

# USC Suzanne Dworak-Peck

School of Social Work

## Social Work 615 Sections 67558 and 67559

### Brief Therapy and Crisis Intervention

3 Units

*“Suffering is inevitable... Misery is optional” Aaron Beck*

Spring, 2018

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Office Hours: By Appointment

Course Day: Thursday  
Course Time: 4:45-6:00 pm; 6:30-7:45 pm (PCT)  
Course Location: VAC

#### I. COURSE PREREQUISITES

Students enrolled in SOWK 615 are required to have completed two semesters of foundation year practice.

#### II. CATALOGUE DESCRIPTION

Theory and multimodal approaches for brief therapy and crisis intervention with diverse clientele in a range of mental health and health settings.

#### III. COURSE DESCRIPTION

SOWK 615, Brief Therapy and Crisis Intervention, is an advanced clinical practice course designed to teach second year practice students the theories and techniques of brief treatment and crisis intervention. Students will receive historical, theoretical, and clinical information sufficient to work with individuals, couples, families, groups, and organizations. Ethical, professional, transference, and counter transference issues will be addressed as they relate to brief therapy modalities.

#### IV. COURSE OBJECTIVES

Objective #	Objectives
1.	Demonstrate knowledge of relevant brief therapy and crisis intervention theories
2	Implement brief therapy and crisis intervention models and techniques with individuals' families, groups and organizations.
3	Treat specific client problems and populations including, but not limited to: Ethnically, culturally and sexually diverse clients, psychiatric, mood and substance abuse issues, medical and community crises
4	Become knowledgeable about research based, best practice models and what client populations are best served by them.

Objective #	Objectives
5	Explore efficacy and ethical issues, raised by managed care and mandated brief therapy for clients.

## V. COURSE FORMAT / INSTRUCTIONAL METHODS

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

## VI. STUDENT LEARNING OUTCOMES

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

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

\* 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 7: Assess Individuals, Families, Groups, Organizations, and Communities</p> <p>Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<p>1. Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders and the application of ethical guidelines regarding confidentiality, self-determination, and high-risk manifestations of mental illnesses.</p> <p>2. Promote knowledge about the logic and method of diagnostic classification and the criteria necessary for the diagnosis of various mental disorders, the process for ruling out alternative explanations for observed</p>	<p>7a. Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p> <p>7b. Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation.</p>	<p>Knowledge</p> <p>Reflection</p>	<p>Assignments: 1,2,3, &amp; 4.</p> <p>Class Participation</p>

	<p>symptoms, and differentiating between disorders with shared symptoms.</p> <p>3. Demonstrate the importance and value of ethno cultural and gender factors in differential diagnostics, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions.</p> <p>Diversity issues include, but are not limited to, race, ethnicity, cultural values and beliefs, gender, sexual orientation, age, socioeconomic status, and religion/spirituality.</p>			
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	4. Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam.			
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Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</p> <p>Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into</p>	<p>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.</p> <p>Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical</p>	<p>8a. Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.</p> <p>8b. Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions.</p>	<p>Exercise of judgment</p> <p>Reflection</p>	<p>Brief Reaction Paper</p> <p>Crisis Intervention Demonstration</p> <p>Application Exercise of Brief Therapy</p> <p>Brief Therapy Demonstration</p> <p>Class Discussions</p>

<p>account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.</p>	<p>frameworks in interventions with clients and constituencies</p> <p>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes</p> <p>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.</p> <p>Facilitate effective transitions and endings that advance mutually agreed-on goals.</p>			
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**VII. COURSE ASSIGNMENTS, DUE DATES & GRADING**

Assignment	Due Date	% of Final Grade
#1-Brief Reaction Paper	Unit 4	10%
Midterm – Crisis Intervention Demonstration	Unit 8	35%
#2 -Application Exercise of Brief Therapy	Unit 12	10%
Final – Brief Therapy Demonstration	Finals Week	35%
Class Participation	On going	10%

Each of the major assignments are described below.

