ Interventions for Personality Disorders: Transference-Focused Psychotherapy	
11	▪ Interventions for Personality Disorders: Schema Therapy	
12	▪ Interventions for Older Adults and Caregivers: Reminiscence, Dignity Therapies and Medical Family Therapy	
13	▪ Advanced Substance Use Interventions: Motivational Enhancement Therapy	
14	▪ Sexual Health Assessment and Interventions	
15	▪ Treatments for Co-Occurring Disorders	
16	▪ Summative Experience: Interventions in Integrated Care Settings	ASSIGNMENT 2
	STUDY DAYS / NO CLASSES	
	FINAL EXAMINATIONS	

Course Schedule—Detailed Description

Unit 1: Introduction to Integrated Care Practice Models and Interprofessional Collaboration	**August 22**

Topics
- Integrated care practice models
- Interprofessional collaboration
- Interdisciplinary teams
- Culturally and linguistically competent care

This unit relates to course objective 1.

Required Readings

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

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

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

Recommended Readings

Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S. (2015). Integrated and culturally relevant care: A model to prepare social workers for primary care behavioral health practice. *Social Work in Health Care, 54*(10), 909.

Hussain, M., & Seitz, D. (2014). Integrated models of care for medical inpatients with psychiatric disorders: A systematic review. *Psychosomatics, 55*(4), 315.

Minkman, M., & Vat, L. (2012). A self-evaluation tool for integrated care services: The development model for integrated care applied in practice. *International Journal of Integrated Care, 12*(Suppl. 3), e156. doi:10.5334/ijic.1018

Pollard, R. Q., Jr., Betts, W. R., Carroll, J. K., Waxmonsky, J. A., Barnett, S., deGruy,Frank V., I.,II, & Kellar-Guenther, Y. (2014). Integrating primary care and behavioral health with four special populations: Children with special needs, people with serious mental illness, refugees, and deaf people. *American Psychologist, 69*(4), 377–387.

Unit 2: Advanced Clinical Skills and Common Factors	**August 29**

Topics
- Five errors of communication
- Advanced empathy
- Multicultural counseling

This unit relates to course objective 2.

Required Readings

Hatcher, R. L. (2015). Interpersonal competencies: Responsiveness, technique, and training in psychotherapy. *American Psychologist, 70*(8), 747–757.

Sparks, J. A., Duncan, B. L., & Miller, S. D. (2008). Common factors in psychotherapy. In J. L. Lebow (Ed.), *Twenty-first century psychotherapies* (pp. 453–497). Hoboken, NJ: Wiley.

Recommended Readings

Gitomer, J. (2008, April 28). Beginning the engagement. Retrieved from http://www.youtube.com/watch?v=XqWXUciFbDg&feature=related

Norcross, J. C. (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York, NY: Oxford University Press.

Unit 3: Advanced Crisis Intervention: Suicide/Homicide	**September 5**

Topics
- The seven-stage crisis intervention model
- Risk and protective factors
- Homicide and domestic violence
- Standards of care for intervention and documentation

This unit relates to course objective 2.

Required Readings

Goranson, A., Boehnlein, J., & Drummond, D. (2012). Commentary: A homicide-suicide assessment model. *Journal of the American Academy of Psychiatry and the Law Online, 40*(4), 472–474.

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

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

Recommended Readings

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

Miller, G. (2012). Working with different cultures. In G. Miller (Ed.), *Fundamentals of crisis counseling* (pp. 191–215). Hoboken, NJ: Wiley.

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

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

Unit 4: Chronic Care Model and Chronic Disease Management	September 12

Topics
- Models of chronic care management
- Pain management
- Economic impact
- Cultural competence

This unit relates to course objective 1.

