

**Social Work 643  
VAC Summer 12 Week Syllabus**

**Social Work Practice in Integrated Care Settings**

**3 Units**

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**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 Mental Health and Wellness 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 adaptation 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:

<b>Social Work Core Competencies</b>	
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><b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b> 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.</p>	<p>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.</p>	<p>Recognize the primacy of the relationship when engaging with others in integrated care settings.</p> <p>Use empathy and other interpersonal skills to engage and intervene with others using brief evidence based interventions in multi-disciplinary settings.</p>	<p>Values</p> <p>Affective Reaction</p>	<p>Units:</p> <table border="1"> <tr> <td data-bbox="1503 315 1562 483">1</td> <td data-bbox="1562 315 1934 483">Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context</td> </tr> <tr> <td data-bbox="1503 483 1562 565">1</td> <td data-bbox="1562 483 1934 565">Advanced Clinical and Cognitive Behavioral Skills</td> </tr> <tr> <td data-bbox="1503 565 1562 678">2</td> <td data-bbox="1562 565 1934 678">Chronic Care Model: Chronic Disease Management and Psycho-Education</td> </tr> <tr> <td data-bbox="1503 678 1562 760">2</td> <td data-bbox="1562 678 1934 760">Advanced Crisis Intervention: Suicide/Homicide</td> </tr> <tr> <td data-bbox="1503 760 1562 841">3</td> <td data-bbox="1562 760 1934 841">Diagnosis and Interventions for Grief, Loss, and Bereavement</td> </tr> <tr> <td data-bbox="1503 841 1562 954">4</td> <td data-bbox="1562 841 1934 954">Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders</td> </tr> <tr> <td data-bbox="1503 954 1562 1003">5</td> <td data-bbox="1562 954 1934 1003">Health Interventions</td> </tr> <tr> <td data-bbox="1503 1003 1562 1117">6</td> <td data-bbox="1562 1003 1934 1117">Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders</td> </tr> <tr> <td data-bbox="1503 1117 1562 1286">7</td> <td data-bbox="1562 1117 1934 1286">Diagnosis &amp; Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation</td> </tr> <tr> <td data-bbox="1503 1286 1562 1367">8</td> <td data-bbox="1562 1286 1934 1367">Advanced Substance Use Interventions</td> </tr> </table>	1	Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context	1	Advanced Clinical and Cognitive Behavioral Skills	2	Chronic Care Model: Chronic Disease Management and Psycho-Education	2	Advanced Crisis Intervention: Suicide/Homicide	3	Diagnosis and Interventions for Grief, Loss, and Bereavement	4	Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders	5	Health Interventions	6	Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders	7	Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation	8	Advanced Substance Use Interventions
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**Assignment 1: Chronic Disease Self-Management**

**Assignment 3: Case Analysis**

Competency	Objectives	Behaviors	Dimensions	Content																		
<p><b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b></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 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>Advances students' ability to apply practice interventions that have been supported by research by demonstrating effective practice in integrated care settings, including an examination of the strengths and limitations of the interventions in working with diverse groups.</p>	<p>Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.</p> <p>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>Units:</p> <table border="1"> <tr> <td data-bbox="1522 380 1581 548">1</td> <td data-bbox="1581 380 1929 548">Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context</td> </tr> <tr> <td data-bbox="1522 548 1581 630">1</td> <td data-bbox="1581 548 1929 630">Advanced Clinical and Cognitive Behavioral Skills</td> </tr> <tr> <td data-bbox="1522 630 1581 743">2</td> <td data-bbox="1581 630 1929 743">Chronic Care Model: Chronic Disease Management and Psycho-Education</td> </tr> <tr> <td data-bbox="1522 743 1581 824">2</td> <td data-bbox="1581 743 1929 824">Advanced Crisis Intervention: Suicide/Homicide</td> </tr> <tr> <td data-bbox="1522 824 1581 938">3</td> <td data-bbox="1581 824 1929 938">Diagnosis and Interventions for Grief, Loss, and Bereavement</td> </tr> <tr> <td data-bbox="1522 938 1581 1052">4</td> <td data-bbox="1581 938 1929 1052">Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders</td> </tr> <tr> <td data-bbox="1522 1052 1581 1101">5</td> <td data-bbox="1581 1052 1929 1101">Health Interventions</td> </tr> <tr> <td data-bbox="1522 1101 1581 1214">6</td> <td data-bbox="1581 1101 1929 1214">Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders</td> </tr> <tr> <td data-bbox="1522 1214 1581 1383">7</td> <td data-bbox="1581 1214 1929 1383">Diagnosis &amp; Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation</td> </tr> </table>	1	Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context	1	Advanced Clinical and Cognitive Behavioral Skills	2	Chronic Care Model: Chronic Disease Management and Psycho-Education	2	Advanced Crisis Intervention: Suicide/Homicide	3	Diagnosis and Interventions for Grief, Loss, and Bereavement	4	Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders	5	Health Interventions	6	Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders	7	Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation
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**VII. COURSE ASSIGNMENTS, DUE DATES AND GRADING**

