USC Suzanne Dworak-Peck
School of Social Work

Social Work 643

Sections:

Social Work Practice in Integrated Care Settings

3 Units

Instructor:	Anne Katz, Ph.D., LCSW		
E-Mail:	akatz@usc.edu	**Course Day:**	Monday
Telephone:	213-740-6764		
Office:	SWC - 221	**Location:**	VAC
Office Hours:	Thursdays 11-12 or by appt.		

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 builds on advanced assessment and problem formulation skills acquired in SOWK 637 through focused DSM-5 diagnosis, interdisciplinary/collaborative treatment planning, identifying appropriate short-term interventions and establishing a goodness-of-fit for clients, families and groups. Students will acquire and practice specific evidence-based skills and techniques to work effectively with individuals and their support systems in medical, behavioral health and integrated care settings using short-term interventions. Ethnicity, culture, gender, sexual orientation, and SES will be examined and integrated throughout the course with attention to how they affect help-seeking behavior, access to services, and intervention adaptation. Students will explore how transference and countertransference may present in the therapeutic relationship and how to effectively manage it.

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:

Content units table:

#	Content
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 2: Case Analysis

Competency	Objectives	Behaviors	Dimensions	Content
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities 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.	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.	Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance 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.	Exercise of Judgment Reflection	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 2: Case Analysis

VII.   COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Chronic Disease Self- Management		
Psychoeducation Curriculum Paper (part 1)	Unit 6	30%
Program Brochure & Presentation (part 2)	Units 6-15	15%
Assignment 2: Case Analysis	Unit 15	45%
Class Participation	Ongoing	10%

Assignment 1: 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. Students will work individually or in groups of 2 students.

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

Due: Unit 6 the psychoeducation curriculum paper is due [30% of final grade]; Units 6-15 presentations will occur & program brochures are due the date of the presentation (1-2 per day) [15% of final grade]

Assignment 2: Case Analysis
Using a clinical vignette, you will present a brief biopsychosocial-spiritual assessment; formulate a diagnosis/presentation of issues for treatment; develop a treatment plan that includes SMART goals and objectives; discuss the collaborative care, interdisciplinary, and/or inter-agency context of care/needs for the client; identify a specific brief intervention(s) from this class and discuss how you as a social worker would provide treatment with the client (i.e., how you would apply specific skills & techniques to address client symptoms/issues); discuss goodness-of-fit and cultural adaptations of the intervention as they relate to the client; consider potential legal/ethical issues and how to address them; and identify potential transference/countertransference issues as well as how to manage them in the therapeutic relationship.
Students will be provided 5 case vignettes Unit 9 and will be required to select 1 of the case vignettes to write the case analysis on. [45% of final grade].

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

Due: Unit 15

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 Textbooks:

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

This textbook is available in the following formats directly from Cognella Academic Publishing at https://store.cognella.com/81749-1B-014

Print Price:$47.95
Ebook Price: $43.95

Joosten-Hagye, D. (2019). *Social work practice with older adults: An evidence-based approach.* San Diego, CA: Cognella Academic Publishing. [Note: this is an abridged version of the text with chapters that are required readings]

This textbook is available in the following formats directly from Cognella Academic Publishing at https://store.cognella.com/91561

Print Price: $ 42.95
Ebook Price: $ 38.95

On Reserve

All required articles and chapters (except from the required textbooks) can be accessed through ARES.

Course Overview

Unit	Topics
1 **1/13**	▪ Introduction to Problem Identification, Diagnosis with DSM-5 and Treatment Planning in a Collaborative Integrated Context
2 **1/20**	▪ Advanced Clinical and Cognitive Behavioral Skills NO LIVE SESSION – Martin Luther King's Birthday
3 **1/27**	▪ Chronic Care Model: Chronic Disease Management and Psycho-Education
4 **2/3**	▪ Advanced Crisis Intervention: Suicide/Homicide
5 **2/10**	▪ Diagnosis and Interventions for Grief, Loss, and Bereavement
6 **2/17**	▪ Diagnosis and Introduction to Interventions for Trauma and stressor-related disorders NO LIVE SESSION-President's Day
7 **2/24**	▪ Health Interventions: Medications, Adherence, and Retention
8 **3/2**	▪ Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders
9 **3/9**	▪ Diagnosis & Short-Term Interventions for Depression: Solution-Focused Brief Treatment and Behavioral Activation
3/16	SPRING RECESS – NO CLASS
10 **3/23**	▪ Advanced Substance Use Interventions
11 **3/30**	▪ Treatments for Co-Occurring Disorders
12 **4/6**	▪ End-of-Life: Ethics and Interventions
13 **4/13**	▪ Interventions for Older Adults and Caregivers
14 **4/20**	▪ Group Psychoeducation with Mental Health, Substance Use and Co-occurring Disorders
15 **4/27**	▪ Sexual Health Assessment and Interventions

