**Social Work 637**

**Sections # 67193 and 67194**

**Wellness, Recovery and Integrated Care**

**3 Units**

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**Office Hours: Thursday 7pm – 8pm PST on the VAC**

**Course Day: Thursday**

**Course Times: # 67193 4pm – 5:15pm PST**

**# 67194 5:45pm – 7pm PST**

# Course Prerequisites

SOWK 503, SOWK 534, SOWK 543 or 544, and SOWK 562

# Catalogue Description

This course serves as a foundation of practice for students working within the public health, mental health, and integrated care health systems. The course focuses on cutting edge knowledge in wellness and recovery, interacting systems of mind, brain, and body, as well as evidence-based integrated care interventions aimed at improving the well-being of low income and vulnerable populations in a new era of health care reform.

# Course Description

This course builds on foundation semester courses and exposes social work students to current knowledge in evidence-informed practices for wellness of mind, brain, and body, the natural helping network of families and peer support, and culturally informed models of care being advanced in a time of healthcare reform. Toward achieving this end, this course employs a life-course perspective that considers the interacting forces of health and mental health in development of integrated care interventions, often delivered by interdisciplinary teams.

Using a person-centered framework, this course emphasizes how social workers in health, behavioral health and integrated care settings can support wellness and recovery using a strengths perspective. Protective factors, resilience, a balanced lifestyle, support, and the cultural milieu in which people reside are addressed as factors impacting the effects of stress on body, mind, and brain. This course addresses practice challenges associated with multiple and complex health and mental health conditions that require a focus on wellness, disease self-management, and holistic, culturally responsive care coordination.

# Course Objectives

| **Objective #** | **Objectives** |
| --- | --- |
| 1 | Demonstrate an understanding of the values inherent in person-centered care across the life-course. |
| 2 | Demonstrate knowledge of the interacting systems of mind, brain, and body and how these systems relate to wellness and the recovery model in the integration of health and mental health care. |
| 3 | Demonstrate skills in addressing health disparities in health and mental health care. |
| 4 | Facilitate selection of intervention methods in primary, secondary, and tertiary prevention. |
| 5 | Demonstrate skills in conducting brief functional assessments and care collaboration with individuals in the context of family, community and cultural identities. |

# Course format / Instructional Methods

This course will use a student-centered learning approach that is both didactic and interactive. Case vignettes, video clips and class exercises will accompany lectures and assigned reading.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (1999) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions.

Person-first language: Students should be especially careful not to contribute unwittingly to myths about chronic health conditions, mental illness and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as “a schizophrenic,” “a borderline,” “addicts," "epileptics," or "the disabled") or language that implies that the person as a whole is disordered or disabled, as in the expression “chronics,” “psychotics,” or "disabled persons." Emphasis should be on the person first, not the disability. This is accomplished by putting the person-noun first (i.e., "persons [or people] with disabilities," or “an individual diagnosed with schizophrenia”).

1. **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.

| **Competencies/ Knowledge, Values, Skills** | **Student Learning Outcomes** | **Method of Assessment** |
| --- | --- | --- |
| **Demonstrate Ethical and Professional Behavior:**   * 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 * Understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas * Recognize personal values and the distinction between personal and professional values and understand how their personal experiences and affective reactions influence their professional judgment and behavior * Understand the profession’s history, its mission, and the roles and responsibilities of the profession * Understand the role of other professions when engaged in inter-professional teams * Recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective * Understand emerging forms of technology and the ethical use of technology in social work practice | Make 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 |  |
| Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations |  |
| Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; | Assignment 1, 3 |
| Use technology ethically and appropriately to facilitate practice outcomes; | Assignment 4 |
| Use supervision and consultation to guide professional judgment and behavior. |  |

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| **Engage in Diversity and Difference in Practice:**   * 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. * 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. * 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. | Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; |  |
| Present themselves as learners and engage clients and constituencies as experts of their own experiences; |  |
| Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. |  |

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| **Advance Human Rights and Social, Economic, and Environmental Justice**:   * Understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education * Understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected. | Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels; |  |
| Engage in practices that advance social, economic, and environmental justice |  |

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| **Engage In Practice-informed Research and Research-informed Practice:**   * Understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. * Know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. * Understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. * Understand the processes for translating research findings into effective practice. | Use practice experience and  theory to inform scientific inquiry  and research. | Assignment 1 -3 |
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|  |  |
| Apply critical thinking to engage  in analysis of quantitative and  qualitative research methods  and research findings. | Assignment 1 – 3 |
|  | Use and translate research  evidence to inform and improve  practice, policy, and service  delivery. |  |

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| **Engage in Policy Practice:**   * Understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. * Understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. * Understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. * Recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. * Knowledgeable about policy formulation, analysis, implementation, and evaluation. | Identify social policy at the  local, state, and federal level that  impacts well-being, service  delivery, and access to social  services. |  |
|  |  |
| Assess how social welfare and economic policies impact the delivery of and access to social services. |  |
| Apply critical thinking to  analyze, formulate, and advocate  for policies that advance human  rights and social, economic, and  environmental justice. |  |

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| **Engage with Individuals, Families, Groups, Organizations, and Communities:**   * 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. * Value the importance of human relationships. * 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. * Understand strategies to engage diverse clients and constituencies to advance practice effectiveness. * Understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. * Value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. | Apply knowledge of human  behavior and the social  environment, person-in  environment, and other  multidisciplinary theoretical  frameworks to engage with  clients and constituencies. | Assignment 1-4 |
| Use empathy, reflection, and  interpersonal skills to effectively  engage diverse clients and  constituencies. | Assignment 1, 2 |