Assignment	Due Date	% of Final Grade
Assignment 1: Chronic Disease Self-Management Brochure & Presentation	Unit 4	15%
	Units 5-12	5%
Assignment 2: Midterm Paper	Unit 8	30%
Assignment 3: Case Analysis	Unit 12	40%
Class Participation	Ongoing	10%

**Assignment 1: Chronic Disease Self-Management Brochure & 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:** Unit 4 handout is due [15% of final grade]; Units 5-12 (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:** Unit 8

**Assignment 3: Case Analysis**

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:** Unit 12

**Class Participation (10% of Course Grade)**

**Class grades will be based on the following:**

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

Within the USC Suzanne Dworak-Peck 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.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in

class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

### **VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES**

#### **Required Textbook:**

Finney, K. (2018). *Basic psychopharmacology principles: A quick guide for mental health professionals*. San Diego, CA: Cognella Academic Publishing.

\*\*\*This book is used again your last semester in 647

#### **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	Unit Segments Condensed	Assignments
1	<ul style="list-style-type: none"> <li>Introduction to Problem Identification, Diagnosis with DSMV, and treatment Planning in a Collaborative Integrated Context</li> <li>Advanced Clinical and Cognitive Behavioral Skills</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 1 Segments</li> <li>All Unit 2 Segments</li> </ul>	
2	<ul style="list-style-type: none"> <li>Chronic Care Model: Chronic Disease Management and Psycho-Education</li> <li>Advanced Crisis Intervention: Suicide/Homicide</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 3 Segments</li> <li>All Unit 4 Segments</li> </ul>	
3	<ul style="list-style-type: none"> <li>Diagnosis and Interventions for Grief, Loss, and Bereavement</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 5 Segments</li> </ul>	
4	<ul style="list-style-type: none"> <li>Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 6 Segments</li> </ul>	Assignment 1
5	<ul style="list-style-type: none"> <li>Health Interventions</li> <li>Sexual Health Assessment and Interventions</li> </ul>	<ul style="list-style-type: none"> <li>All unit 7 Segments</li> <li>All unit 15 Segments</li> </ul>	
6	<ul style="list-style-type: none"> <li>Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 8 Segments</li> </ul>	
7	<ul style="list-style-type: none"> <li>Diagnosis &amp; Short-Term Interventions for Depression: Solution-Focused Brief Treatment, and Behavioral Activation</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 9 Segments</li> </ul>	
8	<ul style="list-style-type: none"> <li>Advanced Substance Use Interventions</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 10 Segments</li> </ul>	Assignment 2
9	<ul style="list-style-type: none"> <li>Treatments for Co-Occurring Disorders</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 11 Segments</li> </ul>	
10	<ul style="list-style-type: none"> <li>End-of-Life: Ethics and Interventions</li> </ul>	<ul style="list-style-type: none"> <li>All Unit 12 Segments</li> </ul>	

Unit	Topics	Unit Segments Condensed	Assignments
11	<ul style="list-style-type: none"> <li>▪ Interventions for Older Adults and Caregivers</li> </ul>	<ul style="list-style-type: none"> <li>▪ All Unit 13 Segments</li> </ul>	
12	<ul style="list-style-type: none"> <li>▪ Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders</li> </ul>	<ul style="list-style-type: none"> <li>▪ All Unit 14 Segments</li> </ul>	Assignment 3

## 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://d14rmqtrwzf5a.cloudfront.net/sites/default/files/files/TxPlanMATRS\\_Factsheet.pdf](https://d14rmqtrwzf5a.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.
- Finney, K. (2018). Patient diagnosis and treatment. In *Basic psychopharmacology principles: A quick guide for mental health professionals* (pp. 50-63). San Diego, CA: Cognella Academic Publishing.
- 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).

