USC Suzanne Dworak-Peck
School of Social Work

Social Work 644

Explanatory Theories of Health and Mental Health

3 Units

Summer, 2021

Instructor : Joseph J. Harper, LCSW, DCSW, ACSW, MBA, CCCHP-MH, CADC
E-Mail: josephjh@usc.edu
Course Day: Wednesday
Telephone: Cell Preferred (618) 954-8825
Preferred Fax: (618) 475-7109
Course Time: Monday 6:05-7:40 pm PST
Office: VAC
Course Location: VAC
Office Hours: Monday 2:45-pm-3:45PST
Course ID: SOWK-644:20212: 67161

I. COURSE PREREQUISITES

Prerequisites for this course are completion of SOWK 506, SOWK 536, SOWK 544, and SOWK 546

II. CATALOGUE DESCRIPTION

This is a Behavioral Health theory course that integrates theories of health and mental health and builds on the content from the Human Behavior and Social Environment course.

III. COURSE DESCRIPTION

Situated within the person-in-environment perspective this 3-unit course builds on content from the foundation HBSE course by integrating health and mental health issues. The course addresses the Grand Challenge for Social Work of advancing long and productive lives through the lifespan. The integration of health and mental health reflects the recognition that emotional and physical well-being are inextricably connected, that one affects, and is affected by, the other. A bio-psycho-social paradigm provides a conceptual framework for this course, emphasizing neurobiology as an important component. Diversity and cultural variance will be examined and integrated throughout the course with attention to how ethnicity, gender, sexual orientation, and SES become a part of human beings' experience of stress and resiliency.

IV. COURSE OBJECTIVES

The integrated Health and Mental Health course will:

Objective #	Objectives
1	Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in health and mental health settings.
2	Provide students with an advanced theoretical base for helping individuals, families, and groups in varied mental health and health care settings, utilizing a bio-psychosocial, ecological perspective.
3	Teach the impact of demographic factors such as age, gender, ethnicity/race, sexual orientation, socioeconomic status, and religious preference on health and mental health functioning; how they may assert risk or protective influence against illness mental health problems.
4	Provide opportunities to understand the interrelationship between oppression, disempowerment, and health/mental health problems.
5	Describe recent research and landmark studies of health and mental health for critical evaluation
6	Teach aspects of neurobiology as they relate to health and mental health.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the class will primarily be didactic and interactive. Students are expected to come to class prepared to discuss the material and are encouraged to share brief, relevant, clinical experiences. Appropriate videos and case vignettes will be used to illustrate class content.

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, which are the basis of the student learning outcomes in the MSW program:

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

See **Appendix A** for an expanded table, which details the competencies and dimensions of competence highlighted in this course. The table also shows the course objective(s), behaviors/indicators of competence, and course content and assignments related to each competency highlighted in the course.

VII.   COURSE ASSIGNMENTS, DUE DATES AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Paper	Week 6 6/21/21	40%
Assignment 2: Application of Theory Paper	Last day of class 8/2/21	45%
Class Participation and Professional Demeanor	Ongoing	15%

Each of the major assignments is described below.

EXPLANATORY THEORIES OF HEALTH AND MENTAL HEALTH
Summer 2021

Assignment #1: Clinical Application of Explanatory Theory

Due: Week 6 6/21/21

For this first assignment the student is asked to apply explanatory theory and limited practice interventions to ONE vignette. The student will integrate health and mental health issues, such as the effects of mild to severe stress on health and mental health. This is a 5-7 page paper which draws upon the literature and class lectures/discussions from Units 1-6. The student will be asked to base their discussion on specific prompts that will be provided.

Rubric

Vignette = 80%

Papers will be graded on accuracy, comprehension, and depth of understanding. You do not need to use readings other than those on the syllabus. At least 9 references are required. Because you have a limited number of pages you will need to be succinct and make every sentence count.

Writing style = 20%

Writing style includes good English grammar, syntax, sentence structure, and spelling. It also includes clarity of concepts and ideas (articulation) and application of APA style.

