

Social Work 645

Clinical Practice in Mental Health & Health Settings

3 Units

Fall 2017

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Office Hours: Tuesdays 2-5
PM

Course Day:
Monday

Course Time: 7-
8:15 and 8:45- 10
am PST

Course Location:
VAC

I. COURSE PREREQUISITES

SOWK 506, 536, 544, 546

II. CATALOGUE DESCRIPTION

Social work processes from intake to termination; emphasis on clinical skills required for social work practice in a broad spectrum of health and mental health settings.

III. COURSE DESCRIPTION

This course builds on previous practice courses. Knowledge regarding life cycle issues and developmental theory will be applied to advanced clinical practice methods for mental health and health populations. Skills in working with individuals and their support systems will have a new application specifically to mental health and health services clients. These evidence-based interventions include those sensitized to body, brain, mind (neurobiological, sensory motor) treatment, new psychodynamic treatment (particularly self-psychology, object relations, and the relational school, ego psychology, attachment-based interventions), interpersonal treatment, cognitive behavioral treatments, trauma-focused, emotion-focused, and expressive therapies. Students will learn how to treat clients from diverse groups often seen in mental health and health settings, including persons evidencing crises in substance

abuse, anxiety disorders, trauma related disorders, depression and bereavement, phobia, eating disorders, psychoses, personality disorders, or because of a health crisis. We will address clinical practice implications of work with culturally diverse client groups with respect to race, ethnicity, class, gender, sexual orientation, religion, and age, as they apply to issues in advanced clinical practice. The continuum of care will be applied to clinical interventions ranging from acute care to chronic and extended care settings. We will examine the impact of social injustice on those seeking mental health and health services, and the effects of stigma. We will discuss the effects of working with highly distressed clients on the clinical social worker, and the value base of social work itself.

IV. COURSE OBJECTIVES

SOWK 643 will:

Objective #	Objectives
1	Help students use their knowledge of explanatory theories of human behavior to enhance clinical skill in accurate assessment of mental health and health clients coping with complex psychological and social situations, particularly in multicultural, environments including: a) Psychosocial implications of handicapping mental health, health, emotional conditions, or health crises on clients and their support systems, b) Psychosocial development and personality functioning of the client & support systems, c) Client use of mental health or health care, reasons why and why not, d) Influence of race, ethnicity, social class, gender, sexual orientation, age, and religion on individuals and their support systems, and e) Familiarity with social work values and ethics pertaining to the use and misuse of the DSM 5 diagnostic entities, particularly with reference to issues of culture, gender, class, race, age, religion, and physical ability.
2	Increase students' understanding of the use of the clinical worker/client relationship and the working alliance with individuals from a variety of cultures, classes, race, and ages. Help students to understand their own feelings, values, experiences, and culture as these enhance or detract from a helping relationship with clients, staff colleagues, and others. Help students understand the feelings, values, experiences, and culture, of the individual client, and their significant others as these influences positive motivation or resistance in the treatment relationship.
3	Facilitate students' ability to apply various evidence-based clinical practice theories (building on and deepening first year content) toward developing competence in intervening in beginning, middle, and ending phases of treatment. Increase knowledge of clinical interventions that are data supported and are effective with mental health & health problems. Explain the strengths and limitations of empirically supported interventions in working with culturally diverse groups of people with mental health problems. Demonstrate the process of evidence based practice and its application to health and mental health populations.
4	Promote students' development of competence in clinically advanced practice skills across acute to chronic care settings.
5	Facilitate students' capacities to demonstrate their identity as clinical social workers, with clarity about the social work domain, values, ethics, clinical privileges, and responsibilities when working in multi-professional teams. Promote leadership skills by increasing students' ability to identify and take a position on philosophical ethical dilemmas and legal issues confronting self, client groups, and staff in and mental health and health care systems and in integrated care.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

A combination of lecture and experiential format will be utilized in this class in order to highlight process and to build skills in a variety of practice modalities. We will be discussing some readings through reading groups. Simulated interviews, case examples, DVDs, films, and structured class exercises will accompany lectures and assigned readings. Students will have an opportunity to consult with the

professor and the class on particular cases held in the field through experiential exercises and class discussion. (Confidentiality is always observed.)

VI. STUDENT LEARNING OUTCOMES

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
<p>Competency 1: Demonstrate Ethical and Professional Behavior Social workers practicing in mental health settings understand the value base of the profession and its ethical standards, as well as relevant laws and regulations and shifting societal mores that may affect the therapeutic relationship. Social workers understand frameworks of ethical decision-making and routinely apply strategies of ethical reasoning to arrive at principled decisions. Social workers are able to tolerate ambiguity in resolving ethical conflicts. Social workers who work in mental health settings apply ethical principles to decisions on behalf of all clients, with special attention to those who have limited decisional capacity. Social workers recognize and manage personal values and biases as they affect the therapeutic relationship in the service of the clients' well-being. They identify and are consistently aware of relationship dynamics, including power differentials. Social workers who work in mental health settings understand the profession's history, its mission, and the roles and responsibilities of the profession and readily identify as social workers. They also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.</p>	<p>2. Increase students' understanding of the use of the worker/client relationship and the working alliance with individuals and their support systems from a variety of cultures, classes, race, and ages. Help students to understand their own feelings, values, experiences, and culture as these enhance or detract from a helping relationship with clients, staff colleagues, and others. Also help students understand the feelings, values, experiences, and culture, of the individual client, and their significant others as these influences positive motivation or resistance in the treatment relationship.</p>	<p>1a: Develop and use knowledge of relationship dynamics, including power differentials, when making decisions.</p>	<p>Values</p>	<p>Units 2-14 Clinical Practice with Adult Individuals: Implementation of DSM 5 Skills; Assessment, and Evidence-Based and Empirically Supported Treatment Interventions</p> <p>Unit 15: Gender Sensitive Social Work Practice</p> <p>Assignment 1: Library Research Paper or Presentation</p>
	<p>5. Help students demonstrate their identity as social workers, with clarity about the social work domain, values, ethics, clinical privileges, and responsibilities. Promote leadership skills by increasing students' ability to identify and take a position on philosophical and ethical dilemmas and legal issues confronting self, client groups, and staff in the mental health care system.</p>	<p>1b: Tolerate ambiguity in resolving ethical conflicts.</p>	<p>Reflection</p>	

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice Social workers 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, mental health care and education. Social workers 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 practicing in mental health care settings understand the potentially challenging effects of economic, social, and cultural factors in the lives of clients and client systems. They also understand the stigma and shame associated with disorders, diagnoses, and help-seeking behaviors across diverse populations and strive to ameliorate the stigma and shame on an individual, community and society-wide basis. Social workers use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention; and advocate at multiple levels for mental health care parity and reduction of mental health care disparities for diverse populations.</p>	<p>Help students use their knowledge of explanatory theories of human behavior to enhance clinical skill in accurate assessment of mental health clients coping with their often complex social situations, particularly in multicultural, urban environments such as Los Angeles, including: a) Psychosocial implications of mental illness, or handicapping mental or emotional conditions on clients and their support systems, b) Psychosocial development and personality functioning of the client & support systems, c) Client use of mental health care, reasons why and why not, d) Influence of race, ethnicity, social class, gender, age, and religion on individuals and their support systems, and e) Familiarity with social work values and ethics pertaining to the use and misuse of the DSM 5 diagnostic entities, particularly with reference to issues of culture, gender, class, race, age, religion, and physical ability.</p>	<p>3b: Incorporate into practice the understanding that every individual living with mental illness, regardless of position in society, has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education.</p>	<p>Skills</p>	<p>Units 2-14 Clinical Practice with Adult Individuals: Implementation of DSM 5 Skills; Assessment, and Evidence-Based and Empirically Supported Treatment Interventions</p> <p>Unit 15: Gender Sensitive Social Work Practice</p> <p>Assignment 1: Library Research Paper or Presentation</p>