Required Readings

Dauvrin, M., Lorant, V., & d'Hoore, W. (2015). Is the chronic care model integrated into research examining culturally competent interventions for ethnically diverse adults with type 2 diabetes mellitus? A review. *Evaluation and the Health Professions, 38*(4), 435–463. doi:10.1177/0163278715571004

Desmedt, M., Vertriest, S., Hellings, J., Bergs, J., Dessers, E., Vankrunkelsven, P., . . . Vandijck, D. (2016). Economic impact of integrated care models for patients with chronic diseases: A systematic review. *Value in Health, 19*(6), 892–902. doi:10.1016/j.jval.2016.05.001

Recommended Readings

Ahn, S., Smith, M. L., Altpeter, M., Post, L., & Ory, M. G. (2015). Healthcare cost savings estimator tool for chronic disease self-management program: A new tool for program administrators and decision makers. *Frontiers in Public Health, 3*, 42. doi:10.3389/fpubh.2015.00042

Bashshur, R. L., Shannon, G. W., Smith, B. R., Alverson, D. C., Antoniotti, N., Barsan, W. G., & Yellowlees, P. (2014). The empirical foundations of telemedicine interventions for chronic disease management. *Telemedicine and e-Health, 20*(9), 769–800. doi:10.1089/tmj.2014.9981

Lorig, K., & Ebrary, I. (2006). *Living a healthy life with chronic conditions: Self-management of heart disease, arthritis, diabetes, asthma, bronchitis, emphysema & others* (3rd ed.). Boulder, CO: Bull.

O'Donohue, W. T., & Maragakis, A. (Eds.). (2015). *Integrated primary and behavioral care: Role in medical homes and chronic disease management*. Cham, Switzerland: Springer International. doi:10.1007/978-3-319-19036-5

Unit 5: Grief, Loss, and Bereavement	**September 19**

Topics
- DSM-5 discussion
  - Bereavement
  - Complicated grief
- Models of grief and loss intervention

This unit relates to course objectives 1 and 2.

Required Readings

Callister, L. C. (2006). Perinatal loss: A family perspective. *Journal of Perinatal and Neonatal Nursing, 20*, 227–234.

Fox, J., & Jones, K. D. (2013). DSM-5 and bereavement: The loss of normal grief? *Journal of Counseling and Development, 91*(1), 113–116. doi:10.1002/j.1556-6676.2013.00079.x

Rothman, D. J. (2014). Where we die. *New England Journal of Medicine, 370*, 2457–2462.

Recommended Readings

Clements, P. T., Focht-New, G., & Faulkner, M. J. (2004). Grief in the shadows: Exploring loss and bereavement in people with developmental disabilities. *Issues in Mental Health Nursing, 25,* 799–808.

Holland, J. M., & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: A meaning-oriented contribution. *OMEGA, 61*(2), 103–130.

Unit 6: Overview of Interventions for Trauma in Integrated Settings   **September 26**

Topics
- Trauma-informed care
- Impact of trauma on health
- Overview of trauma interventions
- Poly-victimization

This unit relates to course objective 1.

Required Readings

Cinamon, J. S., Muller, R. T., & Rosenkranz, S. E. (2014). Trauma severity, poly-victimization, and treatment response: Adults in an inpatient trauma program. *Journal of Family Violence, 29*(7), 725–737. doi:10.1007/s10896-014-9631-4

Karr-Morse, R., Wiley, M. S., & Ebooks Corporation. (2012). *Scared sick: The role of childhood trauma in adult disease.* New York, NY: Basic Books.

Marzillier, J. S. (2014). *The trauma therapies.* New York, NY: Oxford University Press.

Recommended Readings

Parry, S., & Simpson, J. (2016). How do adult survivors of childhood sexual abuse experience formally delivered talking therapy? A systematic review. *Journal of Child Sexual Abuse, 25*(7), 793–812. doi:10.1080/10538712.2016.1208704

Williams, L. M., Debattista, C., Duchemin, A., Schatzberg, A. F., & Nemeroff, C. B. (2016). Childhood trauma predicts antidepressant response in adults with major depression: Data from the randomized international study to predict optimized treatment for depression. *Translational Psychiatry, 6*(5), e799. doi:10.1038/tp.2016.61

Unit 7: Health Interventions: Medications, Adherence, and Retention	**October 3**

Topics
- Barriers to adherence
- Impact of non-adherence
- Introduction to common psychiatric medication

This unit relates to course objective 1.