Course Schedule—Detailed Description

Unit 1: Introduction to Diagnosis with DSM-5 and Treatment Planning in a Collaborative Integrated Context
Date: 1/13/20

Topics
- Inter-professional collaborative care
- Interdisciplinary teams/models
- Diagnosis with DSM-5
- Treatment planning- MATRS evidence-based model
- Skill development: Formulating a collaborative treatment plan

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

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.

Fraher, E. P., Richman, E. L., de Saxe Zerden, L., & Lombardi, B. (2018). Social work student and practitioner roles in integrated care settings. *American Journal of Preventive Medicine*, *54*(6), S281-S289.

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.

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: 1/20/20
Topics	
• Advanced empathy	
• Goodness of fit and cultural adaptations	
• Skill development: Cognitive Behavioral Therapy skills	

This unit relates to course objective 2.

Required Readings

Bernard, P., Romain, A. J., Caudroit, J., Chevance, G., Carayol, M., Gourlan, M., ... & Moullec, G. (2018). Cognitive behavior therapy combined with exercise for adults with chronic diseases: Systematic review and meta-analysis. *Health Psychology*, *37*(5), 1-14.

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*, 465-478.

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 Psychoeducation	Date: 1/27/20

Topics
- Models of chronic care management
- Pain management
- Economic impact
- Cultural competence
- Skill development: In class group activity- design and present a Chronic Disease Self-Management Program

This unit relates to course objective 1.

Required Readings

Allegrante, J. P., Wells, M. T., & Peterson, J. C. (2019). Interventions to Support Behavioral Self-Management of Chronic Diseases. *Annual Review of Public Health*, *40*, 127-146.

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]

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

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 and Treatment Approaches: Suicide/Homicide	Date: 2/3/20

Topics
- The seven-stage crisis intervention model-review
- Risk and protective factors
- Standards of care for intervention and documentation
- Pharmacotherapeutic strategies
- Psychotherapeutic approaches: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Interpersonal Therapy and Problem-Solving Therapy
- Skill development: Psychological First Aid/Mental Health First Aid

This unit relates to course objective 2.

Required Readings

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

Menon, V., Subramanian, K., Selvakumar, N., & Kattimani, S. (2018). Suicide prevention strategies: An overview of current evidence and best practice elements. *International Journal of Advanced Medical and Health Research*, *5*(2), 43-49.

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,* 894-900.

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*.

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.

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: 2/10/20

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
    - Skill development: Grief counseling for uncomplicated, normal grief
    - Skill development: 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

Joosten-Hagye, D. (2019). Loss, Grief, and bereavement. In *Social work practice with older adults: An evidence-based approach* (pp. 279-308). San Diego, CA: Cognella Academic Publishing.

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: 2/17/20

- 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
- Skill development: 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, 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 7: Health Interventions: Medications, Adherence, and Retention	Date: 2/24/20

Topics

Barriers to adherence
Impact of non-adherence
Introduction to common psychiatric medication
Psychotherapeutic approaches: Crisis intervention, Problem-Solving Therapy, Chronic Disease Self-Management, Medical Case Management, Solution Focused Therapy, Motivational Interviewing
Skill development: Family Medical Therapy and 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

Joosten-Hagye, D. (2019). Chronic illness and disability. In *Social work practice with older adults: An evidence-based approach* (pp. 197-225). San Diego, CA: Cognella Academic Publishing.