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| **Assess Individuals, Families, Groups, Organizations, and Communities:**   * 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. * 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. * Understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. * Recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. * Understand how their personal experiences and affective reactions may affect their assessment and decision-making. | Collect and organize data, and apply  critical thinking to interpret  information from clients and  constituencies |  |
|  | Apply knowledge of human behavior  and the social environment, person  in-environment, and other  multidisciplinary theoretical  frameworks in the analysis of  assessment data from clients and  constituencies. |  |
|  | Develop mutually agreed-on  intervention goals and objectives  based on the critical assessment of  strengths, needs, and challenges  within clients and constituencies. |  |
|  | Select appropriate intervention  strategies based on the assessment,  research knowledge, and values and  preferences of clients and  constituencies. |  |

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| **Intervene with Individuals, Families, Groups, Organizations, and Communities:**   * 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. * Knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. * Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. * Understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. * Value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration. | Critically choose and implement  interventions to achieve practice  goals and enhance capacities of  clients and constituencies. | Assignment 1-3 |
|  | Apply knowledge of human behavior  and the social environment, person  in-environment, and other  multidisciplinary theoretical  frameworks in interventions with  clients and constituencies | Assignment 2 |
|  | Use inter-professional collaboration  as appropriate to achieve beneficial  practice outcomes |  |
|  | Negotiate, mediate, and advocate  with and on behalf of diverse clients  and constituencies. |  |
|  | Facilitate effective transitions and  endings that advance mutually  agreed-on goals. |  |

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| **Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities:**   * Understand that evaluation 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. * Recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. * Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. * Understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness. | Select and use appropriate methods  for evaluation of outcomes. |  |
|  | Apply knowledge of human behavior  and the social environment, person  in-environment, and other  multidisciplinary theoretical  frameworks in the evaluation of  outcomes. |  |
|  | Critically analyze, monitor, and  evaluate intervention and program  Processes and outcomes. |  |
|  | Apply evaluation findings to improve  practice effectiveness at the micro,  mezzo, and macro levels. |  |

# Course Assignments, Due Dates & Grading

| **Assignment** | **Due Date** | **% of Final**  **Grade** |
| --- | --- | --- |
| **Assignment 1: Completing the Modules (1-3)** | Weeks 2, 4, 6 | 15% (5% each) |
| **Assignment 2: Critique of a Wellness Reading** | Weeks 3-12 | 15% |
| **Assignment 3: Self-Care Experience Reflection Paper** | Week 8 | 30% |
| **Assignment 4: Presentation of a Prevention Program** | Weeks 13-15 | 30% |
| **Class Participation** | Ongoing | 10% |

Instructions for each assignment can be found at the end of this syllabus.

**Expectations for Written Work:** All written assignments must be doubled-spaced, typed with a 12-point font and have 1-inch margins. Text, citations, and references list must be in correct APA (6th Ed.) format. All sentences must be written in the student’s own words. Ideas, information, and concepts that originated with any other source must always be cited as such (based on APA format). **Material that is not correctly cited is considered plagiarized and provides grounds for academic discipline.** Assignments should be carefully proofed for spelling and grammar.

Class grades will be based on the following:

| **Class Grades** | | **Final Grade** | | |
| --- | --- | --- | --- | --- |
| 3.85 – 4.00 | A | | 93 – 100 | A |
| 3.60 – 3.84 | A- | | 90 – 92 | A- |
| 3.25 – 3.59 | B+ | | 87 – 89 | B+ |
| 2.90 – 3.24 | B | | 83 – 86 | B |
| 2.60 – 2.89 | B- | | 80 – 82 | B- |
| 2.25 – 2.59 | C+ | | 77 – 79 | C+ |
| 1.90 – 2.24 | C | | 73 – 76 | C |
|  |  | | Below – 72 | C- |

**School of Social Work Grading Policy**

**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.

**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 evaluated in the assignment. To earn at least a B, students must incorporate relevant required and recommended readings.

**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.

**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.

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

**Grades between C- and 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.

# Required and supplementary instructional materials & Resources

## Required Textbook

None, readings can be found in ARES

## Recommended

## Adams, N., & Grieder, D. M. (2004). *Treatment planning for person-centered care: Shared decision making for whole health*. 2nd Edition. Academic Press.

Mindfulness Workbook (available from google books)

<https://books.google.com/books?id=Wpf8KF3td4kC&printsec=frontcover&dq=mindfulness+based+stress+reduction&hl=en&sa=X&ved=0ahUKEwjsy5iQ0uvJAhXFGR4KHQEqBEAQ6AEIFzAA#v=onepage&q=mindfulness%20based%20stress%20reduction&f=false>

## Recommended Guidebook for APA Style Formatting

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: APA.

## Recommended Websites

Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from <http://owl.english.purdue.edu/owl/resource/560/24/>

American Psychological Association (2014). APAStyle blog. <http://blog.apastyle.org/> [Current answers to APA puzzles. You can email experts with questions]