Required Readings

Awad, A. G., & Voruganti, L. N. (2004). New antipsychotics, compliance, quality of life, and subjective tolerability: Are patients better off? *Canadian Journal of Psychiatry, 49*(5), 297–302.

Giardini, A., Martin, M. T., Cahir, C., Lehane, E., Menditto, E., Strano, M., & Marengoni, A. (2016). Toward appropriate criteria in medication adherence assessment in older persons: Position paper. *Aging Clinical and Experimental Research, 28*(3), 371–381. doi:10.1007/s40520-015-0435-z

Scarbrough, A. W., Moore, M., Shelton, S. R., & Knox, R. J. (2016). Improving primary care retention in medically underserved areas: What's a clinic to do? *The Health Care Manager, 35*(4), 368–372. doi:10.1097/HCM.0000000000000137

Recommended Readings

Conn, V. S., Ruppar, T. M., Enriquez, M., & Cooper, P. (2016). Medication adherence interventions that target subjects with adherence problems: Systematic review and meta-analysis. *Research in Social and Administrative Pharmacy, 12*(2), 218–246. doi:10.1016/j.sapharm.2015.06.001

Jain, K. M., Maulsby, C., Kinsky, S., Charles, V., Holtgrave, D. R., & PC Implementation Team. (2016). 2015–2020 national HIV/AIDS strategy goals for HIV linkage and retention in care: Recommendations from program implementers. *American Journal of Public Health, 106*(3), 399. doi:10.2105/AJPH.2015.302995

Müller, S., Kohlmann, T., & Wilke, T. (2015). Validation of the adherence barriers questionnaire: An instrument for identifying potential risk factors associated with medication-related non-adherence. *BMC Health Services Research, 15*(1), 153. doi:10.1186/s12913-015-0809-0

Unit 8: Short-Term Interventions for Distress and Anxiety: Mindfulness-Based Stress Reduction **October 10**

Topics
- Overview of DSM-5 criteria
- Mindfulness-based stress reduction
  - Open awareness
  - Present-moment focus
  - Nonjudgmental/compassionate attitude
- Issues of diversity

This unit relates to course objective 2.

Required Readings

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

Echemendía, R. J., & Núñez, J. (2012). Brief psychotherapy from a multicultural perspective. In M. Dwan, B. Steenbarger, & R. Greenberg (Eds.), *The art and science of brief psychotherapies: An illustrated guide* (pp. 287–300). Arlington, VA: American Psychiatric Press.

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

Recommended Readings

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

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

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

Unit 9: Short-Term Interventions for Depression: Problem-Solving Therapy, Solution-Focused Brief Treatment, and Behavioral Activation **October 17**

Topics

- Overview of DSM-5 criteria
- Depression
- Behavioral activation
- Solution-focused brief treatment
- Problem-solving therapy

This unit relates to course objective 2.

Required Readings

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

Chaudhry, S., & Li, C. (2011). Is solution-focused brief therapy culturally appropriate for Muslim American counselees? *Journal of Contemporary Psychotherapy, 41*(2), 109–113.

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

Recommended Readings

Hsu, W.-S., & Wang, C. (2011). Integrating Asian clients' filial piety beliefs into solution-focused brief therapy. *International Journal of Advances in Counselling, 33,* 322–334.

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

Yokotani, K., & Tamura, K. (2014). Solution-focused group therapy program for repeated-drug users. *International Journal, 4*(1), 28–43.