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Reflective Journal	Week 6	45%
Assignment 2: Library Research Paper	Finals Week	35%
Assignment 3: Reading Summary	Weekly	10%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1: Reflective Journal

This assignment is about you. Select a piece from the health/mental health literature list attached to this syllabus. Relate themes addressed in the book and how they tie into mental health issues, practices, and *your own story*. Discuss your impressions of the piece holistically, health & mental health issues that come up in the book, your assessment of the main issues, how you might address these issues as an advanced clinical health/mental health social work practitioner, and most important, *issues in countertransference for you and with whom you identified the most in the novel*, applying material we have covered in class. In addition, please comment on thoughts and feelings you have throughout the course and on cases held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and the book you select from this literature list. HOW DOES THE WORK AFFECT YOU AS A CLINICIAN and AS A HUMAN BEING? Do not summarize the novel in great length. This is an integrative assignment. Do not forget to draw the paper together into a cohesive whole. (8-10 pages) 12 pt. Times Roman. **See attachment at end of syllabus for further detail.**

This assignment relates to student learning outcomes 1 and 2.

Assignment 2: Library Research Paper

This assignment relates to all learning outcomes

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

This assignment relates to student learning outcomes 1 and 2.

Assignment 3: Reading Summaries

Summary of key ideas (1 point) & reaction (1 point) for a total of 2 points per summary/card. One page is due every unit by class time on required reading.

Due: Weekly at beginning of class

This assignment relates to student learning outcomes 1-6.

Class Participation (10% of Course Grade)

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

Guidelines for Evaluating Participation Including Participation in Experiential Exercises

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

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

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

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

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

5: Non-Participant: Attends class only.

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

A note on computers, phones, and ipads usage in class: Recently, there have been instances of some students checking email, cruising the net, playing computer games, texting, etc. **There is never an excuse for this activity.** If you understand the discussion or lecture, you need to be asking further

questions, giving examples, writing marginal notes to yourself, practicing active listening, or otherwise deepening your knowledge of the material in some way. If I suspect that there is inappropriate usage going on, you are not consciously active, and therefore, not present in class. The involved student will receive a zero for the day and be marked as absent. Absences accrue on your letter grade and on the class participation grade. If this behavior occurs more than once, it will affect your final grade by as much as one letter grade dropped, e.g., a B becomes a C. Computer usage will be lost for the duration of the course.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Please note that readings are available on ARES. Many can be pulled off the internet. While some of our readings are cutting edge, others are classics in the field. Further readings are optional and are given for each session. You may elect to complete them following the required readings. Weekly readings are starred. Do a reading summary on 1 reading each week but read everything that is listed under required reading. We will be covering some of the same material repeatedly, in the required texts and the DSM 5, so that the student will be exposed to multiple sources of information. Please be aware that the DSM is not a theoretically driven text; rather, it is a manual of classification (as is the ICD 10 which codes are in parentheses next to DSM codes). Inter-rater reliability remains low for the DSM; thus, we will be teaching diagnostic classification as only one part of bio-psycho-social-spiritual assessment.

Required Textbooks

American Psychiatric Association. (2013). *The DSM 5*. Arlington, VA, APA press.

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

Barlow, D.H. (ed.). (2014). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford.

Brisch, K. (2012). *Treating attachment disorders from theory to therapy*. New York, NY: Guilford Press.

Solomon, M., & Siegel, D. (2003). *Healing trauma: Attachment, mind, body & brain*. New York, NY: Norton.

Readings: Available on ARES.

Note: Please note that readings are available on ARES. Many can be pulled off the internet. While some of our readings are cutting edge, others are classics in the field. Further readings are optional and are given for each session. You may elect to complete them following the required readings. Weekly readings are noted. Do a reading summary on 1 reading each week but read everything that is assigned in class or is of interest to you.

Recommended Textbooks

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

Note: Readings are assigned in these books.

Morrison, J. (2013). *The DSM 5 Made Easy*.

Gaw, A. (1993). *Culture, ethnicity, and mental health*. Washington, DC: APA Press.

(Instructor Note: Or latest version.)

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Unit	Topics
1	<ul style="list-style-type: none"> ■ Prevention of Mental Disorders <ul style="list-style-type: none"> ▼ The continuum of care: Concepts, educative and preventive techniques ▼ Primary prevention versus secondary and tertiary models ▼ Anticipatory intervention and situational stress, stress reactions, and treatment (review) ▼ Prevention practice skills with individuals and their support systems ▼ Issues of diversity and social injustice in mental health treatment ▼ Who gains access to help, where, when, and how ▼ Ethics & values in advanced clinical work in health & mental health settings ▼ Screening for substance abuse ▼ Giving a mental status exam
2	<ul style="list-style-type: none"> ■ Treating Anxiety Disorders: GAD, panic disorders, Phobia, Compulsive, and Somataform Disorders: Use of Supportive Treatment, CBT, Systematic Desensitization / Behavioral Interventions, Mindfulness Meditation <ul style="list-style-type: none"> ▼ Differential manifestation of anxiety disorders across cultural & gender lines, issues in practice, ▼ Taking a mental status examination for anxiety disorders ▼ Assessment of anxiety in co-occurring disorders (e.g. substance abuse), diagnosis of anxiety states, a review ▼ Cultural implications of assessing and treating anxiety (see culture-bound syndromes handout) ▼ Overview of Treatment planning & interventions for clients with anxiety disorders in health & mental health settings, psychophysiological involvement, and individuals with obsessive-compulsive disorders <ul style="list-style-type: none"> ▶ Use and abuse of DSM V, Best practice models ▶ Cognitive Behavioral Treatment (a review) ▶ Mindfulness meditation & the safe place exercise ▶ Systematic desensitization ▶ Sensory motor psychotherapy, a body, brain, mind approach to treatment ▶ Supportive treatment, mindfulness meditation ▶ Building the Therapeutic Alliance: Introduction to Self-Psychology ▼ The continuum of care; outpatient care ▼ Experiential exercise: assessment & treatment planning, the case of Jay, break out groups ▼ Effects on the worker & countertransference issues
3	<ul style="list-style-type: none"> ■ Treating Anxiety Disorders: GAD, panic disorders, Phobia, Compulsive, and Somataform Disorders: Use of Supportive Treatment, CBT, Systematic Desensitization / Behavioral Interventions, Mindfulness Meditation <ul style="list-style-type: none"> ▼ Phobias, assessment, diagnosis, and treatment ▼ Systematic desensitization