***Note:*** Additional required and recommended readings will be assigned by the instructor through the course.

**Course Overview**

| **Unit** | **Topics** | **Assignments** |
| --- | --- | --- |
| **1** | * Introduction: Health care reform * Impact of the Affordable Care Act (ACA) on clinical practice   + Person-centered service planning   + Interdisciplinary team approaches (leadership, power differentials, role of the clinical social worker,) |  |
| **2** | * Social Workers role in addressing disease/disability related stigma   + Person First language   + Cultural responsive care: awareness /knowledge/skills model for clinical practice * Addressing health disparities through Integrated care for:   + Homeless individuals   + People who have co-occurring disorders (mental health, substance use, physical health)   + people of Limited English Proficiency   + people who have low SES   + Immigrants/refugees   + Older adults   + LGBTQ | Module 1 Due |
| **3** | * Culturally responsive social work service delivery approaches   + Health neighborhoods model   + Community defined nontraditional services   + Faith-based organizations, initiatives and best practices   + Ethnic specific clinic/services   + Family centered health care delivery | Critique of a Wellness reading due weeks 3-12 (as signed up for on week one) |
| **4** | * Life course considerations   + Role of a lifespan perspective in clinical and community work   + Aging population trends (eg institutional versus home care, assessment, support, and suicide)   + Transitional age youth/emerging adults (eg., Aging out of foster care, homelessness, HIV/STD risk, first break psychosis) | Module 2 Due |
| **5** | * Prevention:   + Skills in primary prevention from evidence-based models |  |
| **6** | * Prevention:   + Skills in secondary prevention | Module 3 Due |
| **7** | * Prevention:   + Skills in tertiary prevention   + Practices for health promotion   + Practices for decreasing impairment associated with chronic illnesses |  |
| **8** | * Interventions which support wellness   + Mind-body connections   + Mindfulness based approaches   + Meditation based approaches   + Faith based approaches   + Indigenous practices for bio/psycho/social/spiritual balance | Self-Care Experience Reflection assignment due |
| **9** | * Short Term Group Interventions   + The role of groups in health promotion   + Responding to |  |
| **10** | * Longer Term Group Interventions   + Groups |  |
| **11** | * Overcoming individual and systemic barriers to health and wellness * Trends and promising practices to address prioritized populations and complex service needs   + Depression in patients with physical illnesses   + Single parents   + Urban inner city/low income neighborhoods   + Homeless: Housing First (HF) intervention * Trauma interventions   + - Selection of appropriate intervention     - seeking safety     - exposure therapy     - Trauma Focused Coping     - CPT |  |
| **12** | * Practices for Serious Mental Illness   + Overview of Recovery interventions     - Assertive community treatment (ACT)     - Full Service Partnerships (FSP) and Field Capable Clinical Services (FCCS)     - Care coordination     - Wellness Recovery and Action Plan (WRAP)     - Integrated Illness Management and Recovery (I-IMR)     - Critical Time Intervention (CTI)   + Overview of Peers and lived experience interventions model (Consumer, survivor, ex-patient movement)     - Peer respite     - Bridges     - Client run centers |  |
| **13** | * Substance abuse best practice interventions   + Prevention for adolescents   + AA/   + Screening, Brief Interventions, and Referral to Treatment (SBIRT)   + Harm reduction   + Managing comorbid chronic health of conditions   + Dual diagnosis considerations (stigma, AA, housing/shelters | Group Presentations (as signed up for on week 7) |
| **14** | * Peer and family support   + NAMI   + NA support   + Online Support options   + Group family/multifamily psychoeducational practices   + Using Friendship and kin systems | Group Presentations (as signed up for on week 7) |
| **15** | * Data driven systems and practices * Assessing individual practice and program effectiveness * DSM/ICD - Welcome to the world of billing   + Documentation: writing notes, issues of patient access, health systems vernacular, ethics/HIPAA * Wrap-Up | Group presentations (as signed up for on week 7) |
| **STUDY DAYS / NO CLASSES** | | |
|  | | |

**Course Schedule―Detailed Description**

| **Unit 1: Health Care Reform and the Affordable Care Act (ACA)** |  |
| --- | --- |
| **Topics** | |
| * Introduction: Health care reform * Impact of the Affordable Care Act (ACA) on clinical practice   + Person-centered service planning   + Interdisciplinary team approaches (leadership, power differentials, role of the clinical social worker,) | |

This Unit relates to course objectives 1-5

**Required Readings**

Adams, N. & Grieder, D. M. (2014). Ch. 1: The health care landscape. *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health, Second Edition.* San Diego, CA: Elsevier Inc.

**Module 1:**

**You can choose one of the following recorded lectures:**

<http://practiceinnovations.org/ACTTalkPodcasts/ACTPodcastArchives/tabid/286/Default.aspx>

Option 1: [ACT Talk podcast on 1/13/2015:](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_031015_edited.mp4) [Dr. Ellen Lukens discussed health literacy and psychoeducation](http://practiceinnovations.org/LinkClick.aspx?fileticket=NWiuanRTBJg%3d&tabid=286&portalid=0)

Option 2: [A conversation with Rusty Foster and Luis Lopez on Harm Reduction](http://practiceinnovations.org/LinkClick.aspx?fileticket=iiIIwoBqduc%3d&tabid=286&portalid=0)

Option 3: [A conversation with Leopoldo J. Cabassa on contextual factors that influences physical health and health care](http://practiceinnovations.org/LinkClick.aspx?fileticket=9ECWwaa6sng%3d&tabid=286&portalid=0)

Option 4: [Bradley Jacobs, LMSW talked about ACT consumers who have criminal justice involvement and the challenges and opportunities that emerge in this work.](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_031015_edited.mp4)

Option 5: [Gary Clark engaged in a discussion about the challenges and opportunities facing ACT teams in the current healthcare environment in 2015.](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_041415_edited.mp4)

**Recommended Readings**

Horevitz, E. & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 52(8), 752-787. DOI: 10.1080/00981389.2013.791362

Mauer, B., & Druss, B. (2010). Mind and body reunited: Improving care at the behavioral and primary healthcare interface. *The Journal of Behavioral Health Services & Research*, 37(4), 529-542.