Unit 10: Interventions for Personality Disorders: Transference-Focused Psychotherapy	**October 24**

Topics
- Overview of DSM-5 criteria
- Borderline personality disorder
- Transference-focused psychotherapy
- Issues of diversity

This unit relates to course objective 2.

Required Readings

Kernberg, O. F. (2016). New developments in transference focused psychotherapy. *International Journal of Psycho-Analysis, 97*(2), 385. doi:10.1111/1745-8315.12289

Mann, D. (2016). Transference-focused psychotherapy for borderline personality disorder: A clinical guide by frank yeomans, john clarkin and otto kernberg. published by american psychiatric publishing, washington, 2015; 411 pp; £40.49: Book review. *British Journal of Psychotherapy, 32*(2), 285-287. doi:10.1111/bjp.12216

Saveanu, R. V. (2016). Transference-focused psychotherapy for borderline personality disorder: A clinical guide. *Journal of Nervous and Mental Disease, 204*(2), 161–164. doi:10.1097/NMD.0000000000000437

Recommended Readings

Frías, Á., Palma, C., Farriols, N., & González, L. (2016). Sexuality-related issues in borderline personality disorder: A comprehensive review. *Personality and Mental Health, 10*(3), 216–231. doi:10.1002/pmh.1330

Merced, M. (2016). Noticing indicators of emerging change in the psychotherapy of a borderline patient. *Clinical Social Work Journal, 44*(3), 293–308. doi:10.1007/s10615-015-0547-0

Unit 11: Interventions for Personality Disorders: Schema Therapy	**October 31**

Topics
- Schema therapy
- Therapist perspectives

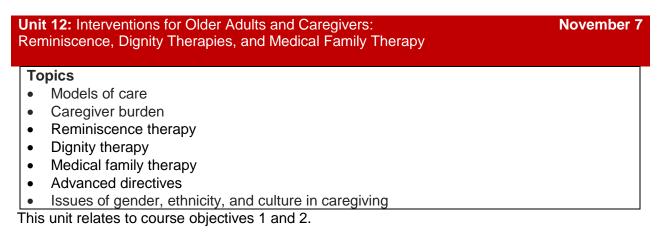This unit relates to course objective 2.

Required Readings

Bach, B., Lee, C., Mortensen, E. L., & Simonsen, E. (2016). How do DSM-5 personality traits align with schema therapy constructs? *Journal of Personality Disorders, 30*(4), 502–503.

De Klerk, N., Abma, T. A., Bamelis, L. L., & Arntz, A. (2017). Schema therapy for personality disorders: A qualitative study of patients' and therapists' perspectives. *Behavioural and Cognitive Psychotherapy, (45)*1, 31–45. doi:10.1017/S1352465816000357

Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., . . . Arntz, A. (2006). Outpatient psychotherapy for borderline personality disorder: Randomized trial of schema-focused therapy vs transference-focused psychotherapy. *Archives of General Psychiatry, 63*(6), 649–658. doi:10.1001/archpsyc.63.6.649

Recommended Readings

Keulen-de Vos, M. E., Bernstein, D. P., Vanstipelen, S., de Vogel, V., Lucker, T. P. C., Slaats, M., Arntz, A. (2016). Schema modes in criminal and violent behaviour of forensic cluster BPD patients: A retrospective and prospective study. *Legal and Criminological Psychology, 21*(1), 56–76. doi:10.1111/lcrp.12047

Schema therapy cost effective for personality disorders. (2015). *PharmacoEconomics & Outcomes News, 742*(1), 28-28. doi:10.1007/s40274-015-2656-y

Unit 12: Interventions for Older Adults and Caregivers: Reminiscence, Dignity Therapies, and Medical Family Therapy	**November 7**

Topics
- Models of care
- Caregiver burden
- Reminiscence therapy
- Dignity therapy
- Medical family therapy
- Advanced directives
- Issues of gender, ethnicity, and culture in caregiving

This unit relates to course objectives 1 and 2.