Class grades will be based on the following:

**ASSIGNMENT #1: BRIEF REACTION PAPER – 10%**

*Due on Unit 4*

During the week of Unit 4, the student will watch the HBO documentary “Bellevue Inside Out”. For VAC students, the film is located in Unit 4 of your asynchronous material. All other students may access the film via the internet at <http://www.youtube.com/watch?v=1nVEN1Reeaw&list=PL64D75B9549BB123D>. The student will be required to write a short paper (3 pages maximum) which includes a brief overview of the film, discuss pertinent themes/issues and apply knowledge of crisis theory and interventions to an individual from the film. The student will be graded on how well they demonstrate an understanding of and application of topics discussed in class and the reading material.

**I. Introduction**

- a. Provide a brief overview of the film. (Limit your discussion to 1-2 paragraphs)
- b. Include a discussion of the key topic/subject of the film and what you feel is its overall purpose.
- c. Discuss how the film relates to course material/content.

**II. Reaction/Analysis-** Discuss a minimum of 2 of the following:

- Do you think the film overlooked or left out anything important? What?
- Did the film hold your interest? Why or why not?
- What did you realize as the result of watching this film?
- What questions does the film raise for you—about the material or other issues?
- Did the film challenge your existing views about mental health crisis?

**III. Application**

Select an individual from the documentary.

- a. Using crisis theory describe the development of the crisis for this individual.
- b. How would you apply the Robert’s 7- stage crisis intervention model to your work with this individual? For example, if the client identifies substance abuse as the last straw precipitant, discuss how you might help the client to generate and explore alternative ways to cope/manage their psychiatric symptoms as means of decreasing future crisis and build resiliency.
- c. Identify and briefly discuss potential barriers to implementation of your intervention. How might you decrease these barriers?

**MID-TERM: CRISIS INTERVENTION DEMONSTRATION – 35%**

*Due on Unit 8*

The purpose of the midterm assignment is to integrate learning obtained from the unit readings and discussion about crisis intervention and apply it to a clinical case. The 2-part assignment will consist of a role play exercise and a critical analysis/reflective written paper. Both parts of the midterm assignment are due during the week of **Unit 8**. Please upload session recording and paper to the VAC. Papers and recordings not received by the deadline will lose half a grade point for each day they are late. Your instructor will provide written instructions on how to record and submit your role play recordings.

The objective of Part 1 of this assignment is to demonstrate an understanding of and ability to apply the Robert's 7 Stage crisis intervention model within a single session. In Part 1 the student will record an unrehearsed, spontaneous crisis intervention "session" that lasts 30-45 minutes in length. The student will be the therapist. The student will receive case vignettes of three potential clients. The student may select which case vignette they wish to work with. In the case vignette, the student will be provided with a limited amount of biopsychosocial information. The student will be responsible for completing a brief crisis assessment in their demonstration which includes an assessment of lethality. The crisis assessment should also include a discussion and identification of any relevant hazards and final straw precipitants as well as relevant coping mechanisms the client engages that are pertinent to understanding the dimensions of the problem in stage 3. Students will be expected to offer interventions consistent with the problem identified in the assessment and demonstrative of the remaining 5 stages of the Robert's crisis intervention model which include, dealing with feelings, generating alternatives, developing action plan and plans for follow up. Finally, students must demonstrate basic attending skills demonstrated throughout the session that support the development of rapport which is the goal of stage 2. This may include verbal or non-verbal skills.

The objective of Part 2 of the assignment is for the student to review and reflect upon their demonstration. In Part 2 the student will review the role play recording and write a 6-8 page, double spaced, typed paper where you answer each of the questions below. Students are not required to utilize any outside literary resources to complete the written portion of the assignment and students may utilize the first person perspective.

1. Identify 2 interventions you feel you executed exceptionally well. Why did you select these interventions?
2. Identify 2 interventions that you feel you need to focus on improving. Why did you select these interventions? After reviewing the video how would you improve upon these interventions? Give an example of how you would revise each of the interventions.
3. How did you conceptualize the client's problem using the crisis formation discussed in class?
4. Was this conceptualization consistent with the interventions that you offered? Discuss the connection between the two. If your understanding of the problem was inconsistent with the interventions offered, how would you make them consistent? Give an example of how you might change either your understanding of the problem or the interventions and discuss.
5. Did you assess potential legal and ethical considerations? If you did what client factors led you to make these considerations? If you did not what client factors led you to not make these considerations?
6. How did you operationalize the Robert's crisis intervention model in your session? Provide 1 example of an intervention that is representative of each of the 7 stages? Identify and discuss 1 pro and 1 con to the use of Robert's crisis model when conducting crisis intervention.