Cheng, J. K., Cox, J. E., & Taveras, E. M. (2013). Patient-Centered Approaches to Childhood Obesity Care. *Childhood Obesity*, *9*(2), 85-88.

| **Unit 2: Addressing Stigma and Disparities for vulnerable populations** | **Module 1 Due** |
| --- | --- |
| **Topics** | |
| * Health Care providers’ role in addressing disease/disability related stigma   + Person First language   + Cultural responsive care: awareness /knowledge/skills model for clinical practice * Addressing health disparities through Integrated care for:   + Homeless individuals   + People who have co-occurring disorders (mental health, substance use, physical health)   + people of Limited English Proficiency   + people who have low SES   + Immigrants/refugees   Older adults  This Unit relates to course objectives 1-5 | |

**Required Readings**

Cross, W. M., & Bloomer, M. J. (2010). Extending boundaries: Clinical communication with culturally and linguistically diverse mental health clients and careers. *International Journal of Mental Health Nursing*, 19(4), 268-277.

Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N., (2012). *Eliminating disparities through the integration of behavioral health and primary care services for racial and ethnic minorities, including populations with limited English proficiency: A review of the literature.* U.S. Department of Health and Human Services, Office of Minority Health and the Hogg Foundation for Mental Health.

Shim, R., & Rust, G. (2013). Primary Care, Behavioral Health, and Public Health: Partners in Reducing Mental Health Stigma. *American Journal of Public Health*, 103(5), 774-776.

**Recommended Readings**

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

UCLA Health Policy Institutes: Health Disparities http://www.healthpolicy.ucla.edu/SearchResults.aspx?keywords=Health+disparities+mental+health&page=1

| **Unit 3: Culturally responsive clinical social work service delivery approaches** |  |
| --- | --- |
| **Topics** | |
| * Culturally responsive social work service delivery approaches   + Health neighborhoods model   + Community defined nontraditional services   + Faith-based organizations, initiatives and best practices   + Ethnic specific clinic/services   + Family centered health care delivery | |

This Unit relates to course objectives 1-5.

**Required Readings**

Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A., & Baskin, M. (2007). Church-based health promotion interventions: evidence and lessons learned. *Annu. Rev. Public Health*, 28, 213-234.

Joosten, D., & Goldbach, J. (2016). Chapter 1: Overview of integrated care. In *Essential research, theory, and emerging models for best practices in integrated behavioral health settings*. Washington, DC: NASW Press. Manuscript submitted for publication.

**Module 2:**

**Alcohol abuse prevention:**

<http://pubs.niaaa.nih.gov/publications/Social/Module3Prevention/mODULE3.HTML>

**Recommended Readings**

Fitchett, G., Nieuwsma, J. A., Bates, M. J., Rhodes, J. E., & Meador, K. G. (2014). Evidence-Based Chaplaincy Care: Attitudes and Practices in Diverse Healthcare Chaplain Samples. *Journal of Health Care Chaplaincy*, 20(4), 144-160.

Jankowski, K. R., Handzo, G. F., & Flannelly, K. J. (2011). Testing the efficacy of chaplaincy care. *Journal of Health Care Chaplaincy*, *17*(3-4), 100-125.

| **Unit 4: Life Course Considerations** | **Module 2 Due** |
| --- | --- |
| **Topics** | |
| * Life course considerations   + Role of a lifespan perspective in clinical and community work   + Aging population trends (e.g. institutional versus home care, assessment, support, and suicide) * Transitional age youth/emerging adults (e.g., Aging out of foster care, homelessness, HIV/STD risk, first break psychosis) | |

This Unit relates to course objectives 1-5.

**Required Readings**

Adams, N. & Grieder, D. M. (2014). Ch. 2: Assessment. *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health. Second Edition.* San Diego, CA: Elsevier Inc.

**Recommended Readings**

Lu, M. C. (2014). Improving maternal and child health across the life course: Where do we go from here? *Maternal and Child Health Journal*, *18*(2), 339-343.

Umberson, D., Williams, K., Thomas, P. A., Liu, H., & Thomeer, M. B. (2014). Race, Gender, and Chains of Disadvantage Childhood Adversity, Social Relationships, and Health. *Journal of Health and Social Behavior*, *55*(1), 20-38.

| **Unit 5: Primary Prevention** |  |
| --- | --- |
| **Topics** | |
| * + Skills in primary prevention from evidence-based models | |

This Unit relates to course objectives 1-5.

**Required Readings**

**Module 3:**

**You can choose one of the following recorded lectures:**

**Secondary prevention** **with HIV positive couples:**

<http://socialworkpodcast.blogspot.com/2013/08/gail-wyatt.html>

**Psychoeducation with Families Dealing with Schizophrenia:**

http://socialworkpodcast.blogspot.com/2007/10/family-psychoeducation-interview-with.html

Bush, I. (2000). Prevention: A viable and critical component of intervention. In A. A. Abbott (Ed.) *Alcohol Tobacco, and Other Drugs: Challenging Myths, Assessing Theories, Individualizing Interventions* (pp. 341-379). Washington, DC: NASW Press.

National Research Council and Institute of Medicine. (2009). *Preventing, Mental, Emotional and Behavioral Disorders Among Young People: Progress And Possibilities*. Washington DC: National Academies Press.

**And one of the following:**

Helm, S., & Baker, C. K. (2011). The need to consider ethnocultural context in prevention programming: A case example from Hawai‘i. *Journal of Ethnic & Cultural Diversity in Social Work*, *20*(2), 131-149.

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Steiker, L. K. H., & Dustman, P. (2014). A Continuum of Approaches Toward Developing Culturally Focused Prevention Interventions: From Adaptation to Grounding. *The Journal of Primary Prevention*, *35*(2), 103-112.