Required Readings

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

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

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

Recommended Readings

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

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

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

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

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

Unit 13: Advanced Substance Use Interventions: Motivational Enhancement Therapy	**November 14**

Topics
- DSM-5 overview
- Substance-related and addictive disorders
- Critical elements of brief interventions
- FRAMES model
- Harm reduction
- Motivational enhancement therapy

This unit relates to course objective 2.

Required Readings

Bien, T., Miller, W. R., & Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. *Addiction, 88*(3), 315–336. (Classic)

Kamya, H. (2012). Motivational interviewing and field instruction: The FRAMES model. *Field Educator, 2*(1), 1–3.

Lenz, A. S., Rosenbaum, L., & Sheperis, D. (2016). Meta-analysis of randomized controlled trials of motivational enhancement therapy for reducing substance use. *Journal of Addictions and Offender Counseling, 37*(2), 66–86. doi:10.1002/jaoc.12017

Substance Abuse and Mental Health Services Administration. (2012). *Brief interventions and brief therapies for substance abuse.* Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12-3952. Rockville, MD: Author. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf

Recommended Readings

Khan, A., Tansel, A., White, D. L., Kayani, W. T., Bano, S., Lindsay, J., . . . Kanwal, F. (2016). Efficacy of psychosocial interventions in inducing and maintaining alcohol abstinence in patients with chronic liver disease: A systematic review. *Clinical Gastroenterology and Hepatology, 14*(2), 191–202. doi:10.1016/j.cgh.2015.07.047

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

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

Unit 14: Sexual Health Assessment and Interventions	**November 21**

Topics
- PLISSIT model
- Sexological ecosystem assessment
- Sexual health interventions

This unit relates to course objective 2.

Required Readings

Buehler, S. (2017). *What every mental health professional needs to know about sex* (2nd ed., p. 314). New York, NY: Springer.

Cohn, R. (2016). Toward a trauma-informed approach to adult sexuality: A largely barren field awaits its plow. *Current Sexual Health Reports, 8*(2), 77–85. doi:10.1007/s11930-016-0071-4

Unit 15: Treatments for Co-Occurring Disorders	**November 28**

Topics
- Psychiatric comorbidity
- Trauma and substance abuse
- Personality disorders and substance abuse

This unit relates to course objective 2.

Required Readings

Areán, P. A. (2015). *Treatment of late-life depression, anxiety, trauma, and substance abuse.* Washington, DC: American Psychological Association.

Giordano, A. L., Prosek, E. A., Stamman, J., Callahan, M. M., Loseu, S., Bevly, C. M., & Chadwell, K. (2016). Addressing trauma in substance abuse treatment. *Journal of Alcohol and Drug Education, 60*(2), 55.

Lana, F., Sánchez-Gil, C., Adroher, N. D., Pérez, V., Feixas, G., Martí-Bonany, J., & Torrens, M. (2016). Comparison of treatment outcomes in severe personality disorder patients with or without substance use disorders: A 36-month prospective pragmatic follow-up study. *Neuropsychiatric Disease and Treatment, 12*, 1477–1487. doi:10.2147/NDT.S106270

Recommended Readings

Gamble, J., & O'Lawrence, H. (2016). An overview of the efficacy of the 12-step group therapy for substance abuse treatment. *Journal of Health and Human Services Administration, 39*(1), 142.

Proeschold-Bell, R. J., Reif, S., Taylor, B., Patkar, A., Mannelli, P., Yao, J., & Quinlivan, E. B. (2016). Substance use outcomes of an integrated HIV-substance use treatment model implemented by social workers and HIV medical providers. *Health and Social Work, 41*(1), e1–e10. doi:10.1093/hsw/hlv088

Week 16: Summative Experience	**Finals Week**

STUDY DAYS / NO CLASSES	**December 4 & 5**

FINAL EXAMINATIONS	**December 5**

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
Tabs for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students. *https://diversity.usc.edu/*

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

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

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

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

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

XVI.　COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the [xxx]. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind 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.