The evaluation of the paper will be based on whether you addressed all aspects of the assignment, and the quality of your written work (organization, flow, clarity, grammar, spelling and use of APA style).

The assignment is worth 35% of your overall grade for this course.



**ASSIGNMENT #2 APPLICATION OF BRIEF THERAPEUTIC METHODS—10%**

*Due on Unit 12*

The student will watch the episode of A&E “Obsessed” which explores symptoms and treatment of Obsessive Compulsive Disorder utilizing CBT. Students will be given instruction on how to obtain the media for this assignment from their instructor. The student will select an individual from the episode and apply knowledge of CBT theory and clinical skills discussed during class and in the reading material. The student will be required to select either Sharon or Patricia and discuss the following:

**Conceptualize the client’s problem utilizing cognitive behavioral formulation.**

- Identify automatic thoughts and core schema demonstrated by the selected individual.
  - Automatic thoughts and core schema may not be explicitly identified and the student’s discussion of these elements may be hypothesized based on the information given.
- Identify emotional and behavioral responses/compensatory strategies that the individual engages in.
  - Include a discussion of the resulting functional impairments caused by these behaviors.
- Include discussion and identify any psychosocial history which may be used to explain and understand the development and maintenance of symptoms. Include identification of any relevant psychosocial stressors experienced by the individual discussed.

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual’s **cognitions**.

- What cognitive interventions would you add? Describe how you would integrate these interventions into treatment (i.e. use of automatic thought records, generating rational alternatives, decatastrophizing, etc.)

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual’s **behavioral responses**. Describe 1 additional behavioral intervention you would add to enhance the overall efficacy of treatment with this individual? (This may include activity scheduling, activity logs, relaxation techniques, etc.)

Describe barriers that the client demonstrated and evaluate how the therapist managed these throughout the treatment process.

- What additional methods could be utilized to manage barriers or obstacles to change in the therapeutic process?
  - You may include a discussion of how you would utilize CBT to work with barriers within treatment, psychoeducation, motivational interviewing, relapse prevention etc.

**FINAL - BRIEF TREATMENT INTERVENTION DEMONSTRATION AND CRITICAL ANALYSIS– 35%**

Due during finals week.

The final assignment will apply Brief Treatment clinical skills learned in Units 8-14.

The 2-part assignment will consist of a role play exercise and a critical analysis/reflective written paper.

The objective of Part 1 of this assignment is to demonstrate an understanding of skills learned by application of them within a recorded session.

In **Part 1** the student will record an unrehearsed, spontaneous therapy “session”. The student will be the therapist. The student will receive case vignettes of three potential clients. The student will randomly select a client that will be role played when they arrive to their “session”. In the case vignette, the student

will be provided with all of the relevant biopsychosocial data that they would obtain by conducting an assessment. The student will assume that sufficient time has passed to develop the therapeutic relationship with their client. The session should be reflective of sessions in the “middle phase” of treatment which may be session 3 and beyond. The student should review the case vignettes and develop a “working hypothesis” or case conceptualization prior to the start of the session. The student may begin their “session” with a discussion with your client about this conceptualization/hypothesis.

The student may practice/prepare for the role play prior to taping, and it is encouraged that you consider potential issues that the client may present with and how to address these issues within the session. Students will not have the opportunity to “start over” however, and may address any areas of improvement in Part 2 of the assignment. Finally, students may not script sessions. The purpose of the assignment is to approach the session as you would in your clinical practice.

**VAC Students:** Contact student support 24 hours prior to completion of your recorded session if you would like to have a conference line connected to your room. Please note that it takes a minimum of 24 hours for recorded session to be available to review on the VAC platform. Please review the handout for tips for VAC session recordings and for volume management prior to recording your session

The student will have a maximum of 30-45 minutes for their session. During the session, the student will utilize clinical skills from Cognitive Behavioral and/or Solution Focused Therapy Brief treatment models. The student may utilize an “eclectic” approach however, **no more** than 10% of interventions utilized may be outside of those discussed in class. Examples of interventions may include but are not limited to: the miracle question, Socratic questioning, homework assignments, exposure techniques, decatastrophizing, activity scheduling, etc. There is no expectation of a minimum or maximum number of interventions, however, those offered should be appropriate to the client’s presenting problem.

