USC Suzanne Dworak-Peck
School of Social Work

Social Work 643
Section # 60914D/60909D

Social Work Practice in Integrated Care Settings

3 Units

Instructor:	Dawn Joosten-Hagye, PhD,LCSW		
E-Mail:	joosten@usc.edu	**Course Day:**	Tuesday
Telephone:	213-821-1318	**Course Time:**	1:00-3:50/4:10-7:00pm
Office:	SWC 220	**Course Location:**	MRF 338
Office Hours:	Tuesday 12:00-1:00pm/Thursday 12:00-1:00pm		

I. Course Prerequisites

SOWK 544 and SOWK 637

II. Catalogue Description

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

III. Course Description

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

IV. Course Objectives

The course will:

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

V. Course format / Instructional Methods

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

VI. STUDENT LEARNING OUTCOMES

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

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

* Highlighted in this course

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

Competency	Objectives	Behaviors	Dimensions	Content
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities Social workers in health, behavioral health and integrated care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with adults and older adults understand that engagement involves the dynamic, interactive, and reciprocal processes. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge along with knowledge of practice theories (models, strategies, techniques, and approaches) to facilitate engagement with individuals, families and groups. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies.	Increase students' competence in selection of evidence based interventions based on a biopsychosocial perspective, by deepening understanding of individuals' and families' culture, ethnicity, gender, sexual orientation and other salient factors.	Recognize the primacy of the relationship when engaging with others in integrated care settings. Use empathy and other interpersonal skills to engage and intervene with others using brief evidence based interventions in multi-disciplinary settings.	Values Affective Reaction	Units: **1** Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context **2** Advanced Clinical and Cognitive Behavioral Skills **3** Chronic Care Model: Chronic Disease Management and Psycho-Education **4** Advanced Crisis Intervention: Suicide/Homicide **5** Diagnosis and Interventions for Grief, Loss, and Bereavement **6** Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders **7** Health Interventions **8** Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders **9** Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation **10** Advanced Substance Use Interventions

				11 Treatments for Co-Occurring Disorders 12 End-of-Life: Ethics and Interventions 13 Interventions for Older Adults and Caregivers 14 Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders 15 Sexual Health Assessment and Interventions **Assignment 1: Chronic Disease Self-Management** **Assignment 3: Final** **Summative Evaluation**

Competency	Objectives	Behaviors	Dimensions	Content
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities Social workers understand that intervention is an ongoing	Advances students' ability to apply practice interventions that have been supported by research by demonstrating effective practice in integrated care settings, including an	Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance	Exercise of Judgment	Units: 1 Introduction to Problem Identification, Diagnosis with DSMV, and treatment

component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter- professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.	examination of the strengths and limitations of the interventions in working with diverse groups.	capacities of clients. Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions.	Reflection	

	Planning in a Collaborative Integrated Context
2	Advanced Clinical and Cognitive Behavioral Skills
3	Chronic Care Model: Chronic Disease Management and Psycho-Education
4	Advanced Crisis Intervention: Suicide/Homicide
5	Diagnosis and Interventions for Grief, Loss, and Bereavement
6	Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders
7	Health Interventions
8	Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders
9	Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation
10	Advanced Substance Use Interventions
11	Treatments for Co-Occurring Disorders
12	End-of-Life: Ethics and Interventions

				13 Interventions for Older Adults and Caregivers **14** Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders **15** Sexual Health Assessment and Interventions **Assignment 1: Chronic Disease Self-Management** **Assignment 2: Midterm** **Assignment 3: Final** **Summative Evaluation**

VII. COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Paper & Presentation	Week 5	20%
Assignment 2: Midterm Paper	Week 8	30%
Assignment 3: Final Paper	Week 15	40%
Class Participation	Ongoing	10%

Assignment 1: Paper & Presentation

This written and oral assignment requires you to build on knowledge from course content on Stanford University's Chronic Disease Self-Management model and create or adapt psycho-educational curriculum for clients in your agency.

1. Describe the population and condition (i.e., chronic disease) that they experience. Examples include HIV positive transitional aged youth, diabetes and depression.
2. Review the empirical and practice literature for existing psycho-educational curriculum for the identified population.
3. Create or adapt curriculum (weekly content) to develop a psycho-educational support group.
4. Discuss a rationale for content and expected outcomes.