EXPLANATORY THEORIES OF HEALTH AND MENTAL HEALTH

Summer, 2021

Summer 2021

Assignment #2: Application of theory to health and mental health
***Please note that this assignment may be slightly modified during the semester you take the course.**

Due: The last day of class. Individual instructors will provide specifics. <mark>**8/2/21**</mark>

COMPONENTS OF THE PAPER

Heath/Mental Health Theory:
Choose a symptom (e.g., depression), disorder (e.g., personality disorder), or problem (e.g., family violence, specific health issue) in which you are interested and discuss it from one of the following theoretical perspectives**. Remember, this is a theory course; the focus of your paper is on theory**. *DO NOT use the exact same topic for this paper that you use for your 645 paper. You cannot simply cut and paste content from one paper to the other even though the content is your own. If you cut and paste in this way, your Turnitin Similarity Score will be very high, and your paper will not be accepted for grading.*

Object Relations theory (other than Bowlby, Winnicott, and Mahler)
     Mentalization theory (Fonagy and colleagues)
     Kernberg
     Masterson
     Fairbairn
Self-Psychology
Contemporary Cognitive Behavioral theory (includes neurobiology)

Theories you may <u>not</u> use are the following: Ecological, Systems, Erikson, Freud, and any others emphasized in HBSE 1st year. It is strongly suggested that you run the theory and treatment model by the instructor to make sure it meets the requirements of the assignment.

You may also present a brief case and explain it from a theoretical perspective. However, the emphasis of your paper must be on theory; it should not be on the specifics of the case or your intervention with the client.

Health and Mental Health integration:
You must address the mind-body connection by discussing the bi-directional impact of health and mental health. You may use the content we covered on the mind-gut connection/human biome. You may also draw upon theories of health covered in class, e.g., health beliefs, theory of reasoned action, etc.

Neurobiology:
A section on neurobiology is required, which may include polyvagal theory and /or stress theory, as well as other neurobiological content.

Diversity:

> Diversity issues must also be included. You don't have to cover them all, but you need to demonstrate an awareness of how these factors (e.g. class, gender, culture, race, sexual orientation, and poverty) may impact your topic (e.g. women who have been molested by a family member and the relationship to the development of a borderline personality disorder).

Treatment:

> A two-page section on treatment is required. Be sure the treatment flows from your theoretical perspective. For example, if you choose Borderline Personality Disorder your treatment interventions would be model(s) from one the object relations theorist(s) you discussed.

ADDITIONAL INSTRUCTIONS: Please read carefully.

An "A" paper demonstrates an integration of assigned readings, class lectures, and your own research. Internet resources should be limited to three sites and the websites clearly identifying the subject. Please be sure these are reputable sites (e.g. Cochrane or Campbell Collaborations, Medscape) and preferably peer reviewed. While Wikipedia may be a starting point for some research, the information it contains should be verified through other sources and not included as a scholarly reference. Power Point content may not be used as a scholarly reference. Please demonstrate original thinking wherever possible. Please avoid using too many direct quotations. Discussing content using your own words demonstrates a better integration of the concepts and research. You may use a case or small vignette to illustrate the concepts, but please remember this is not the practice paper so a vignette should be no more than one page.

Papers will be graded not only on content but on writing style and correct application of APA style as well. In other words, papers should be well-written, well-organized, and concepts clearly articulated.

FORMAT

> 12-15 pages; double spaced
> Use normal fonts (nothing smaller than the type on this sheet, please!) and normal margins. APA style is required (which includes headings).
> At least 12 references are required with at least 6 coming from the syllabus. Class lectures and Power Points may not count among them.

Due date/times and delivery methods: Papers are due on the last day of class. Papers must be uploaded through the VAC. Specific re: time due will be determined by your instructor.

Extensions will be given only in **rare** cases and **under extenuating circumstances with prior permission.** Documentation is required. Papers submitted late without permission of the instructor will be penalized 3 points per day.

Summer, 2021

Class Participation (15% of Course Grade)

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

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

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

3. **Non-participant:** This person says little or nothing in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Attendance is factored in. (40% to 80% points).

4. **Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights, and never provide a constructive direction for the class. Integrative comments and effective challenges are absent. In order to contribute, student must be present. (0% to 40% points)

A note on lap top computer and cell phone usage in class*: Recently, there have been instances of students checking email, texting, cruising the net, playing computer games, etc. If you are using these activities because you are bored, then you are not being active enough. If you understand the discussion or lecture, you could be asking further questions, giving examples, writing marginal notes to yourself, practicing active listening, or otherwise deepening your knowledge of the material in some way. If you have a learning style that requires this kind of multitasking, please discuss with me.

Class grades will be based on the following:

Class grades will be based on the following:

Grade Points	Letter Grades

USC Suzanne Dworak-Peck
School of Social Work

3.85 – 4.00	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-

See **Appendix B** for additional details regarding the definitions of grades and standards established by faculty of the School.