Unit	Topics
4	<ul style="list-style-type: none"> ■ Traumatic Stress Disorders & Dissociative Disorders, Dissociative Identity Disorder <ul style="list-style-type: none"> ▼ Anxiety in relation to PTSD & dissociative disorders: The function of the defensive system, stress reactions vs. PTSD ▼ Populations at risk: The sexually and physically abused, war survivors, rape survivors, holocaust survivors, cult survivors, life-threatening diagnosis. The frequency of trauma history in clients. ▼ Cultural, gender, and age variability in response to treatment: What we encounter in Los Angeles & the US. ▼ Co-occurring disorders (substance abuse & other addictive disorders as means of affect regulators), ▼ Trauma and the brain, issues in practice: Working with traumatic attachment issues, neurobiological interventions, regulation of affect, self-psychological techniques, expressive treatments, evidence-based treatments ▼ Phasing in treatment: Grounding, stabilization, reworking the trauma in the corrective emotional experience (connection, disruption & repair), supportive treatment vs. flooding, suppression. ▼ Mind-brain-body interventions: using expressive therapies to access limbic memories ▼ Moral injury and recovery from war ▼ Effects on the worker, the continuum of care: secondary trauma of the worker.
5	<ul style="list-style-type: none"> ■ Traumatic Stress Disorders & Dissociative Disorders, Dissociative Identity Disorder <ul style="list-style-type: none"> ▼ Using Evidence-based Expressive Treatments to access body, mind, and brain in beginning and middle phases of treatment. ▼ Art therapy, music therapy, writing therapy, the empty chair, sand for mind, brain, and body ▼ Pairing expressive therapies with Evidence-based talk therapies in the middle phase. ▼ Using of CBT & CPT in the middle phase

Unit	Topics
6	<ul style="list-style-type: none"> ■ Working with Clients with Affective Disorders <ul style="list-style-type: none"> ▼ Overview of Depressive disorders ▼ Discerning the different & complex types of affective disorders: Clinical manifestations and diagnosis of unipolar and bipolar I & II disorder ▶ Assessing dysthymic disorder, sub-clinical depressions, adjustment disorders, cyclothymic disorder, major depressive disorder, empty depression, and depression within personality disorders, bereavement, depression associated with PTSD ▼ Bio-psycho-socio correlates, impact of the urban environment; cultural & gender diversity: ▼ The Los Angeles experience vs, different locales ■ Depression versus bereavement: a different course of therapy (case of Jack, case of Nancy) <ul style="list-style-type: none"> ▼ Differing treatment strategies for different types of depression (review CBT/CPT, IPT, EFT) ■ Assessment for suicide and treatment for suicidal ideation ■ Treatment planning & differential intervention strategies: <ul style="list-style-type: none"> ▼ Psychodynamic, interpersonal therapy (IPT) and cognitive models (CBT/CPT), bereavement therapy, crisis intervention, the use of medication-update, short-term vs. longer term treatment ■ Concomitant disorders & self-medication: <ul style="list-style-type: none"> ▼ Substance abuse, PTSD, personality disorders, eating disorders ■ Effects on the worker & countertransference
7	<ul style="list-style-type: none"> ■ Bereavement Recovery <ul style="list-style-type: none"> ▼ Treating Grief and complicated Bereavement in health & mental health settings ▼ Anniversary Depressions ▼ Interpersonal Treatment (review), ▼ Screening for Substance abuse ▼ Evidence-based Expressive Treatments for Bereavement Recovery, mind-brain – body treatments ▶ Memory box, picture poem, writing as therapy, pairing talk therapy ▼ Making use of the Client's cultural and religious values in treating bereavement ▼ The memory box, writing and journaling
8	<ul style="list-style-type: none"> ■ Cognitive Behavioral Therapy & Cognitive Processing therapy for mild to moderate depression <ul style="list-style-type: none"> ▶ The importance of relationship building when using CBT ▶ Methods of Assessment with CBT & CPT, going beyond identification of automatic thoughts ▶ Charting issues ▶ Challenging dysfunctional thoughts: methods to avoid blaming and scolding ▼ Cognitive Interventions ▼ Behavioral Interventions

Unit	Topics
9	<ul style="list-style-type: none"> ■ Eating Disorders <ul style="list-style-type: none"> ▼ Completing a thorough diagnosis of eating disorders ▼ Examining the impact of our cultural ideals and acculturation issues ▼ Treatment regimens ▼ The containment of anxiety and depression; coexisting conditions: <ul style="list-style-type: none"> ▶ Personality disorders; sexual abuse and PTSD, addictive correlates ■ Phasing in treatment with varying strategies, knowing the treatment protocol: <ul style="list-style-type: none"> ▼ Stabilization & hospitalization, adjunctive treatments (family therapy, groups treatment, nutrition counseling) ▼ Body tracing & other mind-brain-body-interventions ▼ Pairing with EFT & CBT
10	<ul style="list-style-type: none"> ■ Personality Disorders <ul style="list-style-type: none"> ▼ Over view of Personality disorders: Variability in gender and culture: what we see in Los Angeles and in the US ▼ Complex & co-occurring disorders, personality disorders in relation to trauma, anxiety, unipolar & bi-polar depression ▼ Overview of Diagnosis, treatment planning & intervention ▼ Effects on the worker, values, on labeling of clients ▼ Continuum of care
11	<ul style="list-style-type: none"> ■ Personality Disorders <ul style="list-style-type: none"> ▼ Treatment of Narcissist Personality Disorder <ul style="list-style-type: none"> ▶ Transference-focused Therapy ▶ Using non-neurotic countertransference ▶ Connection, disruption, repair
12	<ul style="list-style-type: none"> ■ Personality Disorders <ul style="list-style-type: none"> ▼ Treating Borderline Personality Disorder <ul style="list-style-type: none"> ▶ Dialectical Behavioral Therapy, ▶ Schema focused therapy ▶ Mind-brain-body treatments ▶ Containment and Expression choices in treatment ▶ Using gentle confrontation ▶ Treating Co-occurring disorders (cutting, substance abuse, and other affect regulators)
13	<ul style="list-style-type: none"> ■ Personality Disorders <ul style="list-style-type: none"> ▼ Treating Borderline Personality Disorder <ul style="list-style-type: none"> ▶ Transference-focused Therapy ▶ Clarification, confrontation, interpretation ▶ Using non-neurotic countertransference ▶ Transference-focused Therapy Schema Therapy

Unit	Topics
14	<ul style="list-style-type: none">■ Practice with Severe Mentally ill<ul style="list-style-type: none">▼ The impact of the system on client: issues of social justice▼ Issues in client diversity: class, race, gender, ethnicity, and religion the L.A. experience▼ Assessment & treatment of the psychoses:<ul style="list-style-type: none">▶ Schizophrenia, schizoaffective disorder, and psychotic depression, rehabilitation therapeutic case management, Assertive Community Treatment▶ Bipolar depression▶ Person first intervention▼ Complex & multiple diagnoses:<ul style="list-style-type: none">▶ Dual diagnosis (substance abuse, PTSD)▼ Working with clients from diverse backgrounds in the urban environment▼ The continuum of care, inpatient and day treatment services, case management issues▼ The new medications▼ Effects of the worker
15	<ul style="list-style-type: none">■ Gender Sensitive Clinical Work Practice<ul style="list-style-type: none">▼ Impact of historical theory on current scene▼ Differential diagnosis (who receives what type of diagnosis, why and by whom)▼ Working with LGBTQ clients in mental health & health settings▼ Physical and associated emotional difficulties▼ Gender issues in the therapeutic relationship▼ Developmental issues (life-cycle) and treatment of women, men, lesbians and gay men▼ What we see in Los Angeles and in the US, cultural and gender diversity, treatment implications

Course Schedule—Detailed Description

Part 1: Introduction

Unit 1: Prevention of Mental Disorders

Topics

- The continuum of care: Concepts, educative and preventive techniques
- Primary prevention versus secondary and tertiary models
- Anticipatory intervention and situational stress, stress reactions, and treatment (review)
- Prevention practice skills with individuals and their support systems
- Issues of diversity and social injustice in mental health treatment
 - ▼ Who gains access to help, where, when, and how
- Ethics & values in advanced clinical work in health & mental health settings
- Screening for substance abuse
- Giving a mental status exam

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

Note: Read your entire course outline before the next class.