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

Due: Week 5 handout is due [15% of final grade]; Weeks 6-15 (5 minute) presentations will occur (1-2 per day) [5% of final grade]

Assignment 2: Midterm Paper

The midterm assignment will require you to build on skills acquired from SOWK 637. Using a clinical vignette, you will present a brief biopsychosocial-spiritual assessment; formulate a diagnosis/presentation of issues for treatment; develop a treatment plan; discuss the collaborative care, interdisciplinary, and/or inter-agency context of care/needs for the client; select and discuss how a social worker can provide treatment with a specific, appropriate intervention(s) with the client; discuss goodness-of-fit and cultural adaptations of the intervention as they relate to the client, and consider potential legal/ethical issues. Students will be provided 3 case vignettes Unit 5 and will be required to select 1 of the case vignettes to write the mid-term on. [30% of final grade].

* Please refer to prompt and rubric for further Assignment 2 information.

Due: Week 8

Assignment 3: Final Paper

For this assignment, you are asked to identify specific brief intervention(s) from this class that you could use with a current or former client from your field placement(s). You will present a brief biopsychosocial-spiritual assessment; diagnosis/presenting issues for treatment; brief treatment/case management plan; specific interventions(s) that could be used for treatment with

the client (to include an introductory summary of evidence for the intervention with similar clients/settings; a description of the key components of the intervention applied to treatment with the client; and a discussion of cultural and agency/context level adaptations to the intervention); potential legal/ethical issues, and potential transference/countertransference issues. [40% of final grade].

*Please refer to prompt and rubric for further Assignment 3 information.

Due: Week 15

Class Participation (10% of Course Grade)

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

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

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

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

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

Class grades will be based on the following:

Class Grades		Final Grade	
3.85–4.00	A	93–100	A

Class Grades		Final Grade	
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-** to **F** will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VIII. Required and Supplementary Instructional Materials and Resources

On Reserve

All required articles and chapters can be accessed through ARES.

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

Course Overview

Unit	Topics	Assignments
1	▪ Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context	
2	▪ Advanced Clinical and Cognitive Behavioral Skills	
3	▪ Chronic Care Model: Chronic Disease Management and Psycho-Education	
4	▪ Advanced Crisis Intervention: Suicide/Homicide	
5	▪ Diagnosis and Interventions for Grief, Loss, and Bereavement	ASSIGNMENT 1
6	▪ Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders	
7	▪ Health Interventions	
8	▪ Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders	Assignment 2
9	▪ Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation	
10	▪ Advanced Substance Use Interventions	
11	▪ Treatments for Co-Occurring Disorders	
12	▪ End-of-Life: Ethics and Interventions	
13	▪ Interventions for Older Adults and Caregivers	
14	▪ Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders	
15	▪ Sexual Health Assessment and Interventions	ASSIGNMENT 3
16	▪ Summative Experience: Interventions in Integrated Care Settings	
STUDY DAYS / NO CLASSES		
FINAL EXAMINATIONS		

Course Schedule—Detailed Description

Unit 1: Introduction to Diagnosis with DSMV, and Treatment Planning in a Collaborative Integrated Context

Topics

- Inter-professional collaborative care
- Interdisciplinary teams/models
- Diagnosis with DSMV
- Treatment Planning- MATRS evidence-based model

This unit relates to course objective 1.

Required Readings

Blending Initiative (NIDA & SAMHSA, 2016). Treatment Planning M.A.T.R.S. Fact Sheet. Retrieved from https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/files/TxPlanMATRS_Factsheet.pdf

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

Huffman, J. C., Niazi, S. K., Rundell, J. R., Sharpe, M., & Katon, W. J. (2014). Essential articles on collaborative care models for the treatment of psychiatric disorders in medical settings: a publication by the Academy of Psychosomatic Medicine Research and Evidence-Based Practice Committee. *Psychosomatics*, *55*(2), 109-122.

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

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

Recommended Readings

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

***Cross-Over Reading SOWK 638
Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

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

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

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

Unit 2: Advanced Clinical and Cognitive Behavioral Therapy Skills	**Date**
Topics • Advanced empathy • Goodness of fit and cultural adaptations • Cognitive Behavioral Therapy Skills	

This unit relates to course objective 2.

Required Readings

Hall, G. C. N., & Ibaraki, A. Y. (2015). 25 Multicultural Issues in Cognitive-Behavioral Therapy: Cultural Adaptations and Goodness of Fit. *The Oxford Handbook of Cognitive and Behavioral Therapies*, 465.

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

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive therapy and research*, *36*(5), 427-440.

Recommended Readings

Culley, J.A. & Teten, A.L. (2008). A therapist's guide to brief Cognitive Behavioral Therapy. Retrieved from http://associationcbt.ru/wp-content/uploads/2015/12/therapists_guide_to_brief_cbtmanual.pdf

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

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

Unit 3: Chronic Care Model: Chronic Disease Management and Psycho-Education	Date

Topics

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

This unit relates to course objective 1.