#### 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 1: 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](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 2: 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. [classic]

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 2: 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.

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., ... & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA psychiatry*.

**Recommended Readings**

Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., ... & Watson, P. (2006). Psychological first aid field operations guide. *National Child Traumatic Stress Network*.

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](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 3: 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 (5<sup>th</sup> 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 (5<sup>th</sup> 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 4: Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders

- 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

Finney, K. (2018). Psychotropic medications and trauma. In *Basic psychopharmacology principles: A quick guide for mental health professionals* (pp. 148-167). San Diego, CA: Cognella Academic Publishing.

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 5: Health Interventions & Sexual Health Assessment and Interventions**

**Date**

### Topics

- Barriers to adherence
  - Impact of non-adherence
  - Introduction to common psychiatric medication
  - Family Medical Therapy
  - Medical Case Management
  - PLISSIT Model
  - Sexual Health Assessments
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This unit relates to course objectives 1 and 2.

### Required Readings

Buehler, S. (2017). Assessing Sexual Problems. In *What every mental health professional needs to know about sex* (2nd ed.) (pp. 51-64). New York, NY: Springer.

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).

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

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

Scarborough, 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., Ruppert, 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

**Unit 5: Health Interventions & Sexual Health Assessment and Interventions**

**Date**

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 6: Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders**

**Date**

**Topics**

- DSM-5
  - Anxiety disorders
  - Bipolar and related disorders
    - Differential diagnosis anxiety vs. bipolar disorder
- Goodness of fit and cultural adaptations
- Life Goals Collaborative Care
- CBT for anxiety disorders & Progressive Muscle Relaxation

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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.

Finney, K. (2018). Psychotropic medications and anxiety. In *Basic psychopharmacology principles: A quick guide for mental health professionals* (pp. 123-137). San Diego, CA: Cognella Academic Publishing.

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 7: 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.
- Finney, K. (2018). Psychotropic medications and depression. In *Basic psychopharmacology principles: A quick guide for mental health professionals* (pp. 88-105). San Diego, CA: Cognella Academic Publishing.
- 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 8: 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-Murphy, 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](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 9: 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., Bevely, 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.

Joosten-Hagye, D. (in press). Mental health and substance use disorders. In *Social Work Practice with Adults: An Evidence-based Approach*. San Diego, CA: Cognella Academic Publishing.

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 10: 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.

Joosten-Hagye, D. (in press). Advance care planning and end-of-life issues. In *Social work Practice with Adults: An Evidence-based Approach*. San Diego, CA: Cognella Academic Publishing.

Klingler, C., in der Schmitzen, 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 11: 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 12: 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>

## 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 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*

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

## **XII. ADDITIONAL RESOURCES**

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

## **XIII. 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."

## **XIV. 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.

## **XV. 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.

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

*Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly*  
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

### **Preamble**

The primary mission of the social work profession is to enhance human well-being 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 well-being in a social context and the well-being 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.

## **XVII. 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.

## **XVIII. COMPLAINTS**

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

## **XIX. 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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**Assignment 1**

**Social Work 643**  
**Assignment #1: Chronic Disease Self-Management Brochure**  
**prompt & grading rubric VAC**

**Prompt Description:** 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. [20% of final grade].

**Assignment Instructions:**

**Written Assignment:** Please prepare a 1-page double-sided handout to include the following information [15% of final grade]:

5. Describe the target population and chronic disease that they experience. Chronic conditions examples include HIV, diabetes, depression, heart disease, and chronic pain. Briefly include known statistics on the prevalence and incidence of the chronic disease with the target population. (3-4 introductory bullet points);
6. Review the empirical and practice literature for existing psychoeducational curriculum for the identified population. Provide a one sentence summary for 2 separate studies that demonstrate psychoeducational curriculum effectiveness with the target population for the chronic disease you are focusing on;
7. Create or adapt curriculum (weekly content, 6 weekly sessions) to develop a psycho-educational support group for the chronic disease of your target population. Provide a bulleted format similar to that on the Stanford Self-Management Resource Center Website (<https://www.selfmanagementresource.com/programs/>);
8. Present a rationale for content and expected outcomes. (2-3 bullet points);
9. Include a minimum of 2 references.