Attendance and Participation

Students' active involvement in the class is considered essential to their growth as practitioners. Consistent attendance, preparation for and participation in class discussions and activities, timely completion of coursework and assignments, and personal conduct that fosters a respectful, collegial, and professional learning environment are expected. Having more than 2 unexcused absences in class may result in the lowering of the grade. For VAC and remote/hybrid Ground courses, substantive participation includes maintaining an active screen in live sessions and completing all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete 2 or more asynchronous units before the live class, without prior instructor permission, also may result in a lowered grade.

Class participation will be assessed according to the following criteria:
"A" grade range: Very Good to Outstanding Participation: Contributions in class reflect thorough preparation, and participation is substantial. Ideas offered are always substantive. Regularly provides one or more major insights and comments that provoke deeper thought. If this person were not a member of the class, the quality of discussion and class activities would be diminished markedly.
"B" grade range: Good Participation: Contributions in class reflect solid preparation. Ideas offered are usually substantive, and participation is regular. Provides generally useful insights and some comments that provoke thought. If this person were not a member of the class, the quality of discussion would be diminished somewhat.
"C+" or "C": Adequate Participation: Contributions in class reflect some preparation. Ideas offered are somewhat substantive. Provides some insights, but seldom offers comments that provoke deeper thought. Participation is somewhat regular. If this person were not a member of the class, the quality of discussion would be diminished slightly. Please note: The minimum passing grade at the graduate level is "C".
"C-" or "D": Inadequate Participation: Says little in class and does not adequately participate in activities or present insights or ideas. Does not appear to be engaged. Submits late work. If this person were not a member of the class, the quality of discussion would not be affected.
"F": Nonparticipant/Unsatisfactory Participation: Misses class. When present, contributions in class, if any, reflect inadequate preparation. Ideas offered are seldom substantive, and behavior may be inappropriate and/or disrespectful. Unable to work effectively on in-class assignments/activities and detracts from the learning process. Regularly misses assignment deadlines, if work is submitted at all.

Summer, 2021

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

Required Textbooks

Berzoff, J., Flanagan, L.M; & Hertz, P. (2016). *Inside out and outside in* (4th ed.). Lanham, MD:
Rowman and Littlefield..

Cozolino, L. (2017). *The neuroscience of psychotherapy* (3rd ed.). New York, NY: W.W. Norton.

Recommended Textbooks

Applegate, J., & Shapiro, J. (2005). *Neurobiology for clinical social work: Theory and practice*. New
York, NY: W.W. Norton.

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social
brain (*2nd ed.). New York, NY: W.W. Norton.

On Reserve

All required articles, chapters in non-required books, and some recommended readings can be accessed
through ARES. Books have been placed on reserve in Leavey Library.

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).

Notes:
- Additional required and recommended readings may be assigned by the instructor throughout the
course.
- See **Appendix C** for recommended instructional materials and resources

USC Suzanne Dworak-Peck
School of Social Work

Course Overview

Unit	Topics	Assignments	Asynch Assignments
1	◼ Review of major concepts in neurobiology ▽ Major brain structures and functions ▽ Affect regulation theory and Contemporary Attachment theory ▽ Psychosocial factors impacting attachment ▽ Application of neurobiology to clinical practice		1.1-1.13
2	◼ Review of major concepts in Contemporary Psychodynamic theory ▽ Object Relations, Self-Psychology, Mentalization		2.1-2.11
3a	◼ Stress ▽ Continuum of stress to trauma ▽ Neurobiology of stress ▽ Models of coping		3.1-3.12
3b	Contexts of stress ▽ Influences of diversity and macro factors ▽ Caregiver stress ▽ Chronic illness		4.1-4.18
4	◼ Theories of Trauma and PTSD ▽ Types of trauma ▽ Neurobiology of trauma and PTSD ▽ Dissociation ▽ Trauma in various contexts		5.1-6.12
5	◼ Theories of health ▽ Health beliefs in diverse cultures ▽ Social Cognitive theory		7.1-7.16
6	◼ Anxiety Disorders and Obsessive Compulsive Disorders ▽ Neurobiology of anxiety and fear ▽ Social and racial concomitants of anxiety ▽ Anxiety related to sexual orientation	Assignment #1 due	8.1-8.11
7	◼ Depressive Disorders and Bi-Polar Disorders ▽ Neurobiology of mood disorders ▽ Types and contexts of depression ▽ Culture and gender variants		9.1-9.12
8	◼ Overview of Personality Disorders: Focus on Narcissistic Personality Disorder (NPD) ▽ Application of Self Psychology to NPD ▽ Theory and Practice		10.1-10.10