The objective of Part 2 of the assignment is for the student to review and reflect upon their clinical work conducted in Part 1.

In **Part 2** the student will review the recorded session and complete a written critical analysis and reflection about their role play. The written part of the final should be 6-8 pages and include a discussion of the following:

**Introduce the interviewee or client:**

- Describe the interviewee or client in terms of their age, gender, ethnicity, race, sexual orientation, spirituality or other relevant social identities.
- Describe the presenting problem. Include any relevant biopsychosocial data as it relates to understanding/explaining the client’s presenting problem. Since this information was provided to the student, your discussion should not exceed 1 page and should include a brief discussion of the students’ formulation of the client’s presenting problem.

**Analysis and Critique**

The student is required to analyze and evaluate a minimum of 5 skills/interventions demonstrated in the role play. No more than 1 may be a basic interviewing or attending skill (i.e. open ended questioning, empathic/reflective listening etc.) The student will integrate the interview dialogue that is being discussed and evaluated. The student should use quotes and/or describe how they used the intervention/skills within the session. The student will analyze their role play, identifying the skill that is being demonstrated in the dialogue. In your analysis, include a discussion about the clinical rationale/intent of the skill/intervention demonstrated.

Finally, the student will critically evaluate the skill/intervention utilized, specifically discussing the relevant strengths and weaknesses; and any modifications you would make to your use of the skill/intervention. If there was not an opportunity during the interview to demonstrate a particular skill, include a discussion with an example of how you may have utilized the skill/intervention if the occasion had arisen to do so.

**Personal Reflection**

To conclude the written analysis and critique, the student will reflect upon their overall ability to implement brief treatment interventions that were discussed throughout the course. The student should identify areas of growth as well as areas of continued practice and study that they may have at the conclusion of the course.

The student will be graded on how well they execute the brief treatment interventions utilized (40%) and their overall analysis and critique of skills demonstrated (50%). Finally, they will be graded on the overall organization and clarity of their written work. (10%) The assignment does not require the use of any outside resources, however, if the student chooses to do so, all work must be cited utilizing 6<sup>th</sup> edition APA format guidelines and include a reference page. Please upload your session recording and paper to the VAC.

Late assignments will be penalized a half grade point for each 24-hour period after the due date.

**CLASS PARTICIPATION - 10%**

Student is expected to come to and remain in class for entire sessions. Student is expected to participate in class discussions. Texting and working on anything other than course material is considered not participating and participation points will be deducted accordingly.

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 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

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

- (1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.
- (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.
- (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.
- (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

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

(6) Grades between C- 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.

## VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

### Required Textbooks

The following textbooks are required readings for SOWK 615. Each book was carefully chosen to expose students to the most essential concepts for this course. There are very few articles on the reading list. We understand that these books are expensive. There are alternative methods for retrieving the readings, including accessing digital copies of books on library reserve services, renting text books from commercial online services, etc.

Berg, I. & de Jong, P. (2013). *Interviewing for solutions*. 4<sup>th</sup> Edition. New York: Thompson Brooks/Cole.

Roberts, A. (Eds.). (2015). 4<sup>th</sup> Edition. *Crisis intervention handbook*. New York: Oxford University Press.

Wright, J., Basco, M. & Thase, M. (2006) *Learning Cognitive Behavior Therapy: An illustrated guide*. Washington, DC: American Psychiatric Publishing, Inc.