You may use charts, graphs, or images on the handout.

**Due:** Unit 4, by midnight upload on VAC grading upload page AND post to Class Wall for classmates to have for your oral presentation

**Oral Assignment:** In class you will give a brief 5-minute presentation summarizing the psychoeducational curriculum you developed to address a specific chronic condition affecting the target population you identified, include the following in your summary [5% of final grade]:

1. Introduce the target population and chronic disease that they experience (1 sentences). Briefly present known statistics on the prevalence and incidence of the chronic disease with the target population. (3-4 sentences);



2. Present a one sentence summary for 2 separate studies that demonstrate psychoeducational curriculum effectiveness with the target population for the chronic disease you are focusing on;
3. Present the content for the 6 weekly psychoeducational support groups you developed to address the chronic disease of your target population. (6 sentences one for each weekly session);
4. Present a rationale for content and expected outcomes. (2-3 sentences).

**Due:** Units 5-12 in class, 1 student per day [NO PPTs, oral presentation only]

SOWK 643 – Assignment 1 Grading Rubric- Handout Due Unit 4

<b>Grading Domains Handout Due Unit 4</b>	<b>100% total</b>
<p>1. Describe the target population and chronic disease that they experience. Chronic conditions examples include HIV, diabetes, depression, heart disease, and chronic pain. Briefly include known statistics on the prevalence and incidence of the chronic disease with the target population. (3-4 introductory bullet points);</p> <p>Comments:</p>	/ 24 %
<p>2. Review the empirical and practice literature for existing psychoeducational curriculum for the identified population. Provide a one sentence summary for 2 separate studies that demonstrate psychoeducational curriculum effectiveness with the target population for the chronic disease you are focusing on;</p> <p>Comments:</p>	/ 24%
<p>3. Create or adapt curriculum (weekly content, 6 weekly sessions) to develop a psycho-educational support group for the chronic disease of your target population. Provide a bulleted format similar to that on the Stanford Self-Management Resource Center Website (<a href="https://www.selfmanagementresource.com/programs/">https://www.selfmanagementresource.com/programs/</a>);</p> <p>Comments:</p>	/ 24%
<p>4. Present a rationale for content and expected outcomes. (2-3 bullet points);</p> <p>Comments:</p>	/ 24%
<p>5. Includes a minimum of 2 references.</p> <p>Comments:</p>	/ 4 %
<b>Instructor Comments:</b>	<b>Total: 100%</b> <b>Score: /100%</b>
<p><b>Grade explanation:</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5. A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.</p> <p>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.</p>	

**SOWK 643 – Assignment 1 Grading Rubric- Oral Presentation Due Weeks 5-12**

<b>Grading Domains: Oral Presentation Weeks 5-12</b>	<b>100%</b>
<p>1. Introduce the target population and chronic disease that they experience (1 sentences). Briefly present known statistics on the prevalence and incidence of the chronic disease with the target population. (3-4 sentences);</p> <p>Comments:</p>	<b>/ 25%</b>
<p>2. Present a one sentence summary for 2 separate studies that demonstrate psychoeducational curriculum effectiveness with the target population for the chronic disease you are focusing on;</p> <p>Comments:</p>	<b>/ 25%</b>
<p>3. Present the content for the 6 weekly psychoeducational support groups you developed to address the chronic disease of your target population. (6 sentences one for each weekly session);</p> <p>Comments:</p>	<b>/ 25%</b>
<p>4. Present a rationale for content and expected outcomes. (2-3 sentences).</p>	<b>/ 25%</b>
<p>Note: 5% will be deducted per minute over if the presentation exceeds 5 minutes</p>	
<b>Instructor Comments:</b>	<p><b>Total: 100%</b></p> <p><b>Score: /100%</b></p>
<p><b>Grade explanation:</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5. A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.</p> <p>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.</p>	

## Assignment #2: Mid-term prompt & grading rubric

**Prompt Description:** 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 4 and will be required to select 1 of the case vignettes to write the mid-term on. [30% of final grade].