Readings of Interest but not required

Cuijpers, P., Van Straten, A., & Smit, F. (2005). Preventing the incidence of new cases of mental disorders. *Journal of Nervous and Mental Disease*, 193(2), 119-125.
(Instructor Note: No card-skim. Required weekly reading.)

Handout on culture-bound syndromes and self-assessment on prevention.
(Instructor Note: Required weekly reading.)

Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, R. J., Bullard, K. M., ... Jackson, J. S. (2007). Race, ethnicity, and the use of services for mental disorders. *Archives of General Psychiatry*, 64, 485-494.

Simons, R. (1993). Culture bound syndromes. In A. Gaw (Ed.), *Culture, ethnicity, and mental illness* (pp. 75-94). Washington, DC: APA Press. Recommended

Vega, W. A., Karno, M., Alegria, M., Alvidrez, J., Bernal, G., Escamilla, M., Loue, S. (2007). Research issues for improving treatment of U.S. Hispanics with persistent mental disorders. *Psychiatric Services*, 58(3), 385-394.

DSM 5, 833-837.

Part 2: Clinical Practice with Adult Individuals: Implementation of DSM V Skills; Assessment, and Evidence-Based and Empirically Supported Treatment Interventions

Unit 2/Unit 3: Treating Anxiety Disorders: GAD, panic disorders, Phobia, Compulsive, and Somataform Disorders: Use of Supportive Treatment, CBT, Systematic Desensitization / Behavioral Interventions, Mindfulness Meditation

Topics for Unit 2:

- Differential manifestation of anxiety disorders across cultural & gender lines, issues in practice,
- Taking a mental status examination for anxiety disorders
- Assessment of anxiety in co-occurring disorders (e.g. substance abuse), diagnosis of anxiety states, a review
 - ▼ Cultural implications of assessing and treating anxiety (see culture-bound syndromes handout)
- Overview of Treatment planning & interventions for clients with anxiety disorders in health & mental health settings, psychophysiological involvement, and individuals with obsessive-compulsive disorders
 - ▼ Use and abuse of DSM V, Best practice models
 - ▼ Cognitive Behavioral Treatment (a review)
 - ▼ Mindfulness meditation & the safe place exercise
 - ▼ Systematic desensitization
 - ▼ Sensory motor psychotherapy, a body, brain, mind approach to treatment
 - ▼ Supportive treatment, mindfulness meditation
 - ▼ Building the Therapeutic Alliance: Introduction to Self-Psychology
- The continuum of care; outpatient care
- Experiential exercise: assessment & treatment planning, the case of Jay, break out groups
- Effects on the worker & countertransference issues
- A cultural twist to the case of Jay

This Unit relates to course objectives 1-5.

Required Readings for Unit 2

Craske, M. & Barlow, D. (2008). Panic disorder and agoraphobia. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 1-61.

(Instructor Note: Unit 2. Required weekly reading. Do reading card for unit 2 on this reading)

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

(Instructor Note: Unit 2. Required weekly reading. Skim)

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

DSM 5, Anxiety Disorders, 189-205.

Recommended Readings for Unit 2

Zimmerman, M. (1994). Mental Status Exam. In *Interview guide for evaluating DSM IV Psychiatric Disorders and the Mental Status Exam* (pp. 120-124). Philadelphia, PA: Psych Products Press.

- Baez, A. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. *American Journal of Orthopsychiatry*, 71(4), 408-415.
- Austrian, S. (2005). Anxiety disorders. In *Mental disorders, medication and clinical social work* (3rd ed., pp. 10-29). New York, NY: Columbia University Press.
- Gelso, C., & Carter, J. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Consulting and Clinical Psychology*, 41(3), 296-306. (Instructor Note: Classic.)
- Badenoch, B. (2008). The three faces of mindfulness. In *Being a brain-wise therapist* (pp. 174-190). New York, NY: Norton.
- Elson, M. (1986). Transference and countertransference. In *Self psychology and clinical social work* (pp. 67-76). New York, NY: Norton: (Instructor Note: Classic.)
- Greenberg, L. (1994). What is real in the relationship? Comments on Gelso and Carter. *Journal of Consulting and Clinical Psychology*, 41(3), 307-309. (Instructor Note: Classic.)
- Hill, N. R., & Beamish, P. M. (2007). Treatment outcomes for Obsessive-Compulsive Disorder: A critical review. *Journal of Counseling and Development*, 85(4), 504-510.

Topics of Unit 3 This Unit relates to course objectives 1-5.

- Phobias, assessment, diagnosis, and treatment
 - Systematic desensitization
- The case of Jay, class exercise: Case analysis. Part I and II: building a comprehensive treatment plan

Required Readings for Unit 3

- Brisch, K. (2012). Attachment disorders in adults, panic and agoraphobia. In *Treating attachment disorders from theory to therapy* (pp. 219-228). New York, NY: Guilford Press. (Do the reading card on this reading)
- Badenoch, B. (2008). The relationship between brain and mind. In *Being a brain-wise therapist* (pp. 42-75). New York, NY: Norton. (Instructor Note: Unit 3. (Required weekly reading.)
- DSM 5, 197-221.

Recommended reading

- Austrian, S. (2005). Somatoform & fictitious disorders. In *Mental disorders, medication and clinical social work* (2nd ed., pp. 59-71). New York, NY: Columbia University Press. (Instructor Note: Unit 3. Required weekly reading. (Do reading card on this reading)

Unit 4/Unit 5: Traumatic Stress Disorders & Dissociative Disorders, Dissociative Identity Disorder

Topics for Unit 4

- Anxiety in relation to PTSD & dissociative disorders: The function of the defensive system, stress reactions vs. PTSD
- Populations at risk: The sexually and physically abused, war survivors, rape survivors, holocaust survivors, cult survivors, life-threatening diagnosis. The frequency of trauma history in clients.
- Cultural, gender, and age variability in response to treatment: What we encounter in Los Angeles & the US.
- Co-occurring disorders (substance abuse & other addictive disorders as means of affect regulators),
- Trauma and the brain, issues in practice: Working with traumatic attachment issues, neurobiological interventions, regulation of affect, self-psychological techniques, expressive treatments, evidence-based treatments
- Phasing in treatment: Grounding, stabilization, reworking the trauma in the corrective emotional experience (connection, disruption & repair), supportive treatment vs. flooding, suppression.
- Mind-brain-body interventions: using expressive therapies to access limbic memories
- Moral injury and recovery from war
- Effects on the worker, the continuum of care: secondary trauma of the worker.
- Vander Kolk DVD

This Unit relates to course objectives 1-5.