Summer, 2021

USC Suzanne Dworak-Peck

School of Social Work

Unit	Topics	Assignments	Asynch Assignments
9	🟫 Borderline Personality Disorder (BPD)		11.1-11.12
	🔻 Application of Object Relations theories: Klein, Masterson, Kernberg, Fonagy		
10	🟫 Schizophrenia Spectrum		12.1-12-7
	🔻 Etiology		
	🔻 Integrative Cognitive Model of Schizophrenia		
	🟫 Neurodevelopmental Hypothesis		13.1-13.12
	🟫 Issues of Aging		
	🔻 Changes as we age		
	🔻 Aging in place		
	🔻 Quality of life		
11	🟫 Addictions theory		14.1-14.12
	🔻 Eating disorders		
	🔻 Substance Abuse: alcohol and drugs		
	🔻 Compulsive disorders: gambling		
12*	🟫 Sexual Health		15.1-15.11
	🔻 Neurobiology of sexuality		
	🔻 At-risk/vulnerable populations		
	🔻 Health and sexual functioning		

* Assignment 2 due

STUDY DAYS / NO CLASSES

FINAL EXAMINATIONS

Summer, 2021

Course Schedule – Detailed Description

Units 1:	Review of major concepts in neurobiology	5/17/21

Topics
- Review of HBSE SW 506
- Review of major brain structures and functions
- Review of Affect regulation and Contemporary Attachment theory
- Psychosocial factors impacting attachment (e.g economic hardship)
- Applications of neurobiology to clinical practice

This unit relates to course objectives 1 and 4

Required Reading

Cozolino, L. (2017). Building and rebuilding the brain: Psychotherapy and neuroscience. In *The neuroscience of psychotherapy* (3rd ed., pp. 14-33). New York, NY: W.W. Norton.

Cozolino, L. (2017). The neurobiology of attachment. In *The neuroscience of psychotherapy* (3rd ed., pp. 237-261). New York, NY: W.W. Norton.

Schore, J. & Schore, A. (2014). Regulation theory and affect regulation psychotherapy: A clinical primer. *Smith College Studies in Social Work*, *842*(2-3),178-195

Recommended Reading

Cozolino, L. (2017). The human nervous system: From neurons to neural networks. In *The neuroscience of psychotherapy* (3rd ed., pp. 57-74). New York, NY: W.W. Norton.

Cozolino, L. (2010). *The neuroscience of psychotherapy* (pp. 119-172). New York, NY: W.W. Norton.

Schore, J., & Schore, A. (2012). Modern attachment theory: The central role of affect regulation in development and treatment. In *The science of the art of psychotherapy* (pp. 28-51). New York, NY: W.W. Norton. (Review from HBSE)

Tsuang, M., Stone, & Johnson, J. (2008). Gene-environment interactions in mental disorders. In H. Freeman & S. Stansfield (Eds.), *The impact of the environment on psychiatric disorder* (pp. 26-51). New York, NY: Routledge.

Unit 2:	Review of major concepts in Contemporary Psychodynamic Theory	5/24/21

Topics
- Object Relations
- Self-Psychology

Summer, 2021

- Mentalization

Required Reading

Flanagan, L.M. (2016). Object relations theory. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in (*4th ed*., pp. 123-165). Lanham, MD: Rowman & Littlefield.

Flanagan, L. M. (2016). The theory of self psychology. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in (*4th ed*., pp. 166-195). Lanham, MD: Rowman & Littlefield.

 Fonagy, P. & Campbell, C. (2016). Attachment theory and mentalization. In A. Elliott & J. Prager (Eds.), *The Routledge handbook of psychoanalysis in the social sciences and humanities* (pp. 115-131). New York, NY: Routledge.

Recommended Reading

Borden, W. (2009). W.R.D. Fairbairn: Inner experience and outer reality. *Contemporary psychodynamic theory and practice* (pp.75-88). Chicago, IL.: Lyceum Books.

Unit 3: Stress	5/31/21 Holiday

Topics
- Continuum of stress to trauma
- Review of neurobiology of stress
- Models of coping
   - Appraisal model
   - Stress-diathesis
   - Polyvagal theory
   - Successful copers
- Film: *Stress: Portrait of a killer*

This unit relates to course objectives 1-6

Required Reading

Cozolino, L. (2014). The impact of early stress. *The neuroscience of human relationships: Attachment and the developing social brain (*2nd ed., 258-276). New York, NY: W.W. Norton.