Midterm Assignment
Due October 3 (at start of class)

Assignment 1 (Midterm):

The midterm assignment requires you critically reflect on your work environment and your skills in engaging with clients commonly encountered in integrated settings:

A. Describe the setting in which you are working and population served, and *critically analyze* how it relates to the models of integrated care. Consider the following:
- Levels of integration (stated vs. actual)
- Levels and types of collaboration
- Benefits and limitations

B. Building on the biopsychosocial framework introduced in SOWK 543, provide an assessment of a client you have worked with who was in crisis, had a chronic condition, was experiencing grief/loss, trauma, or a health condition.

C. Discuss intervention strategies and reflect on specific advanced clinical skills you utilized with the client and the impact you observed. Focus on skills and content covered in class such as chronic disease self management, grief counseling, trauma focused principles and adherence and retention in care. What seemed to have a positive impact? In retrospect, what might you have done differently? Use academic citations to support your thoughts.

D. Discuss the impact of culture on your interactions and reflect on your own cultural self awareness.

Use critical thinking, self-reflection, course readings, and class lectures/discussions to support your analysis (8–10 pages, double-spaced).

Rubric

Application of course content = 75%
　　　　Papers will be graded on the comprehension and depth of understanding as evidenced by the application and synthesis of course content. You do not need to use readings other than those on the syllabus. At least five references are required.

Writing style = 25%
　　　　Writing style includes good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation).

Total = 100%

Final Assignment
Due November 28 (at start of class)

In this paper you will choose and discuss the application of a brief or short-term intervention used in an integrated setting for a symptom/disorder/problem you identify. Your selection is hopefully motivated by your interest to learn more about this symptom/disorder/problem or enhance your already existing knowledge base.

Required content includes (see rubric):
1. Presence of an introduction and conclusion (~one page for both)
2. Intervention choice is conceptually consistent with explanatory theory and empirical research and include a critical analysis of the empirical research (a summary of prior empirical research on your chosen intervention in an integrated setting) (~two pages)
3. Thorough description of the applied intervention used in an integrated setting (~four pages)
4. Analysis of the applicability of the intervention to diverse groups, including issues related to engagement and also including relevant research findings (~one page)
5. Discussion of what social workers bring to this intervention that is unique when compared with other professionals (~one page)
6. Discussion of any ethical/legal issues that might arise in the application of the intervention in interdisciplinary settings (~one page)

This paper is worth 50% (50 points) of your course grade. Please refer to the grading rubric for this assignment.

Format
Ten (10) pages, Times New Roman font, 12 point, double-spaced, with one-inch margins. Please include a proper title and reference page. Please use APA sixth edition, including the use of headings and subheadings. Include an introduction and a conclusion.

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

At least 12 references are required with no more than six coming from the syllabus. Class lectures and PowerPoint presentations should not be referenced.

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

Due Date/Times and Delivery Methods

Papers are due on the date determined by the instructor during finals week. Please submit papers to your instructor via his or her preferred method (hard copy or electronically).

*Late papers will be reduced by half a grade (excluding a previously granted extension). For example, a B+ becomes a B, etc.

GRADING GUIDELINES

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

Content	75%
Process	25%
Total	**100%**

Content

Presence of a summary	5%
Intervention choice is conceptually consistent with explanatory theory and empirical research	15%
Issues of engagement, including a discussion of the impact of diversity on help seeking and access to services	10%
Thorough description of the intervention used in an integrated setting	20%
Analysis of the applicability of the intervention to diverse groups, including relevant research findings, if present	15%
Discussion of what social workers bring to this intervention that is unique when compared with other professionals	5%
Discussion of whether any ethical issues are involved in using this intervention in interprofessional settings	5%

Process

Writing style*	10%
Critical thinking**	15%

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

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

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