**Recommended Readings**

Okamoto, S. K., Helm, S., Pel, S., McClain, L. L., Hill, A. P., & Hayashida, J. K. (2014). Developing empirically based, culturally grounded drug prevention interventions for indigenous youth populations. *The Journal of Behavioral Health Services & Research*, *41*(1), 8-19.

Rehuher, D., Hiramatsu, T., & Helm, S. (2008). Evidence-based youth drug prevention. A critique with implications for practice-based contextually relevant prevention in Hawai‘i. *Hawai‘i Journal of Public Health*, *1*(1), 52-61.

* Society for Prevention Research [<http://www.preventionscience.org/>]
* The National Institute on Alcohol Abuse and Alcoholism [[http://www.niaaa.nih.gov](http://www.niaaa.nih.gov/)]
* Prevline [[http://www.samhsa.gov](http://www.samhsa.gov/)]
* The Oregon Research Institute [[http://www.ori.org](http://www.ori.org/)].
* Each of these sites has links to other prevention related sites that may be useful.

| **Unit 6: Secondary Prevention** | **Module 3 Due** |
| --- | --- |
| **Topics** | |
| * Prevention:   Skills in secondary prevention | |

This Unit relates to course objectives 1-5.

**Required Readings**

Adams, N. & Grieder, D. M. (2014). Ch. 3: Understanding needs: The integrated summary. *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health. Second Edition.* San Diego, CA: Elsevier Inc.

Lane, K. L., Capizzi, A. M., Fisher, M. H., & Ennis, R. P. (2012). Secondary prevention efforts at the middle school level: An application of the behavior education program. *Education and Treatment of Children*, *35*(1), 51-90.

| **Unit 7: Tertiary Prevention** |  |
| --- | --- |
| **Topics** | |
| * Prevention:   skills in tertiary prevention | |

This Unit relates to course objectives 1-5.

**Required Readings**

Adams, N. & Grieder, D. M. (2014). Ch. 4: Setting goals. *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health. Second Edition.* San Diego, CA: Elsevier Inc.

Brooks, A., Todd, A. W., Tofflemoyer, S., & Horner, R. H. (2003). Use of functional assessment and a self-management system to increase academic engagement and work completion. *Journal of Positive Behavior Intervention, 5*, 144–152.

[Positive Behavioral Interventions Support—Tier 3 FAQ](https://www.pbis.org/school/tertiary-level/tertiary-faqs)

**Recommended Readings**

Newcomer, L. L. & Lewis, T. J. (2004). Functional Behavioral Assessment: An Investigation of Assessment Reliability and Effectiveness of Function-Based Interventions. *Journal of Emotional and Behavioral Disorders 12*(3), 168-181

Preciado, J., Horner, R.H., & Baker, S. (2009). Using a function-based approach to decrease problem behavior and increase academic engagement for Latino English Language Learners. *Journal of Special Education*. *42 (4)*227-240.

| **Unit 8 Interventions which foster wellness** | **Assignment 3 due** |
| --- | --- |
| **Topics** | |
| * Interventions which foster wellness   + Mind-body connections   + Mindfulness based approaches   + Meditation based approaches * Faith based approaches Prevention | |

This Unit relates to course objectives 1-5.

**Required Readings**

Adams, N. & Grieder, D. M. (2014). Ch. 6 : Interventions. Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health. Second Edition. San Diego, CA: Elsevier Inc. (Skim this reading)

Berent, G. R., Zeck, J. M., Leischner, J. A., & Berent, E. A. (2014). Yoga as an Alternative Intervention for Promoting a Healthy Lifestyle among College Students. *Journal of Addictions Nursing*, 25(4), 167-171.

Galla, B. M., O'Reilly, G. A., Kitil, M. J., Smalley, S. L., & Black, D. S. (2014). Community-Based Mindfulness Program for Disease Prevention and Health Promotion: Targeting Stress Reduction. *American Journal of Health Promotion*. 30 (1), p. 36-41.

**Recommended Readings**

Skovholt, T. M., & Trotter-Mathison, M. J. (2014). Sustaining the professional self. In *The Resilient Practitioner: Burnout Prevention and Self-Care Strategies for Counselors, Therapists, Teachers, and Health Professionals*, (pp. 169-191). Routledge.

| **Unit 9: Interventions for Resilience and Hardiness** |  |
| --- | --- |
| **Topics** | |
| * Interventions which build resilience and foster hardiness   + Maintaining wellness: staying healthy across the lifespan   + Indigenous practices for bio/psycho/social/spiritual balance | |

This Unit relates to course objectives 1-5.

**Required Readings**

Khanlou, N., & Wray, R. (2014). A Whole Community Approach toward Child and Youth Resilience Promotion: A Review of Resilience Literature. *International Journal of Mental Health and Addiction*, *12*(1), 64-79.

Kuh, D., Karunananthan, S., Bergman, H., & Cooper, R. (2014). A life-course approach to healthy ageing: maintaining physical capability. *Proceedings of the Nutrition Society*, *73*(02), 237-248.

**Recommended Readings**

Varambally, S., & Gangadhar, B. N. (2012). Yoga: A spiritual practice with therapeutic value in psychiatry. *Asian Journal of Psychiatry*, *5*(2), 186-189.

| **Unit 10: Wellness Interventions for Health Promotion and Illness** |  |
| --- | --- |
| **Topics** | |
| * Interventions which make use of wellness concepts   + Practices for health promotion   + Practices for decreasing impairment associated with chronic illnesses | |

This Unit relates to course objectives 1-5.