### Assignment Instructions:


Please organize your paper using the following instructions and provide subheadings for each section following:

1. Present a brief biopsychosocial/spiritual assessment for the client in the case vignette you selected (½ page minimum);
2. Present a brief formulation of the presenting issues/diagnosis for treatment (½ page minimum) (draw from DSM-5 for diagnosis);
3. Develop and present a succinct treatment plan using the MATRS framework (½ page minimum);
4. Discuss the collaborative care, interdisciplinary, and/or inter-agency service delivery context of care and subsequent needs for the client (minimum 1 to 1 ½ pages);
5. Select and discuss how a social worker can provide treatment with a specific, appropriate intervention(s) with the client (minimum 3 pages) define, describe and apply the intervention comprehensively, with explicit description of how you would apply specific skills/techniques with the client to address the presenting issue(s)/diagnosis;
6. Discuss goodness-of-fit and cultural adaptations of the intervention as they relate to the client (½ page minimum); and
7. Discuss potential legal/ethical issues that may present for the case (½ page minimum).

**Due:** Unit 8, by midnight on the day of class onto VAC grading upload page

**Format:** The page length minimum is 6 ½ - 7 pages. Use Times New Roman font, 12 pt. with double spacing. The minimum number of references is 6. Please include a cover page with the course title, assignment title, your name and the instructor's name. The title and references page are NOT included in the minimum page length.

SOWK 643 – Assignment 2 Grading Rubric

Grading Domains	100% total
1. Present a brief biopsychosocial/spiritual assessment from the case vignette you selected (½ page minimum) (please succinctly present biological, psychological, social, and spiritual/cultural factors relevant to the case. Identify risk and protective factors). Comments:	/ 7%
2. Present a formulation of the presenting issues/diagnosis for treatment (½ page minimum). Refer to and present diagnostic criteria from the DSM-5 for diagnosis as it applies to the case. Comments:	/ 7%
3. Develop and present a succinct treatment plan using the MATRS framework (½ page minimum); (present SMART goals and objectives for treatment) Comments:	/ 7%
4. Discuss the collaborative care, interdisciplinary, and/or inter-agency context of care/needs for the client (minimum 1 to 1 ½ pages); Comments:	/ 15%
5. Select and discuss how a social worker can provide treatment with a specific, appropriate intervention(s) with the client (minimum 3 pages) define, describe and apply the intervention and specific skills/techniques comprehensively Comments:	/ 40%
6. Discuss goodness-of-fit and cultural adaptations of the intervention as they relate to the client (½ page minimum) Comments:	/ 7%
7. Discuss potential legal/ethical issues that may present for the case (½ page minimum) Comments:	/ 7%
8. Writing Style & Critical Thinking  1. Writing style includes proper grammar, syntax, sentence structure, and spelling 2. Writing includes clarity of concepts and ideas (articulation), critical thinking, use of the author's voice and using evidence to support the authors arguments, as well as integration of the assigned readings and/or recommended readings and/or independent research 3. All terms and concepts are defined, cited and applied. 3. 6 ½ - 7 pages minimum 4. Minimum of 6 references required 5. Proper APA 6. Half grade reduction for each day late unless approved by instructor (B+ becomes B, etc.)	/ 10%
<b>Instructor Comments:</b>	<b>Total: 100%</b>  <b>Score: /100%</b>  

**Grade explanation:**

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.