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

Unit	Topics	Assignments
1	Course Introduction Overview of Course Expectations Introduction to Crisis Theory	
2	Introduction to Crisis Intervention Clinical Skills <ul style="list-style-type: none"> <li>➤ General Engagement Skills</li> <li>➤ Crisis Assessment</li> <li>➤ Robert's 7-Stage Crisis Intervention Model</li> </ul>	
3	Crisis Intervention: Legal and Ethical Considerations <ul style="list-style-type: none"> <li>➤ Mandated Reporting Laws and Professional Guidelines Child Abuse / Neglect/ Child Sexual Involvement Elder / Dependent Abuse / Neglect Danger to Self Danger to Other or Property / Tarasoff Notification / Duty to Warn</li> </ul>	
4	Crisis Intervention with Special Populations: People with Psychiatric Disorders <ul style="list-style-type: none"> <li>➤ Overview of DSM-IV-TR Diagnostic Criteria</li> <li>➤ Crisis Assessment, Establishing Clinical Goals, and Treatment Planning</li> </ul> Video Activity	<b>Assignment #1 Due</b>
5	<ul style="list-style-type: none"> <li>■ Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence <ul style="list-style-type: none"> <li>➤ Substance Abuse: Signs and Symptoms</li> <li>➤ Crisis Assessment and Management of Substance Related Issues</li> <li>➤ Intimate Partner Violence: Assessment and Clinical Skills</li> </ul> </li> </ul>	
6	Crisis Intervention with Special Populations: Grief, Loss, and Medical Crises <ul style="list-style-type: none"> <li>➤ Types of Medical / Health Crises</li> <li>➤ Single Session Crisis Intervention</li> <li>➤ Elisabeth Kubler-Ross's Stages of Grief and Loss</li> <li>➤ Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills</li> </ul>	
7	Types of Group and Organizational Crises Critical Incident Stress Debriefing (CISD) Vicarious and Secondary Trauma: Help for the Helper	

Unit	Topics	Assignments
8	Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy <ul style="list-style-type: none"> <li>➤ Cognitive Behavioral Therapy: Theory and Basic Principles</li> <li>➤ Assessment, Problem Formulation, and Treatment Planning</li> <li>➤ General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment</li> <li>➤ Evaluation of Progress and Treatment Outcomes Measurements</li> </ul>	<b>Midterm Assignment Due</b>
9	Cognitive Behavioral Therapy Clinical Skills Development <ul style="list-style-type: none"> <li>➤ Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema</li> <li>Common Problems and Pitfalls</li> </ul>	
10	Cognitive Behavioral Therapy: Clinical Skills Development <ul style="list-style-type: none"> <li>➤ Behavioral Skills Training</li> </ul>	
11	Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People Addictive Disorders <ul style="list-style-type: none"> <li>➤ Application of Clinical Skills</li> <li>➤ Identifying and Overcoming Resistance and Barriers to Change</li> </ul>	
12	Solution Focused Therapy: Basic Principles <ul style="list-style-type: none"> <li>➤ Theory, Assessment, and Problem Formation</li> </ul>	<b>Assignment #2 Due</b>
13	Solution Focused Therapy: Clinical Skills Development <ul style="list-style-type: none"> <li>➤ Working with clients' strengths and "building solutions": Miracle Question, Exception Finding, Scaling, and Coping Questions</li> <li>➤ Evaluation of Progress and Treatment Outcomes Measurements</li> </ul>	
14	Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders <ul style="list-style-type: none"> <li>➤ Assessment and Clinical Intervention</li> </ul>	
15	Course Review, Wrap Up and Course Evaluation <ul style="list-style-type: none"> <li>➤ Course Wrap-Up</li> <li>➤ Course Evaluations</li> </ul>	
<b>STUDY DAYS / NO CLASSES</b>		
<b>FINAL EXAMINATIONS</b>		

## Course Schedule—Detailed Description

### Unit 1: Course Introduction and Overview

#### Topics

Course Introduction  
Overview of Course Expectations  
Introduction to Crisis Intervention Theory  
Culture and Crisis Development and Intervention

#### Required Readings

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Introduction, Chapter 1 and 26

Dykeman, B. (2005) Cultural implications of crisis intervention. *Journal of Instructional Psychology*. 32.1 (ARES)

### Unit 2: Introduction to Crisis Intervention Theory and Clinical Skills

#### Topics

Introduction to Crisis Intervention Clinical Skills

- Crisis Assessment
- Application of Robert's 7 Stage Model of Crisis Intervention

#### Required Readings

Berg, I. and de Jong, P. (2013). *Interviewing for solutions*. Chapter 10 and pgs. 397-404

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapter 3.