Required Readings

Brady, T. J., Murphy, L., O'Colmain, B. J., Beauchesne, D., Daniels, B., Greenberg, M., ... & Chervin, D. (2013). Peer reviewed: A meta-analysis of health status, health behaviors, and health care utilization outcomes of the chronic disease self-management program. *Preventing chronic disease*, *10*.

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

Lorig, K. (1996). Chronic Disease Self-Management. *American Behavioral Scientist,39*(6), 676-683.

Ory, M., Ahn, S., Jiang, L., Lorig, K., Ritter, P., Laurent, D., . . . Smith, M. (2013). National Study of Chronic Disease Self-Management. *Journal of Aging and Health,25*(7), 1258-1274.

Recommended Readings

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

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

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

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

Unit 4: Advanced Crisis Intervention: Suicide/Homicide	**Date**

Topics

- The seven-stage crisis intervention model
- Risk and protective factors
- Standards of care for intervention and documentation
- Psychological First Aid/Mental Health First Aid
- Cognitive Therapy for Suicide Prevention

This unit relates to course objective 2.

Required Readings

Ghahramanlou-Holloway, M., Bhar, S. S., Brown, G. K., Olsen, C., & Beck, A. T. (2012). Changes in problem-solving appraisal after cognitive therapy for the prevention of suicide. *Psychological Medicine*, *42*(6), 1185-1193.

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

Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., ... & Mehlum, L. (2005). Suicide prevention strategies: a systematic review. *Jama*, *294*(16), 2064-2074.

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

Svensson, B., & Hansson, L. (2014). Effectiveness of mental health first aid training in Sweden. A randomized controlled trial with a six-month and two-year follow-up. *PLoS One*, *9*(6), e100911.

Recommended Readings

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

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

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

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

Unit 5: Diagnosis and Interventions for Grief, Loss, and Bereavement	Date

Topics

- DSM-5 discussion
  - Uncomplicated grief/bereavement V62.82 (Z63.4)
  - Complicated grief
- Models of grief and loss intervention
    - Therese Rando's 6 R Processes
    - William Worden
      - Grief counseling for uncomplicated, normal grief
      - Grief therapy for complicated mourning

This unit relates to course objectives 1 and 2.

Required Readings

Neimeyer, R., & Currier, J. (2009). Grief Therapy. *Current Directions in Psychological Science,18*(6), 352-356.

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

Worden, J. W. (2018). Grief counseling: Facilitating uncomplicated grief. In J.W. Worden (Ed.), *Grief counseling and grief therapy: A handbook for the mental health practitioner (5th ed.)* (pp. 87-130). New York: Springer Publishing Company.

Worden, J. W. (2018). Grief therapy: Resolving complicated mourning. In J.W. Worden (Ed.), *Grief counseling and grief therapy: A handbook for the mental health practitioner (5th ed).* (pp. 159-182). New York: Springer Publishing Company.

Recommended Readings

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

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

Unit 6: Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders	**Date**

- DSM-5
    - Trauma and stressor-related disorders
    - Proposed criteria for complicated grief: Prolonged grief disorder (ICD-11& DSM-5) vs. Complex Bereavement Disorder (DSM-5)
- Trauma-informed care
- Impact of trauma on health
- Overview of trauma interventions
- Complicated Grief Treatment

This unit relates to course objective 1.

Required Readings

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

Marzillier, J. S. (2014). *The trauma therapies*. Chapter 4. New York, NY: Oxford University Press.

Shear, M., & Gribbin Bloom, K. (2017). Complicated Grief Treatment: An Evidence-Based Approach to Grief Therapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 35*(1), 6-25.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Recommended Readings

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

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

Unit 7: Health Interventions **Date**

Topics

- Barriers to adherence
- Impact of non-adherence
- Introduction to common psychiatric medication
- Family Medical Therapy
- Medical Case Management

This unit relates to course objective 1.

Required Readings

Cederbaum, J. A., Schott, E. M., & Craddock, J. (2018). Health and HIV/AIDS. In J.C. Heyman & E.P. Congress, (Eds.) *Health and Social Work: Practice, Policy, and Research (pp. 251-267)*.

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

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

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

Recommended Readings

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

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

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

Unit 8: Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders	**Date**

Topics

- DSM-5
  - Anxiety disorders
  - Bipolar and related disorders
- Goodness of fit and cultural adaptations
- Life Goals Collaborative Care [EBP on NREPP] bipolar, anxiety, & other mood disorder & SMI TX
- CBT for anxiety disorders & Progressive Muscle Relaxation

This unit relates to course objective 2.