Required Readings session 4

Badenoch, B. (2008). Attaching. In *Being a brain-wise therapist* (pp. 52-75). New York, NY: Norton.

Neborsky, R. (2002). A clinical model for the comprehensive treatment of trauma using an affect experiencing-attachment theory approach. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 282-321). New York, NY: Guilford Press. (do your reading card on this reading.)

Ogden, P., Pain, C., & Fisher, J. (2006). A sensorimotor approach to the treatment of trauma and dissociation. *Psychiatric Clinics of North America*, 29, 263-279. (skim this reading)

Monson, C., Resnick, P., & Rizvi, S. (2014). Post-traumatic stress disorder. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 62-113.

DSM 5, 265, 271-280.

Recommended Readings

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

Fosha, D. (2002). Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In Solomon, M., & Siegel, D. *Healing trauma* (pp. 221-282). New York, NY: Guilford Press.

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

Franco, M. (2007). Posttraumatic stress disorder and older women. *Journal of Women and Aging*, 19(1/2), 103-117.

Glass, N., Perrin, N., Campbell, J. C., & Soeken, K. (2007). The protective role of tangible support on post-traumatic stress disorder symptoms in urban women survivors of violence. *Research in Nursing and Health*, 30(5), 558-568.

Edmond, T., Sloan, L., & McCarty, D. (2004). Sexual abuse survivors' perceptions of the effectiveness of EMDR and Eclectic therapy. *Research on Social Work Practice*, 14(4), 159-272.

Topics for Unit 5

This Unit relates to course objectives 1-5.

- Using Evidence-based Expressive Treatments to access body, mind, and brain in beginning and middle phases of treatment.
- Art therapy, music therapy, writing therapy, the empty chair, sand for mind, brain, and body
- Pairing expressive therapies with Evidence-based talk therapies in the middle phase.
- Using of CBT & CPT in the middle phase

Required Readings for session 5

Select a reading for your card from the ones listed below.

Badenoch, B. (2008). Picturing the inner community. In *Being a brain-wise therapist* (pp. 76-89). New York, NY: Norton.

Badenoch, B. (2008). The healing power of Sandplay. In *Being a brain-wise therapist* (pp. 220-243). New York, NY: Norton. Do your reading card on this reading.

Badenoch, B. (2008). Doing art.. In *Being a brain-wise therapist* (pp. 220-243). New York, NY: Norton, 244-268.

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press. We will re-read this reading later. Skim.

Recommended Reading

Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. *British Journal of Psychiatry*, 190, 97-104.

Colson, B. (1995). Nightmare help of traumatic survivors with PTSD. *Psychotherapy*, 32(3), 381-387. (Instructor Note: Classic.)

VanderKolk, B. (2002). EMDR and information processing in psychotherapy treatment. In Solomon, M., & Siegel, D., *Healing trauma* (pp. 168-195). New York, NY: Guilford Press.

Unit 6/Unit 7/Unit 8: Working with Clients with Affective Disorders

Topics for unit 6

- Overview of Depressive disorders
- Discerning the different & complex types of affective disorders: Clinical manifestations and diagnosis of unipolar and bipolar I & II disorder
 - ▼ Assessing dysthymic disorder, sub-clinical depressions, adjustment disorders, cyclothymic disorder, major depressive disorder, empty depression, and depression within personality disorders, bereavement, depression associated with PTSD
- Bio-psycho-socio correlates, impact of the urban environment; cultural & gender diversity:
 - ▼ The Los Angeles experience vs, different locales
- Depression versus bereavement: a different course of therapy (case of Jack, case of Nancy)
 - ▼ Differing treatment strategies for different types of depression (review CBT/CPT, IPT, EFT)
- Assessment for suicide and treatment for suicidal ideation
- Treatment planning & differential intervention strategies:
 - ▼ Psychodynamic, interpersonal therapy (IPT) and cognitive models (CBT/CPT), bereavement therapy, crisis intervention, the use of medication-update, short-term vs. longer term treatment
- Concomitant disorders & self-medication:
 - ▼ Substance abuse, PTSD, personality disorders, eating disorders
- Effects on the worker & countertransference

This Unit relates to course objectives 1-5.

Required Readings for unit 6

Badenoch, B. (2008). The mutuality of the therapeutic relationship. In *Being a brain-wise therapist* (pp. 90-104). New York, NY: Norton.

Badenoch, B. (2008). Through the lens of diagnosis: Depression, anxiety, dissociation & addiction. In *Being a brain-wise therapist* (pp. 119-152). New York, NY: Norton. (do your reading card on this reading).

Norcross, J. & Beutler, L. (2014) Evidence-based relationships and responsiveness for depression and substance abuse. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 617-639.

DSM 5, 123-188, 799-792.

Recommended Readings for unit 6

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

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

Topics for unit 7: Bereavement Recovery

- Treating Grief and complicated Bereavement in health & mental health settings
 - Anniversary Depressions
 - Interpersonal Treatment (review),
 - Screening for Substance abuse
 - Evidence-based Expressive Treatments for Bereavement Recovery, mind-brain –body treatments
 - Memory box, picture poem, writing as therapy, pairing talk therapy
 - Making use of the Client’s cultural and religious values in treating bereavement
 - The memory box, writing and journaling
- This Unit relates to course objectives 1-5.

Required Readings for unit 7

- Bleiberg, K.& Markowitz, J. (2014). Interpersonal psychotherapy for depression. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 332-352. (Do your reading card on this reading).
- Brisch, K. (2012). Depressive symptoms. In *Treating attachment disorders from theory to therapy* (pp. 97-105, 228-234 & 252-258). New York, NY: Guilford Press. You may also choose to do your reading card on this reading.
- Higgins, S., Sigmon, S. & Heil, S. (2014). Drug use disorders 588-616. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 547-577.
- De Mello, M. F., de Jesus Mari, J., Bacaltchuk, J., Verdeli, H., & Neugebauer, R. (2005). A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. *European Archives of Psychiatry and Clinical Neuroscience*, 255, 2, 75-82. skim.
- McCrary, B. Alcohol use Disorders. In Barlow, D. (ed). *Clinical Handbook of Psychological Disorders: A step-by-step treatment manual*. New York: Guilford, 533-587.
- DSM, 289, 789-792

Recommended Readings for Unit 7

- Boss, P. (1999). Ambiguous loss: Living with frozen grief. *Harvard Mental Health Letter*, 16, 5 1292-1297.
- Catalano, G. (2005). Bereavement, depression, and our growing geriatric population. *Southern Medical Journal*, 98(1), 3-4.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F., III. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association*, 293(21), 2601-2608.
- Zisook, S., & Kendler, K. S. (2007). Is bereavement-related depression different than non-bereavement-related depression? *Psychological Medicine*, 37(6), 779-794. skim.

Topics for unit 8 This Unit relates to course objectives 1-5.

Cognitive Behavioral Therapy & Cognitive Processing therapy for mild to moderate depression

- The importance of relationship building when using CBT
- Methods of Assessment with CBT & CPT, going beyond identification of automatic thoughts
- Charting issues
- Challenging dysfunctional thoughts: methods to avoid blaming and scolding
- Cognitive Interventions
- Behavioral Interventions
- Case of Jack, case analysis

Required Readings for Unit 8:

Select your own reading for your reading card from the ones below.