**Required Readings**

Stanhope, V., & Henwood, B. F. (2014). Activating people to address their health care needs: Learning from people with lived experience of chronic illnesses. *Community Mental Health Journal*, 50(6), 656-663. doi: 10.1007/s10597-013-968

| **Unit 11: Prioritized Populations and Complex Service Needs** |  |
| --- | --- |
| **Topics** | |
| * Overcoming individual and systemic barriers to health and wellness * Trends and promising practices to address prioritized populations and complex service needs   + *Integrated model exemplar: (e.g., IMPACT, PCARE)*   + Depression in patients in primary care   + Single parents   + Urban inner city/low income neighborhoods   + Homeless: Housing First (HF) intervention   + Trauma interventions     - Selection of appropriate intervention     - seeking safety     - exposure therapy     - Trauma Focused Coping   + CPT | |

This Unit relates to course objectives 1-5.

**Required Readings**

Gaetz, S. (2014). A safe and decent place to live: *Towards a Housing First framework for youth*. Toronto, Canada: Homeless Hub Press. http://www.homelesshub.ca/sites/default/files/HFFWYouth-FullReport\_0.pdf

Warr, D. J., Mann, R., & Kelaher, M. (2013). “A lot of the things we do… people wouldn’t recognise as health promotion”: Addressing health inequalities in settings of neighbourhood disadvantage. *Critical Public Health, 23*(1), 95–109.

| **Unit 12: Practices for Serious Mental Illness** |  |
| --- | --- |
| **Topics** | |
| * Practices for Serious Mental Illness   + Overview of Recovery interventions     - Assertive community treatment (ACT)     - Full Service Partnerships (FSP) and Field Capable Clinical Services (FCCS)     - Care coordination     - Wellness Recovery and Action Plan (WRAP)     - Integrated Illness Management and Recovery (I-IMR)     - Critical Time Intervention (CTI)   + Overview of Peers and lived experience interventions model (Consumer, survivor, ex-patient movement)     - Peer respite     - Bridges     - Client run centers | |

This Unit relates to course objectives 1-5.

**Required Readings (two of the following)**

CSWE Webinar: Introduction to Mental Health Recovery in Social Work (see Blackboard for link)

Dixon, L., & Schwartz, E. C. (2013). Fifty years of progress in community mental health in US: The growth of evidence-base practice. *Epidemiology and Psychiatric Sciences*, 1–5. doi:10.1017/S20457960130000620

Herman, D. B. (2013). Transitional support for adults with severe mental illness: Critical time intervention and its roots in assertive community treatment. *Research on Social Work Practice*. doi:10.1177/1049731513510976

Kelly, E., Fulginiti, A., Pahwa, R. Tallen, L., Duan, L., & Brekke, J. S. (2014). A pilot test of a peer navigator intervention for improving the health of individuals with serious mental illness. *Community Mental Health Journal, 50*(4), 435–446. doi:10.1007/s10597-013-9616-4

Recovery to Practice: Developing Mental Health Recovery in Social Work, pp. 1–25 (required reading for CSWE webinar post test—PDF file is posted on Blackboard)

Trawer, K. (2010). Assertive community treatment. In A. Rubin & D.W. Springer (Eds.), *Psychosocial treatment of schizophrenia*. Hoboken, NJ: Wiley.

United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration (2004), N*ational Consensus Statement on Mental Health Recovery* <http://store.samhsa.gov/shin/content//SMA05-4129/SMA05-4129.pdf>

| **Unit 13: Substance Abuse Interventions** | **Assignment 4 due** |
| --- | --- |
| **Topics** | |
| * Substance abuse best practice interventions   + Prevention for adolescents   + AA/   + Screening, Brief Interventions, and Referral to Treatment (SBIRT)   + Harm reduction   + Managing comorbid chronic health of conditions   Dual diagnosis considerations (stigma, AA, housing/shelters | |

This Unit relates to course objectives 1-5.

**Required Readings**

Center for Integrated Health Solutions. (2013). *Innovations in addictions treatment: Addiction treatment providers working with integrated primary care services*. Rockville, MD: SAMSHA-HRSA.

Center for Integrated Health Solutions. (2012). *Behavioral health homes for people with mental health and substance abuse conditions: The core clinical features*. Rockville, MD: SAMHSA-HRSA.

Cochran, G., & Field, C. (2013). Brief intervention and social work: A primer for practice and policy. *Social Work in Public Health, 28*(3-4), 248–263.

Waegemakers Schif, J. (2015). *Working with homeless and vulnerable people: Basic skills and practices*. Chicago, IL: Lyceum Press. Chapter 8

Watch and Complete Module:

The Substance Abuse Research Education and Training (SARET) Program: Screening Webinar <http://vp21.nyu.campusinformatics.org/category/saret/>

**Recommended Readings**

Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and co-morbidities among Asian Americans and Native Hawaiians/Pacific Islanders. *Psychological medicine*, 1-14.

| **Unit 14: Peer and family support** | **Assignment 4 due** |
| --- | --- |
| **Topics** | |
| * Peer and family support   + NAMI   + NA ALANON support   + Online Support options   + Group family/multifamily psychoeducational practices   + Using Friendship and kin systems | |

This Unit relates to course objectives 1-5.

**Required Readings**

Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication number (SMA) 09-4454. Rockville MD: Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services.

| **Unit 15: Data** **driven systems and practices** | **Assingment 4 due** |
| --- | --- |
| **Topics** | |
| * Data driven systems and practices * Assessing individual practice and program effectiveness * DSM/ICD - Welcome to the world of billing   + Documentation: writing notes, issues of patient access, health systems vernacular, ethics/HIPAA * Wrap-Up | |  |

This Unit relates to course objectives 1-5.