## Assignment #3: Case Analysis prompt & grading rubric

**Prompt Description:** 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].

### Assignment Instructions:

Please organize your paper using the following instructions and provide subheadings for each section following:

1. Present a brief biopsychosocial/spiritual assessment for the client from your field placement (½ page minimum);
2. Present a brief formulation of the presenting issues/diagnosis for treatment (½ page minimum) (draw from DSM-5 for diagnosis);
3. Develop and present a succinct brief treatment/case management plan using the MATRS framework (½ page minimum);
4. Address all of the following components of the appropriate intervention for treatment with the client:
  - a. Provide an introductory summary of the evidence for treating clients similar to yours with the intended intervention(s), describe any existing evidence for use of the intervention with clients similar to yours in the setting you provide/provided treatment for your client (i.e., inpatient, outpatient, community center, forensic setting, institution, etc.) (2 pages minimum);
  - b. For each intervention selected: define, describe and apply the intervention comprehensively, with explicit description of how you would apply specific skills/techniques with the client to address the presenting issue(s)/diagnosis of the client (3 pages minimum);
5. Provide a discussion of cultural and agency/context level adaptations to the intervention (½ page minimum);
6. Discuss potential legal/ethical issues that may present for the case (½ page minimum) and;
7. Discuss potential transference/countertransference issues (½ page minimum)


**Due:** Unit 12, by midnight on the day of class onto VAC grading upload page

**Format:** The page length minimum is 8 pages. Use Times New Roman font, 12 pt. with double spacing. The minimum number of references is 8. Please include a cover page with the course title, assignment title, your name and the instructor's name. The title and references page are NOT included in the minimum page length.

**SOWK 643 – Assignment 3 Grading Rubric**

Grading Domains	100% total
<p>1. Present a brief biopsychosocial/spiritual assessment from the case vignette you selected (½ page minimum) (please succinctly present biological, psychological, social, and spiritual/cultural factors relevant to the case. Identify risk and protective factors).</p> <p>Comments:</p>	/ 5 %
<p>2. Present a formulation of the presenting issues/diagnosis for treatment (½ page minimum). Refer to and present diagnostic criteria from the DSM-5 for diagnosis as it applies to the case.</p> <p>Comments:</p>	/ 5 %
<p>3. Develop and present a succinct treatment plan using the MATRS framework (½ page minimum); (present SMART goals and objectives for treatment)</p> <p>Comments:</p>	/ 5 %
<p>4. Address all of the following components of the appropriate intervention for treatment with the client:</p> <p>a. Provide an introductory summary of the evidence for treating clients similar to yours with the intended intervention(s), describe any existing evidence for use of the intervention with clients similar to yours in the setting you provide/provided treatment for your client (i.e., inpatient, outpatient, community center, forensic setting, institution, etc.) (2 pages minimum);</p> <p>Comments:</p>	/ 20 %
<p>4. Address all of the following components of the appropriate intervention for treatment with the client:</p> <p>b. For each intervention selected: define, describe and apply the intervention comprehensively, with explicit description of how you would apply specific skills/techniques with the client to address the presenting issue(s)/diagnosis of the client (3 pages minimum);</p> <p>Comments:</p>	/ 40 %
<p>5. Provide a discussion of cultural and agency/context level adaptations to the intervention (i.e., discuss goodness-of-fit and cultural adaptations of the intervention as they relate to the client; are any adaptations needed for the intervention for the treatment setting) (½ page minimum);</p> <p>Comments:</p>	/ 5 %
<p>6. Discuss potential legal/ethical issues that may present for the case (½ page minimum);</p> <p>Comments:</p>	/ 5 %
<p>7. Discuss potential transference/countertransference issues (½ page minimum);</p> <p>Comments:</p>	/ 5 %
<p><b>8. Writing Style &amp; Critical Thinking</b></p> <p>1. Writing style includes proper grammar, syntax, sentence structure, and spelling</p> <p>2. Writing includes clarity of concepts and ideas (articulation), critical thinking, use of the author's voice and using evidence to support the authors arguments, as well as integration of the assigned readings and/or recommended readings and/or independent research</p> <p>3. All terms and concepts are defined, cited and applied.</p> <p>3. 8 pages minimum</p> <p>4. Minimum of 8 references required</p>	/ 10%



<p>5. Proper APA 6. Half grade reduction for each day late unless approved by instructor (B+ becomes B, etc.)</p>	
<p><b>Instructor Comments:</b></p>	<p><b>Total: 100%</b> <b>Score: /100 %</b></p> 
<p><b>Grade explanation:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>5. A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.</li> <li>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.</li> </ol>	

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