Roberts, A. and Ottens, A. (2005). The Seven Stage Crisis Intervention Model: A Road Map to Goal Attainment, Problem Solving and Crisis Resolution. *Brief Treatment and Crisis Intervention*. 5. 4. (ARES)

### Unit 3: Crisis Intervention: Legal and Ethical Considerations

#### Topics

Crisis Intervention: Legal and Ethical Considerations

- Mandated Reporting Laws and Professional Guidelines
  - Child Abuse / Neglect / Child Sexual Involvement
  - Elder / Dependent Abuse / Neglect
  - Danger to Self
  - Danger to Other or Property / Tarasoff Notification / Duty to Warn

#### Required Readings

California Department of Social Services, Office of Child Abuse Prevention: The California Child Abuse and Neglect Reporting Law. Booklet. (ARES)

Meichenbaum, D. (2005). 35 years of working with suicidal patients: Lessons learned. *Canadian Psychologist*. 46, 2. (ARES)

Roberts, A. (Eds.) (2015). *Crisis intervention handbook*. Chapters 2 and 6.

VandeCreek, L and Knapp, S. (2007) Legal and Ethical Issues in Crisis Intervention. In Dattilio, F. and Freeman, A. Cognitive Behavioral Strategies in Crisis Situation. pp. 531-543. New York: Guilford Press (ARES)

Handout: Steps in Ethical Decision Making Process (ARES)

#### **Unit 4: Crisis Intervention with Special Populations: People with Psychiatric Disorders**

##### **Topics**

Crisis Intervention with Special Populations: People with Psychiatric Disorders

- Overview of DSM-5 Diagnostic Criteria

Crisis Assessment, Treatment Planning, and Clinical Skills

##### **Required Readings**

Ball, J., Links, P., Strike, C., Boydell, K. (2005). It's overwhelming... Everything seems to be too much: A theory of crisis formation for individuals with severe and persistent mental illness. *Psychiatric Rehabilitation Journal*, Summer, 29, 1; 10. (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapters 4, 10, 16

U.S Department of Health and Human Services: Practice Guidelines Core Elements in Responding to Mental Health Crises. Pgs. 1-26.

#### **Unit 5: Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence**

##### **Topics**

■ Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence

- Substance Abuse: Signs and Symptoms
- Crisis Assessment and Management of Substance Related Issues
- Intimate Partner Violence: Clinical Assessment and Skills

##### **Required Readings**

Kanel, K. (2007). *A guide to crisis intervention*. Chapter 10 &12 (pp. 220-230). (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapters 16 and 18.

#### **Unit 6: Crisis Intervention with Special Populations: Grief, Loss, and Medical/Health Related Crises**

##### **Topics**

Crisis Intervention with Special Populations: Grief, Loss, and Medical / Health Crises

- Medical Social Work: Roles and Responsibilities
- Crisis Intervention in Medical Settings
- Elisabeth Kubler-Ross's Stages of Grief and Loss
- Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills

##### **Required Readings**

Dattilio, F., Davis, E. and Goisman, R. (2007) Crisis with Medical Patients. In Dattilio, F. and Freeman, A. Cognitive Behavioral Strategies in Crisis Situation. pp. 199-219. New York: Guilford Press (ARES)

Deranieri, J. Clements, P, Henry, G. (2002) When catastrophe happens: Assessment and intervention after sudden traumatic death. *Journal of Psychosocial Nursing & Mental Health Services*. 40. 4 (ARES)



NASW Standards for Palliative and End of Life Care. (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapter 24

## Unit 7: Family and Large Scale Crisis Worker Burnout and Compassion Fatigue

### Topics

Types of Large Scale Natural and Man Made Disasters  
Families in Crisis  
Psychological First Aid  
Vicarious and Secondary Trauma: Help for the Helper

### Required Readings

Price, S, Price, C and McKerney, P. (Eds.) (2010) *Families and Change: Coping with Stressful Events and Transitions*. Sage Publications. Families Coping with Change: A Conceptual Overview. Chapter 1. (ARES)

Psychological First Aid- MRC Field Operations Guide (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook* Chapter 7 and 22

Rothschild, B. and Rand, M. (2006). *Help for the helper: the psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton and Company. Chapter 3. (ARES)

## Unit 8: Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy

### Topics

Introduction to Brief Treatment: Cognitive Behavioral Therapy

- Cognitive Behavioral Therapy: Theory and Basic Principles
- Assessment, Problem Formulation, and Treatment Planning

### Required Readings

Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. Oxford University Press: New York. Chapters 3 & 5 (pp.88-89; 92-103). (ARES)

Dudley, R., Kuyken, W., Padesky, C. (2009) Collaborative Case Conceptualization: Working Effectively with Client in Cognitive Behavioral Therapy. (ARES)

Wright, J., Basco, M. & Thase, M. (2006). *Learning cognitive-behavior therapy: An illustrated guide*. Chapter 1, 2, & 3.