Required Readings

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

Hofmann, S. G., & Otto, M. W. (2017). *Cognitive Behavioral Therapy for Social Anxiety Disorder: Evidence-Based and Disorder Specific Treatment Techniques*. Routledge.

Kilbourne, A. M., Li, D., Lai, Z., Waxmonsky, J., & Ketter, T. (2013). Pilot randomized trial of a cross-diagnosis collaborative care program for patients with mood disorders. *Depression and anxiety*, *30*(2), 116-122.

Oud, M., Mayo-Wilson, E., Braidwood, R., Schulte, P., Jones, S. H., Morriss, R., ... & Kendall, T. (2016). Psychological interventions for adults with bipolar disorder: systematic review and meta-analysis. *The British Journal of Psychiatry*, *208*(3), 213-222.

Recommended Readings

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

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

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

Unit 9: Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation **Date**

Topics

- DSM-5
    - Depressive Disorders
- Behavioral activation
- Solution-focused brief treatment

This unit relates to course objective 2.

Required Readings

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

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

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

Kanter, J. W., Santiago-Rivera, A. L., Santos, M. M., Nagy, G., López, M., Hurtado, G. D., & West, P. (2015). A randomized hybrid efficacy and effectiveness trial of behavioral activation for Latinos with depression. *Behavior therapy*, *46*(2), 177-192.

Wong, S. Y., Sun, Y. Y., Chan, A. T., Leung, M. K., Chao, D. V., Li, C. C., ... & Yip, B. H. (2018). Treating subthreshold depression in primary care: A randomized controlled trial of behavioral activation with mindfulness. *The Annals of Family Medicine*, *16*(2), 111-119.

Recommended Readings

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

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

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

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

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

Unit 10: Advanced Substance Use Interventions	**Date**

Topics

- DSM-5
  - Substance-related and addictive disorders (review)
- Medication-Assisted Treatment (MAT)
- Mind-Body Bridging Substance Abuse Program

This unit relates to course objective 2.

Required Readings

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

Nakamura, Y., Lipschitz, D. L., Kanarowski, E., McCormick, T., Sutherland, D., & Melow-Murchie, M. (2015). Investigating impacts of incorporating an adjuvant mind–body intervention method into treatment as usual at a community-based substance abuse treatment facility: a pilot randomized controlled study. *Sage Open*, *5*(1), 2158244015572489.

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

Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication-assisted therapies—tackling the opioid-overdose epidemic. *New England Journal of Medicine*, *370*(22), 2063-2066.

Recommended Readings

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

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

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

Unit 11: Treatments for Co-Occurring Disorders

Date

Topics

- Psychiatric comorbidity
- Trauma and substance abuse
- Personality disorders and substance abuse
- Seeking Safety

This unit relates to course objective 2.

Required Readings

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

Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M. C., ... & Herron, A. (2015). Combining seeking safety with sertraline for PTSD and alcohol use disorders: A randomized controlled trial. *Journal of consulting and clinical psychology*, *83*(2), 359.

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

Pellecchia, K., Roeschlein, A., Lewis, J., & Zuniga, M. (2017). Conjoint Treatment: A Novel Approach to Target the Syndemic Conditions of Trauma, Substance Abuse, and HIV in Women Living with HIV. *Southern medical journal*, *110*(11), 705.

Najavits, L. M., & Hien, D. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of clinical psychology*, *69*(5), 433-479.

Recommended Readings

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

Lenz, A. S., Henesy, R., & Callender, K. (2016). Effectiveness of seeking safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling & Development*, *94*(1), 51-61.

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

Unit 12: End-of-Life: Ethics and Interventions	**Date**

Topics

- Bioethics & Ethical Dilemmas
- Options in End-of-Life care
- Advance Care Planning
- Dignity Therapy

This unit relates to course objective 2.

Required Readings

Arthur, D. P. (2015). Social work practice with LGBT elders at end of life: Developing practice evaluation and clinical skills through a cultural perspective. *Journal of social work in end-of-life & palliative care*, *11*(2), 178-201.

Klingler, C., in der Schmitten, J., & Marckmann, G. (2016). Does facilitated Advance Care Planning reduce the costs of care near the end of life? Systematic review and ethical considerations. *Palliative medicine*, *30*(5), 423-433.

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

Wiegand, D. L., MacMillan, J., dos Santos, M. R., & Bousso, R. S. (2015). Palliative and end-of-life ethical dilemmas in the intensive care unit. *AACN advanced critical care*, *26*(2), 142-150.