Young, J., Young, J., Weinberger, A. & Beck, A. (2014). Cognitive therapy for depression. In D. Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 2.

Dimidjian, S., Martel, R. & Herman-Dunn, R. (2014). Behavioral Activation for Depression. In D. Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 353-393. (skim)

Beevers, C. G., Wells, T. T., & Miller, I. W. (2007). Predicting response to depression treatment: The role of negative cognition. *Journal of Consulting and Clinical Psychology, 75*(3), 422-431.

Karasz, A., & Watkins, L. (2006). Conceptual models of treatment in depressed Hispanic patients. *Annals of Family Medicine, 4*(6), 527-533.

Givens, J. L., Katz, I. R., Bellamy, S., & Holmes, W. C. (2007). Stigma and the acceptability of depression treatments among African Americans and Whites. *Society of General Internal Medicine, 22*(9),

Recommended Readings for Unit 8

McBride, C., Atkinson, L., Quilty, L. C., & Bagby, R. M. (2006). Attachment as a moderator of treatment outcome in major depression: A randomized controlled trial of interpersonal psychotherapy vs. cognitive behavior therapy. *Journal of Consulting and Clinical Psychology, 74*(6), 1041-54.

Unit 9: Eating Disorders

Topics This Unit relates to course objectives 1-5.

Unit 9: Eating Disorders

- **Topics** This Unit relates to course objectives 1-5.
- Completing a thorough diagnosis of eating disorders
- Examining the impact of our cultural ideals and acculturation issues
- Treatment regimens
- The containment of anxiety and depression; coexisting conditions:
 - ▼ Personality disorders; sexual abuse and PTSD, addictive correlates
- Phasing in treatment with varying strategies, knowing the treatment protocol:
 - ▼ Stabilization & hospitalization, adjunctive treatments (family therapy, groups treatment, nutrition counseling)
 - ▼ Body tracing & other mind-brain-body-interventions
 - ▼ Pairing with EFT & CBT
 - ▼ DVD Thin or guest speaker Leigh Miller

Required Readings

Fairburn, C., Cooper, Z., Shafran, R. & Wilson, T. (2014). Eating disorders: A transdiagnostic protocol. In D. Barlow (ed). *Clinical Handbook of psychological disorders*. New York: Guilford, 670-702. (Do your card on his reading).

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

Bennett, S., & Dodge, T. (2007). Ethnic-racial differences in feelings of embarrassment associated with binge eating and fear of losing control. *International Journal of Eating Disorders*, 40(5), 454-459.

DSM 5, 329-354.

Recommended Readings

Chavez, M. & Insel, T. (2007). Eating disorders: NIMH perspective. *Am. Psychol*, 62, 3, 159-166.

Cummins, L. H., Simmons, A.M., & Zane, N. W. (2005). Eating disorders in Asian Populations: A critique of current approaches to the study of culture, ethnicity, and eating disorders. *American Journal of Orthopsychiatry*, 75(4), 553-574.

Hepworth, N., & Paxton, S. J. (2007). Pathways to help-seeking in bulimia nervosa and binge eating problems: A concept mapping approach. *International Journal of Eating Disorders*, 40(6), 493-504.

McIntosh, W., Jordan, J, Carter, F. A., Luty, S. E., McKenzie, J. M., Bulik, C. M., Joyce, P. R. (2005). Three psychotherapies for anorexia nervosa: A randomized controlled trial. *American Journal of Psychiatry*, 162(4), 741-47.

Unit 10/Unit 11/Unit 12/Unit 13: Personality Disorders

Topics for Unit 10 This Unit relates to course objectives 1-5.

Unit 10/Unit 11/Unit 12/Unit 13: Personality Disorders

- Over view of Personality disorders: Variability in gender and culture: what we see in Los Angeles and in the US
- Complex & co-occurring disorders, personality disorders in relation to trauma, anxiety, unipolar & bi-polar depression
- Overview of Diagnosis, treatment planning & intervention
- Effects on the worker, values, on labeling of clients
- Continuum of care
- Clips from classic films and case analysis.

Required Readings for Unit 10

Kraus, G., & Reynolds, D. (2001). The ABC's of cluster B's: Identifying, understanding & treating cluster B personality disorders. *Clinical Psychological Review*, 21(3), 345-373. (Do your card on this reading)

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

DSM, 645-684.

Recommended Readings for Unit 10

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

Topics for Unit 11

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

This Unit relates to course objectives 1-5.

Required Readings for Unit 11

Do your reading card on any required reading below.

Glickauf-Hughes, C. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy*, 32(2), 213-221.

Solomon, M. (2002). Connection, disruption and repair. (2002). In Solomon, M., & Siegel, D., *Healing trauma* (pp. 322-346). New York, NY: Guilford Press. (Do your card on this reading)

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

Recommended Readings for Unit 11

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

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

Topics for Unit 12

- Treating Borderline Personality Disorder
 - Dialectical Behavioral Therapy,
 - Schema focused therapy
 - Mind-brain-body treatments
 - Containment and Expression choices in treatment
 - Using gentle confrontation
 - Treating Co-occurring disorders (cutting, substance abuse, and other affect regulators)
 - DBT and dvd of Marsha Linehan
- This Unit relates to course objectives 1-5.

Required Readings for Unit 12

Select a reading below for your reading card.

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

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

Recommended Readings for Unit 12

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

Topics for Unit 13

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

This Unit relates to course objectives 1-5.

Required Readings for Unit 13

Do your card on any reading below.

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

Brisch, K. (2012). Borderline symptoms. In *Treating attachment disorders from theory to therapy* (pp. 241-246). New York, NY: Guilford Press.

Gunderson, J. G., Bateman, A., & Kernberg, O. (2007). Alternative perspectives on psychodynamic psychotherapy of Borderline Personality Disorder: The case of "Ellen." *American Journal of Psychiatry*, 164(9), 1333-1339.

Recommended Readings for Unit 13

Goldstein, E. (2001). Treatment of clients undergoing stressful life events. In *Object relations theory and self-psychology in social work practice* (pp. 216-240). New York, NY: Free Press.

Unit 14: Practice with the Severely Mentally Ill

Topics

- The impact of the system on client: issues of social justice
- Issues in client diversity: class, race, gender, ethnicity, and religion the L.A. experience
- Assessment & treatment of the psychoses:
 - ▼ Schizophrenia, schizoaffective disorder, and psychotic depression, rehabilitation therapeutic case management, Assertive Community Treatment
 - ▼ Bipolar depression
 - ▼ Person first intervention
- Complex & multiple diagnoses:
 - ▼ Dual diagnosis (substance abuse, PTSD)
- Working with clients from diverse backgrounds in the urban environment
- The continuum of care, inpatient and day treatment services, case management issues
- The new medications
- Effects of the worker
- Guest speaker, Brittany Simberg

This Unit relates to course objectives 1-5.

Required Readings

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

Kilbourne, A. M., Bauer, M. S., Pincus, H., Williford, W. O., Kirk, G. F., & Beresford, T. (2005). Clinical, psychosocial, and treatment differences in minority patients with bipolar disorder. *Bipolar Disorders*, 7(1), 89-97. Skim.