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

Unit 8: Diagnosis and Interventions for Anxiety, Bipolar and Related Disorders	Date: 3/2/20

Topics
- DSM-5
  - Anxiety disorders
  - Bipolar and related disorders
    - Differential diagnosis anxiety vs. bipolar disorder
- Goodness of fit and cultural adaptations
- Pharmacotherapeutic approaches
- Psychotherapeutic approaches: Life Goals Collaborative Care, CBT for anxiety disorders, MBSR & Progressive Muscle Relaxation, Dialectical Behavioral Therapy, Interpersonal Therapy
- Skill development: CBT techniques and Integrated Care Management

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. (2018). Characterizing social anxiety disorder. In *Cognitive behavioral therapy for social anxiety disorder: Evidence-based and disorder specific treatment techniques, (pp. 1-23)*. New York, NY: 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: 3/9/20**

Topics

- DSM-5
    - Depressive disorders
- Pharmacotherapeutic approaches
- Psychotherapeutic approaches: Shared Decision-making for MDD, CBT, PST
- Skill development: Solution-focused brief treatment and Behavioral activation

This unit relates to course objective 2.

Required Readings

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.

Samalin, L., Genty, J. B., Boyer, L., Lopez-Castroman, J., Abbar, M., & Llorca, P. M. (2018). Shared decision-making: a systematic review focusing on mood disorders. *Current Psychiatry Reports*, *20*(4), 1-10.

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

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.

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: 3/23/20

Topics
- DSM-5
  - Substance-related and addictive disorders (review)
- Pharmacotherapeutic approaches
- Psychotherapeutic approaches: CBT, PST, Mind-Body Bridging Substance Abuse Program
- Skill development:
  - Individual and group relapse prevention strategies (identifying and managing triggers use of coping skills, professional services and recovery network/resources) and establishing a goodness-of-fit for client and treatment

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), 1-18. 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 P. A. Arean (Ed.), *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: 3/30/20

Topics
- Psychiatric comorbidity
- Trauma and substance abuse
- Personality disorders and substance abuse
- Pharmacotherapeutic approaches
- Psychotherapeutic approaches: Integrated Care, CBT, Motivational Interviewing, individual and group self-management & relapse prevention, Seeking Safety, holistic approaches
- Skill development: 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), 55-71.

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), 359-369.

Joosten-Hagye, D. (2019). Mental health and substance use disorders. In *Social work practice with older adults: An evidence-based approach* (pp. 165-193). 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), 705-708.

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: 4/6/20
Topics • Bioethics & Ethical dilemmas • Options in End-of-Life care • Advance Care Planning • Skill development: Advance Care Planning and 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. (2019). Advance care planning and end-of-life issues. In *Social work practice with older adults: An evidence-based approach* (pp. 253-278). San Diego, CA: Cognella Academic Publishing.

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 (classic)

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

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.

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: 4/13/20

Topics
- Caregiver burden
- Reminiscence therapy
- PEARLS program
- Savvy Caregiver program
- Long-term care planning
- Issues of gender, ethnicity, and culture in caregiving
- Skill development: Reminiscence therapy and Long-term care planning

This unit relates to course objectives 1 and 2.

Required Readings

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, 1-12.

Joosten-Hagye, D. (2019). Long-term care planning. In *Social work practice with older adults: An evidence-based approach* (pp. 227-252). San Diego, CA: Cognella Academic Publishing.

Joosten-Hagye, D. (2019). Caregiving. In *Social Work Practice with Older Adults: An Evidence-based Approach* (pp. 309-333). San Diego, CA: Cognella Academic Publishing.

Recommended Readings

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

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

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.

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: 4/20/20**

Topics
- Group psychotherapy and psychoeducation overview
- Types of Groups
- Skill development: Group activity- psychotherapy curriculum development & group simulation

This unit relates to course objectives 1 and 2.

Required Readings

Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., ... & Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors*, *31*(1), 1-20.

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.

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), 171-178.

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: 4/27/20

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. 1-14). 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

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 (akatz@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/*

USC Policy Reporting to Title IX: https://policy.usc.edu/reporting-to-title-ix-student-misconduct/
USC Student Health Sexual Assault & Survivor Support: https://studenthealth.usc.edu/sexual-assault/

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

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student's advisor and/or the Chair of your program.

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.

Don't procrastinate or postpone working on assignments.