**Required Readings**

Kelly, M. S., & Lueck, C. (2011). Adopting a data-driven public health framework in schools: Results from a multi-disciplinary survey on school-based mental health practice. *Advances in School Mental Health Promotion*, *4*(4), 5-12.

Solomon, M. (2007). Regional health information organizations: A vehicle for transforming health care delivery? *Journal of Medical Systems*, 31, 35-47.

**University Policies and Guidelines**

# Attendance Policy

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email ([joosten@usc.edu](mailto:joosten@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 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.

# Statement on 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 Section 11, *Behavior Violating University Standards*<https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>.  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/>.

Discrimination, sexual assault, and harassment are not tolerated by the university.  You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/> or to the *Department of Public Safety* <http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us>.  This is important for the safety whole USC community.  Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person.  *The Center for Women and Men* <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage [sarc@usc.edu](mailto:sarc@usc.edu) describes reporting options and other resources.

# Support Systems

A number of USC’s schools provide support for students who need help with scholarly writing.  Check with your advisor or program staff to find out more.  Students whose primary language is not English should check with the *American Language Institute* <http://dornsife.usc.edu/ali>, which sponsors courses and workshops specifically for international graduate students. The *The Office of Disability Services and Programs* <http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html>provides certification for students with disabilities and helps arrange the relevant accommodations.  If an officially  declared emergency makes travel to campus infeasible, *USC Emergency Information* [*http://emergency.usc.edu/*](http://emergency.usc.edu/)will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

# Statement for Students with Disabilities

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible*. DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or [ability@usc.edu](mailto:mability@usc.edu).

# Emergency Response Information

**Note:** The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. “For recorded announcements, events, emergency communications or critical incident information.”

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: [http://emergency.usc.edu](http://emergency.usc.edu/)

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at <https://trojansalert.usc.edu>.

|  |  |  |  |
| --- | --- | --- | --- |
| **University Park Campus** | | **Academic Centers** | |
| **City Center** | Front of Building  (12th & Olive) | **Orange County** | Faculty Parking Lot |
| **MRF** | Lot B | **San Diego** | Building Parking Lot |
| **SWC** | Lot B | **Skirball** | Front of Building |
| **VKC** | McCarthy Quad |  |  |
| **WPH** | McCarthy Quad |  |  |

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

# Statement about Incompletes

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

# Policy on Late or Make-Up Work

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

# Policy on Changes to the Syllabus and/or Course Requirements

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

# Code of Ethics of the National Association of Social Workers

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

## Preamble

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

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

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

Service

Social justice

Dignity and worth of the person

Importance of human relationships

Integrity

Competence

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

# Complaints

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the department, Suzanne Wenzel, PhD, [swenzel@usc.edu](mailto:swenzel@usc.edu) do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at [rmaiden@usc.edu](mailto:rmaiden@usc.edu). Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or [june.wiley@usc.edu](mailto:mjune.wiley@usc.edu) for further guidance

# Tips for Maximizing Your Learning Experience in this Course

* Be mindful of getting proper nutrition, exercise, rest and sleep!
* Come to class.
* Complete required readings and assignments before coming to class.
* Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
* Come to class prepared to ask any questions you might have.
* Participate in class discussions.
* After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
* If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
* Keep up with the assigned readings.

*Don’t procrastinate or postpone working on assignments.*

**SOWK 637**

**Assignment 1: Completing the Modules**

**(15% of Overall Grade; 5% per Paper)**

For this assignment there are three Modules found in the syllabus (Weeks 1, 3, and 5 respectively), which are supplemental multimedia learning tools (videos, podcasts, presentations).  Write a 1-2 page reflection paper for each module on multimedia item of your choice. The paper should be **written in the first person (“I”).** No citations are expected, although if you choose to include them, please use correct APA format, at a minimum the multimedia item chosen should be identified in the introductory paragraph.

**Special Note: You may have to create an account to access one or more of the modules**

Content Requirements:

1. Explain why you chose the specific item from the module and then discuss at least **three** things you learned.
2. Was this new information or did it challenge what you thought you already knew? Explain **one** thing that confused you, didn’t make sense, or you disagreed with.
3. Discuss how this will help you in your practice going forward? Describe **one** thing you will use immediately in your practice
4. Describe **two** things you will use in your future practice.

**Module 1:**

You can choose **ONE** of the following recorded lectures:

<http://practiceinnovations.org/ACTTalkPodcasts/ACTPodcastArchives/tabid/286/Default.aspx>

Option 1: [ACT Talk podcast on 1/13/2015:](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_031015_edited.mp4) [Dr. Ellen Lukens discussed health literacy and psychoeducation](http://practiceinnovations.org/LinkClick.aspx?fileticket=NWiuanRTBJg%3d&tabid=286&portalid=0)

Option 2: [A conversation with Rusty Foster and Luis Lopez on Harm Reduction](http://practiceinnovations.org/LinkClick.aspx?fileticket=iiIIwoBqduc%3d&tabid=286&portalid=0)

Option 3: [A conversation with Leopoldo J. Cabassa on contextual factors that influences physical health and health care](http://practiceinnovations.org/LinkClick.aspx?fileticket=9ECWwaa6sng%3d&tabid=286&portalid=0)

Option 4: [Bradley Jacobs, LMSW talked about ACT consumers who have criminal justice involvement and the challenges and opportunities that emerge in this work.](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_031015_edited.mp4)

Option 5: [Gary Clark engaged in a discussion about the challenges and opportunities facing ACT teams in the current healthcare environment in 2015.](http://practiceinnovations.org/Portals/0/ACT_Podcasts/ACTTalk_041415_edited.mp4)