Kreyenbuhl, J., Buchanan, R. W., Dickerson, F. B., & Dixon, L. B. (2010). The schizophrenic patient outcomes research team (PORT): Updated treatment recommendations 2009. *Schizophrenia Bulletin*, 36(1), 94-103. Skim.

DSM 5, 87-105; 123-154.S

Recommended Readings

Leahy, R. (2007). Bipolar disorder: Causes, contexts, and treatments. *Journal of Clinical Psychology: In Session*, 63(5), 417-424.

Mansell, W. (2007). An integrative formulation-based cognitive treatment of bipolar disorders: Application and illustration. *Journal of Clinical Psychology: In Session*, 63(5), 447-461.

Morris, C., Miklowitz, D., & Waxmonsky, J. A. (2007). Family-focused treatment for bipolar disorder in adults and youth. *Journal of Clinical Psychology: In Session*, 63(5), 433-445.

Unit 15: Gender-Sensitive Clinical Work Practice

Topics

- Impact of historical theory on current scene
- Differential diagnosis (who receives what type of diagnosis, why and by whom)
- Working with LGBTQ clients in mental health & health settings
- Physical and associated emotional difficulties
- Gender issues in the therapeutic relationship
- Developmental issues (life-cycle) and treatment of women, men, lesbians and gay men
- What we see in Los Angeles and in the US, cultural and gender diversity, treatment implications
- Documentary: For the Bible Tells Us So
- Guest speaker

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B. (2008). Doing art. In *Being a brain-wise therapist* (pp. 244-265). New York, NY: Norton.

Kessler, L., & Waehler, C. (2005). Addressing multiple relationships between clients and therapists in lesbian, gay, bisexual, and transgender communities. *Professional Psychology: Research and Practice*, 36(1), 66-72. Do your reading card on this reading.

Ruiz, P., Lile, B., & Matorin, A. A. (2002). Treatment of a dually diagnosed gay male patient: A psychotherapy perspective. *American Journal of Psychiatry*, 159(2), 209-215. Classic reading. (Do reading card on this reading)

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

Recommended Readings

Land, H. (1995). Clinical social work. In N. Van Den Berg (Ed.), *Feminist practice in the twenty-first century*. Washington, DC: NASW Press.

Lukes, C., & Land, H. (1990). Biculturalism and homosexuality. *Social Work*, 35(2), 155-162. (Instructor Note: Classic.)

STUDY DAYS / NO CLASSES

FINAL EXAMINATIONS

IX. University Policies and Guidelines

VI. 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.

VII. 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>.

VIII. SUPPORT SYSTEMS

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

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. <https://engemannshc.usc.edu/counseling/>

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

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

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

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

Sexual Assault Resource Center

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

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

Works with faculty, staff, visitors, applicants, and students around issues of protected class. <https://equity.usc.edu/>

Bias Assessment Response and Support

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

Student Support & Advocacy – (213) 821-4710

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

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

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

IX. 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.”

X. 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.

XI. 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.

XII. 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.

XIII. 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, or you do not receive a satisfactory response or solution, contact your advisor or Dr. Leslie Wind, Chair of the MSW Program/Associate Dean of Learning Excellence, at lwind@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance

XIV. 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.

SW 645: Literature Book List for Reflective Journal (10 pages). Covers objectives 1, 3, 4, and 5. Use Times Roman 12 point.

This assignment is about you. Choose a book which relates to your own interests and issues. The more you put into this work the more you will get out of it. The following list literature list represents topics we have covered in class. Select at least one reading from the literature list and be careful to choose something with which you can relate. Do not summarize the book at length. Comment on how the piece affected you and why. Discuss the piece as a clinical social work student in the field of mental health. Remember to draw the piece together into a cohesive whole at the end. Discuss your impressions of the piece holistically, mental health issues that come up in the book, your assessment of the issues, how you might address these issues as a mental health social work practitioner; and **particularly, comment on issues in countertransference for you**. Apply material we have covered in class. In addition, please comment on thoughts and feelings you have throughout the course on cases held in the field as they relate to the book, as well as news-worthy events as they relate to your readings and the book you select from this literature list.

Think of which characters you identify with the most **and why**. How have the issues involved with the characters affected you as a human being, and thus as a clinician? What themes are especially important in this piece, and important to you? Do not use superficial themes (e.g. development) but rather; deeper themes (e.g. arrested development with incomplete grieving, true self/false self-issues). How might the experiences you have had affect your practice? What issues in neuroscience are evident in this reading? **Where do you see yourself needing to grow and how does this piece push you to do so?** Talk about your experiences with your clients and how they have impacted you as a clinician *and as a human being living in this world*. Can you see why the value base of social work is what it is? How do the characters in the book, it's setting, themes, text, and subtext relate to your experiences as a clinical *social worker*? HOW DOES THE WORK AFFECT YOU AS A CLINICIAN and AS A HUMAN BEING? What process did you have to go through to write this assignment and how might that process affect your practice with clients? This is an integrative assignment.

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

Kidd, S. *Secret Life of Bees*, (trauma, women's issues, identity, family); *The Mermaid Chair* (aging, family)

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

Plath, S. *A Bell Jar*. (depression, mental health treatment, class issues)

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

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

Melville, H. *Moby Dick*. (OCD)

Greene, G. *Typhoon*. (OCD)

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

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

Styron, *Darkness Visible* (depression)

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

Nebokov, V. *Lolita*. (pedophilia)

Cather, W. *Paul's Case*. (veteran's issues)

Kennedy, W. *Ironweed*. (trauma)

Chase, T. *When Rabbit Howls*. (sex abuse, dissociative disorder)
Hawthorne, N., *The Scarlet Letter* (stigma, religion, manhood)
Mason, B. *In Country*. (vets)
Dostoyevski, F. *Brothers Karamazov*. (hallucination, family issues)
Otto, W. *How to Make an American Quilt*. (culture, women's issues)
McCullough, C. *The Heart is a Lonely Hunter*; (coming of age, disability, intimacy); *Reflections in a Golden Eye*; (LGBTQ, military); *Member of the Wedding* (identity, coming of age)
Roth, P., *Portnoy's Complaint*. (family issues, sexuality, assimilation/acclturation)
Salinger, J.D. *Catcher In the Rye* (depression, coming of age, complicated bereavement)
Morrison, T. *The Bluest Eye* (trauma, racism)
Tan, A. *Joy Luck Club. Kitchen God's Wife*. (acculturation & assimilation, trauma, family)
Potok, *My Name is Asher Lev*. (family, identity)
Russo, R. *Empire Falls; Bridge of Sighs* (family, identity)
Saks, E.R. *The Center Cannot Hold*. (schizophrenia)
McCort, F. *Angela's Ashes*. (family, culture)
Weisel, E. *Night*. (holocaust, prejudice, trauma)
Camus, A. *The Stranger* (alienation, personality disorder)
Williams, T. *Glass Menagerie* (personality dis., LGBTQ)
Moody, *The Coming of Age in Mississippi* (racism, coming of age)
Cisneros, S. *House on Mango Street, How the Garcia Sisters Lost their Accent* (culture, family)
Tobar, H. *The Tattooed Soldier* (homelessness, trauma, migration)
Faulkner, *As I Lay Dying* (family, culture, bereavement)
Ondaatje, *The English Patient* (trauma, intimacy, war)
McEwan, I. *Atonement* (war, intimacy)
McEwan, I. *On Chesil Beach* (sexual issues)
Wilde, Oscar *The Picture of Dorian Grey* (narcissism)
Sapphire, *Push* (sex abuse, racism)
A Beautiful Mind (mental illness)
Ablom, M., *Tuesdays with Morrie* (aging, intimacy)
Applegate, D., *The Most Famous Man in America*
Toole, John Kennedy, *The Confederacy of Dunces* (individuation)
Schlink, B., *The Reader* (coming of age, disability)
Smiley, J. *1000 Acres* (family, sex abuse)
Wells, R., *Divine Secrets of the Ya Ya Sisterhood* (family, women's issues, eating disorders)
Eugenides, J., *Middlesex* (LGBTQ, identity)
Toiban, C., *Brooklyn* (migration, intimacy)
Goldberg, M., *Bee Season* (family, religion, identity)