## Unit 9: Cognitive Behavioral Therapy Clinical Skills

### Topics

Cognitive Behavioral Therapy Clinical Skills

- General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment
- Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema  
Common Pitfalls and Problems  
Evaluation of Progress and Treatment Outcomes Measurements

### Required Readings

Wright, J., Basco, M. & Thase, M. (2006). *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 5, 8 & 9.

## Unit 10: Cognitive Behavioral Therapy Clinical Skills

### Topics

Cognitive Behavioral Therapy Clinical Skills

- Behavioral Skills Training

### Required Readings

Wright, J., Basco, M. & Thase, M. (2006) *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 6 & 7.

## Unit 11: Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders

### Topics

Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders

- Application of Clinical Skills
- Identifying and Overcoming Resistance and Barriers to Change

### Required Readings

Frances R., Miller, S. & Mack, A. (Eds.) (2005) *Clinical textbook of addictive disorders* (3<sup>rd</sup> ed.) New York. Guilford Press. Chapter 22

*Quick Guide for Clinicians: Brief Interventions and Brief Therapy of Substance Abuse*. SAMSHA (2001).

## Unit 12: Solution Focused Therapy: Basic Principles

### Topics

Solution Focused Therapy: Basic Principles

- Theory, Assessment and Problem Formation

### Required Readings

Berg, I. and de Jong, P. (2013). *Interviewing for solutions*. Chapters 1, 2, 3 & 15. Pgs. 380-384; 390

## Unit 13: Solution Focused Therapy: Clinical Skills Development

### Topics

Solution Focused Therapy: Clinical Skills Development

- General Worker Tasks and Interventions Throughout Beginning, Middle, and Termination Phases of Treatment
- Working with clients' strengths and "building solutions": Miracle Question, Exception Finding, Scaling, and Coping Questions
  - Common Pitfalls and Problems
- Evaluation of Progress and Treatment Outcomes Measurements

### Required Readings

Berg, I. and de Jong, P. (2013). *Interviewing for solutions*. Chapters 4, 5, 6, 8 & pgs. 385, 392-396; 404

## Unit 14: Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders

### Topics

Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders

- Assessment and Clinical Interventions

### Required Readings

Berg, I. and de Jong, P. (2013). *Interviewing for solutions*. Chapter 14 (pgs. 288-345)

Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. Oxford University Press: New York. Chapter 8.

Guterman, J. (2010) Advanced Techniques for Solution Focused Counseling. (Handout)

## Unit 15: Final Assignment Demonstrations, Wrap-Up, and Course Evaluation

### Topics

Course Review, Wrap-Up, and Course Evaluation

- Course Wrap-Up
- Course Evaluations

## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

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

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

### X. ACADEMIC CONDUCT

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

### XI. SUPPORT SYSTEMS

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

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

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

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

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

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

*Sexual Assault Resource Center*

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

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

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

*Bias Assessment Response and Support*

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

*Student Support & Advocacy – (213) 821-4710*

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

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

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

## **XII. STATEMENT ABOUT INCOMPLETES**

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

## **XIII. POLICY ON LATE OR MAKE-UP WORK**

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

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

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

## **XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)**

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

### **Preamble**

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

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

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

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

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

## **XVI. COMPLAINTS**

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

## **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.

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

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# Statement on Academic Conduct and Support Systems

Academic Conduct:

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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/>

*The Office of Disability Services and Programs*

Provides certification for students with disabilities and helps arrange relevant accommodations. <http://dsp.usc.edu>

*Student Support and 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*

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. <https://diversity.usc.edu/>

*USC Emergency Information*

Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible, <http://emergency.usc.edu>

*USC Department of Public Safety – 213-740-4321 (UPC) and 323-442-1000 (HSC) for 24-hour emergency assistance or to report a crime*

Provides overall safety to USC community. <http://dps.usc.edu>