**Module 2:**

Alcohol abuse prevention:

<http://pubs.niaaa.nih.gov/publications/Social/Module3Prevention/mODULE3.HTML>

**Module 3:**

You can choose **ONE** of the following recorded lectures:

Secondary prevention with HIV positive couples:

<http://socialworkpodcast.blogspot.com/2013/08/gail-wyatt.html>

Psychoeducation with Families Dealing with Schizophrenia:

<http://socialworkpodcast.blogspot.com/2007/10/family-psychoeducation-interview-with.html>

**Due:**

Module 1 (presented in Syllabus Week 1): **Due** **Week 2**

Module 2 (presented in Syllabus Week 3): **Due Week 4**

Module 3 (presented in Syllabus Week 5): **Due** **Week 6**

**Late submissions without prior permission from the instructor will have 5 points deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

**SOWK 637**

**Assignment 2: Critique of a Wellness reading**

**(15% of overall course grade)**

This assignment is a presentation of a critique of one of the assigned required readings from weeks 3-12. During the **first class session**, individuals will choose one week on the syllabus to present on one of the required readings. The presentation will be informative and explanatory of the concepts, but will also focus on a critique/evaluation of the concepts outlined. Critiquing is not just finding the negative but really breaking it down into an evaluation of what and how it might be useful or not to the social worker and the client.

Specific instructions:

* Sign up for your desired week.
* Prepare a presentation (with PowerPoint or a PDF brief handout).
* Summarize the reading for the week chosen. Each student will submit a copy of the presentation/handout file **24 hours prior to presenting, please upload in the Grading and Assignment section**. Students will be expected to present for 5-10 minutes. Prepare and present each of the following points:
  1. Reference to the reading in correct APA format
  2. Identify context of each reading
  3. Give a brief summary (1-2 paragraphs) of the reading and identify major findings
  4. Give your perspective/critique of each issue presented. For example:
     1. Do you agree with the theory/findings? Why or why not?
     2. Is this article integrating the tenets of integrative care for health and mental health? If yes, how so?
     3. Is there anything related to cultural competency that you can speak to (in support or in contrast to the author)?
     4. How could the information be used by a social worker?

**Due Date: The assignment is due the same week in which the reading is scheduled for class.**

**Late submissions without prior permission from the instructor will have 5 points deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

**SOWK 637**

**Assignment 3: Reflection on a Wellness Practice**

**(30% of final grade)**

Write 3-5 pages, citing academic literature, on a wellness or self-care practice in which you or your agency are engaged.  Ideally this is one you yourself are partaking, but it could also be something you deliver to clients at your agency.

Content to be included:

* Name of the intervention/practice
* Give history of the intervention/practice. (Use academic references.)
* Authors (Who is credited with developing the practice?)
* Context (Where/When/Why was the practice developed?)
* Theoretical underpinnings/values (What theory, values and/or research is the practice based on?)
* Describe what the practice entails (steps, process)
* Discuss research evidence of effectiveness for the practice
* Describe the reasons you were/are interested in the practice
* Your perception/assessment of its effectiveness
* How you might educate and interest others in using (or avoiding) this practice
* **Use a minimum of 5 scholarly references not found in the syllabus**

Papers must be **3-5 pages**, typed, double spaced, using Times New Roman 12 point font and APA style.

**Due: Week 8 to the Grading and Assignment Upload section.**

**Late papers without prior permission from the instructor will have 5 points deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

**SOWK 637**

**Assignment 4: Presentation of a Prevention Program**

**(30% of grade)**

In this assignment you will work as partners (or one group of three if necessary) and present on a social work practice that is a part of wellness and prevention in the community or a wellness program at USC **(different from your Assignment 2 wellness practice choice)**.Identify a practice found in the scholarly literature and provide an **oral presentation** describing the wellness activity and the research supporting it. All partners will receive the same grade.

**Instructor permission of topic is required:**

Email the instructor with your topic choice by *Week 5 day of class* for authorization.

Some ideas of community based social work wellness and prevention activities include:

* Community Needle Exchange Program (primary prevention)
* Therapy Group for Recovering Drug Users (secondary prevention)
* HIV PEP Medication Support Program (tertiary prevention)

USC Wellness program links

1. <https://bewell.usc.edu/>
2. <http://www.usc.edu/programs/cwfl/worklife/stresslab.html>
3. <http://www.usc.edu/programs/cwfl/wellness/wellness.html>
4. <http://mindful.usc.edu/>

**Address the following requirements:**

1. Presentation content:
   1. Identify the target population and provide statistical information regarding the problem focus.
   2. Describe the purpose and aims of the program. Explain how and why this program addresses wellness in the community.
   3. Give the history of the program
   4. Identification and discuss the **level** of prevention the program provides
   5. Describe the program in some detail
   6. Review the research findings of effectiveness (use at least one peer reviewed social work article that is NOT on the class syllabus)
   7. Use a total of at **least five peer reviewed articles** to support the above requirements. Provide a References slide and include citations in the content slides using correct APA format.
2. Provide a 1-3 page summary of the assignment with quality APA writing that is clear and organized with 5 scholarly sources, and reflects correct grammar and spelling. The summary should also include a title page and reference page.
3. (Optional) Provide a handout on a local organization (if nothing local, then regional) where this program is currently being used.
4. Conduct a 15-20 minute oral presentation with multi-media (video, images, PowerPoint, etc.) addressing the content in item #1 above (Presentation content)
5. The project and oral presentation should be equally shared among partners. Each presenter must speak clearly, professionally, and engage the class in the presentation.

**Due: Weeks 13-15. Sign up for presentation dates will occur in class 7.**