Remarque, E., *All Quiet on the Western Front* (war)
Hemingway, *Red Badge of Courage* (war, coming of age)
Heller, *Catch 22* (war, vets)
Hemingway, *A Farewell to Arms* (war, vets)
Mailer, *The Naked and the Dead* (war, vets)
Wharton, *A Midnight Clear* (war)
Frazier, *Cold Mountain* (war, vets)
Kovic, R., *Born on the 4th of July* (vets)
Farber, D. *Unorthodox* (trauma, religion)
Warton, J. *Birdy* (obsession)

GUIDELINES FOR THE LIBRARY RESEARCH PAPER

Students: I advise that you use this sheet as a check list before you turn in your paper. This assignment covers all objectives (1, 2, 3, 4, 5, 6, and 7). Start this assignment at least 3 weeks before it is due. Do not simply repeat a manualized treatment (e.g. CBT for veterans). If you choose CBT you **MUST** include another treatment approach to pair with it. Do not choose a first year practice approach or one that we have not covered in this class. Use an approach suitable for work with **adult individuals** and their support systems, not families, or groups. Short use of case material is integrated throughout so please pick a mental health problem which one of your clients as exhibited.. Use phases of treatment as your subheadings. Proof read your paper. Do not over rely on one or two citations. Do not use first year texts. Do not over rely on classroom texts. Do not use narrative from progress reporting e.g. "Client states that..." This is an academic paper which should comply with the APA style manual. Use current citations. []

1. Select a disorder or special population. [] A mental disorder present in a case you are holding is preferred so you can use examples of interventions throughout.
2. Select an intervention strategy *covered in class*. Taking the practice method selected discover how that method is employed throughout all phases of intervention. If there is no literature on the phase of treatment (such as referral), please use other sources of information. Cover all phases including:

Issues in referral for this particular type of population. How does the client come into the system? Is there typically a history with other systems of care? In what segment (s) of the continuum of care are you most likely to be working and why? What might influence client use of mental health care? [] obj. 5

- **Methods of engagement** given the problem area. (e.g. What issues are involved in engaging a client who has anorexia and what must you do to establish rapport and empathy? HOW will you engage given these issues? Why are these practice aspects important given the case and problem area? Discuss engaging diverse groups of clients-what must you do differently with those from different cultural groups.) []
- Discuss what is included in the **assessment framework using the practice model** chosen? Issues in culture and diversity must be a part of this section. Remember that your assessment should be based on the practice intervention selected, not just DSM diagnosis. If you are using CBT, HOW would CBT or IPT assess this case? Please use some analysis of case material rather than simply reporting. Why might someone have certain dynamics going on, certain symptomatology, etc.
 - Include a **short biopsychosocial assessment** and **analysis** of what factors influenced symptoms presentation.
 - What neurobiological issues come out in the assessment and how do you know they are present?
 - Present DSM diagnosis(es) []
 - What methods of assessment can be employed using a valid & reliable measure? (Consult material in the DSM 5 on assessment instruments. []
 - Integrate relevant cultural factors of the case and use citations to support your assessment. Note that Caucasians are not one group, Latinos are not one group, etc. []

- What is the **treatment plan** and what are the **treatment goals**? Remember to consult information tied to the intervention you are using []
- Discuss issues in the worker client relationship: your own feelings, transference & countertransference, values & experiences that may affect motivation or resistance in you and the client system in treatment. Why are these issues present? What will you do differently given these issues? How will you do it? [] obj. 3

- What **contracting issues** must be set up given this problem and in this practice model? Why is the contract necessary? []

- Discuss **methods of intervention** in the middle phase of treatment. How is culturally competent treatment used in this phase? Your intervention in the middle phase should derive from your assessment issues. Tell me *why* you doing *what* you are doing. Go beyond telling what interventions you will use. *How* will you institute these interventions? The middle phase should represent the bulk of your paper and should be detailed, i.e. *several kinds of specific interventions* not just a couple. For example, if you are using art therapy, what *specific* interventions were used e.g. the memory box (describe the client's box), drawing feelings, creating a shrine, creating a collage, the picture exercise, what came out in the reflection phase? If you use CBT you must go beyond "identifying cognitive distortions" and be specific. What was the client's schema, what was the depressive triad, what specific distortions or fallacies were made and what *several* kinds of cognitive interventions were used in addition to several kinds of *behavioral* strategies. []
 - How will you engage and attend to issues **in body, mind, and brain**? []

- How is **termination** performed with this model and how do you know it is time for termination? What are the issues & plan? []

- Discuss **evaluation strategies** in the practice model. . Evaluation should follow the same practice intervention as in the assessment. Remember to include a valid and reliable assessment measure as a part of your evaluation. []

- Discuss methods of **follow-up** in the practice model. Why might follow-up be important? [].

- You may use one or more than one practice models but you must tell me why you are doing so.

- Please comment on social justice issues as they impact problem presentation and treatment []. obj. 1

- Discuss your role and identity as a clinical social worker; what makes your domain different from other professionals? What leadership responsibilities do you have in team activities? []. obj. 6
- What ethical issues are involved in working with this group? What social work values intersect with these ethical issues? [] obj. 7

- Caveats

- Do not present case material with no explanation of your practice model assessment or theoretically-based intervention strategies. *This assignment is not simply a case study.* You may use a case or cases as *illustrative* material of *how* to apply the interventions.
- Use APA style. APA style includes the use of headings and subheadings. Remember to start with an introduction and end with a conclusion. Do not use lengthy citations; rather, paraphrase material to make your point. When you quote directly, you **must** include pagination and attribution. Do not simply link quotes together with some narrative. If you are unclear about APA style, please consult the manual or see me. Use Times Roman 12 point. [] obj. 1
- Use a variety of citations. Do not rely solely on one or two texts, and *not* introductory texts such as Hepworth & Larsen, or solely classroom readings. Do a search for citations including refereed journal articles [].
- Length should be between fifteen and twenty double spaced pages. []
Please see me if you have any questions at all. I would be happy to take a look at a draft of your paper..
- If for some reason, you are unable to turn in your paper on time, please contact me. Do not turn in your paper late without contacting me; otherwise, your grade will drop. Together, we will negotiate a solution to the problem. If an extension is given and the date of the extension is failed by the student, points will be taken off the paper and your grade will drop. Good luck!