Recommended Readings

National Association of Social Workers. (2004). NASW standards for palliative and end-of-life care. Available at: https://www.socialworkers.org/LinkClick.aspx?fileticket=xBMd58VwEhk%3D&portalid=0

National Hospice and Palliative Care Organization. (2017). Social work competencies. Available at: https://www.nhpco.org/social-work-competencies

Unit 13: Interventions for Older Adults and Caregivers **Date**

Topics

- Caregiver burden
- Reminiscence therapy
- PEARLS program
- Savvy Caregiver program
- Issues of gender, ethnicity, and culture in caregiving

This unit relates to course objectives 1 and 2.

Required Readings

CDC. (2009). The State of Mental Health and Aging in America Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs. Atlanta, GA: National Association of Chronic Disease Directors.

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

Hughes, S., Shuman, S. B., Wiener, J. M., & Gould, E. (2017). Research on supportive approaches for family and other caregivers.

Renn, B. N., & Areán, P. A. (2017). Psychosocial Treatment Options for Major Depressive Disorder in Older Adults. *Current treatment options in psychiatry*, *4*(1), 1-12

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

Recommended Readings

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

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

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

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

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

Unit 14: Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders	**Date**

Topics

- Group Psychoeducation overview
- Types of Groups

This unit relates to course objectives 1 and 2.

Required Readings

Palli, A., Kontoangelos, K., Richardson, C., & Economou, M. P. (2015). Effects of group psychoeducational intervention for family members of people with schizophrenia spectrum disorders: results on family cohesion, caregiver burden, and caregiver depressive symptoms. *International Journal of Mental Health*, *44*(4), 277-289.

Penn, P., Brooks, A. J., Gallagher, S. M., & Brooke, D. (2014). SMART Recovery®: An effective group method for co-occurring conditions in community treatment. *Drug & Alcohol Dependence*, *140*, e173.

Wong, S. Y. S., Yip, B. H. K., Mak, W. W. S., Mercer, S., Cheung, E. Y. L., Ling, C. Y. M., ... & Lee, T. M. C. (2016). Mindfulness-based cognitive therapy v. group psychoeducation for people with generalised anxiety disorder: randomised controlled trial. *The British Journal of Psychiatry*, *209*(1), 68-75.

Yanos, P. T., Lucksted, A., Drapalski, A. L., Roe, D., & Lysaker, P. (2015). Interventions targeting mental health self-stigma: A review and comparison. *Psychiatric rehabilitation journal*, *38*(2), 171.

Recommended Readings

Bloom, S.L. (2018). S.E.L.F. Group Curriculum: A trauma-informed psychoeducation group curriculum. Available at http://sanctuaryweb.com/Portals/0/PDFs/Other%20PDFs/Outline%20of%20S.E.L.F.%20Psychoeducational%20Curriculum.pdf

Morano, C. L., & Bravo, M. (2002). A psychoeducational model for Hispanic Alzheimer's disease caregivers. *The Gerontologist*, *42*(1), 122-126.

SAMHSA. (2010). Family psychoeducation evidence-based practices (EBP) kit. Available at https://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SMA09-4423

Unit 15: Sexual Health Assessment and Interventions **Date**

Topics

- PLISSIT model
- Sexological ecosystem assessment
- Sexual health interventions

This unit relates to course objective 2.

Required Readings

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

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

Week 16: Summative Experience **Date**

STUDY DAYS / NO CLASSES **Month Date**

FINAL EXAMINATIONS **Month Date**

University Policies and Guidelines

IX. Attendance Policy

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

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

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

X. Academic Conduct

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

XI. Support Systems

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. https://engemannshc.usc.edu/counseling/

National Suicide Prevention Lifeline - 1-800-273-8255
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. http://www.suicidepreventionlifeline.org

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender-based harm. https://engemannshc.usc.edu/rsvp/

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

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086
Works with faculty, staff, visitors, applicants, and students around issues of protected class. https://equity.usc.edu/

Bias Assessment Response and Support
Incidents of bias, hate crimes and micro-aggressions need to be reported allowing for appropriate investigation and response. https://studentaffairs.usc.edu/bias-assessment-response-support/

Student Support & Advocacy – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. https://studentaffairs.usc.edu/ssa/

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

XII. STATEMENT ABOUT INCOMPLETES

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

XIII. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected. Specifically, one point will be subtracted for each day late without verified instructor extension.

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. ACADEMIC DISHONESTY SANCTION GUIDELINES

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

XVII. 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 [Adult Mental Health and Wellness Department, Suzanne Wenzel, PhD, swenzel@usc.edu]. 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.

XVIII. 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.