Dana, D. (2018). Befriending the nervous system. In *The polyvagal theory in therapy. Engaging the rhythm of regulation* (pp. 3-15). New York, NY: W.W.Norton.

Harvard Mental Health Letter (2011). Understanding the stress response*, 27*(9), 4-5.

Summer, 2021

Lupien, S., Juster, R., Raymond, C., & Marin, M. (2018). The effects of chronic stress on the human brain:
From neurotoxicity, to vulnerability, to opportunity. *Frontiers in Neuroendocrinology, 49,* 91-105.

Van der Kolk, B. (2014). Running for your life: The anatomy of survival. *The body keeps the score* (pp.51-73). New York, NY: Viking Publishing Co.

Recommended Reading

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRose, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*(5), 390-398.

Cozolino, L. (2014). Interpersonal stress. *The neuroscience of human relationships: Attachment and the developing social brain (*2ⁿᵈ ed., pp. 277-293). New York, NY: W.W. Norton.

Dana, D. (2018). Safety, danger, and life-threat: Adaptive response patterns. In *The polyvagal theory in therapy: Engaging the rhythm of regulation* (pp. 17-34). New York, NY: W.W. Norton.

Lupien, S., McEwen, B., Gunnar, M., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Neuroscience, 10*, 434-445.

Ingram, R., & Luxton, D. (2005). Vulnerability-Stress models. In B. Hankin & J. Abela (eds.). *Development of psychopathology: A vulnerability-stress perspective* (pp.32-46). Thousand Oaks, CA: Sage Publications.

Montgomery, A. (2013). Therapeutic engagement issues and the vagal system. *Neurobiology essentials for clinicians (pp. 91-113).* New York, NY: W.W. Norton & Co.

Perry, B., & Szalavitz, M. (2007). Stairway to heaven. In *The boy who was raised as a dog* (pp. 57-80). New York, NY: Basic Books.

Schore, A. N. (2012). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. In *The science of the art of psychotherapy* (pp.52-70). New York, NY: W.W. Norton.

Siever, L. J. (2008) Neurobiology of aggression and violence. *The American Journal of Psychiatry, 165*(1), 429-442.

Whitsett, D. (2014). Why cults are harmful: Neurobiological speculations on inter-personal trauma. *ICSA Today, 5*(1), 2-5.

Summer, 2021

USC Suzanne Dworak-Peck
School of Social Work

Topics
- Contextualizing stress: Influences of diversity and macro factors (e.g. oppression, discrimination) on stress and mental health
- Caregiver stress across the lifespan
- Adverse Childhood Experiences (ACE) landmark study
- Stress due to chronic illness (e.g. spinal cord injury)

This unit relates to course objectives 1-6

Required Reading

Chapman, D., Dube, S., & Anda, R. (2007). Adverse childhood events as risk factors for negative mental health outcomes. *Psychiatric Annals, 37*(5), 359-364. (Landmark study)

Dominguez, T.P. (2011) Adverse birth outcomes in African American women: The social context of persistent reproductive disadvantage [Special issue: Health disparities and women of color: Closing the gap]. *Social Work in Public Health, 26,* 3-16.

Gaugler, J., Linder, J., Given, C., Kataria. R., Tucker, G., Regine, W. (2008). The proliferation of primary cancer caregiving stress to secondary stress. *Cancer Nursing, 31*(2), 116-123.

Hayasaki, E. (2016, September 2). How poverty affects the brain. *Newsweek,* 40-45. Retrieved from http://www.newsweek.com/2016/09/02/how-poverty-affects-brains-493239.html

Ludwig, J., Duncan, G., Gennetian, L., Katz, L., Kessler, R., Kling, J., & Sanbonmatsu, L. (2012). Neighborhood effects on the long-term well-being of low-income adults. *Science, 337,* 1505-1510.

Recommended Reading

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245-258. (Landmark study).

Guada, J. & Land, H. (2011). An exploratory factor analysis of the Burden Assessment Scale with a sample of African-American caregivers. *Community Mental Health Journal, 47,* 233-242.

Land, H. & Guada, J. (2011). The Latina Caregiver Burden Scale: Assessing the factor structure for rapid clinical assessment. *Social Work Research*, *35*(2), 95-106.

Negy, C., Hammons, M., Reig-Ferrer, A., & Carper, T. (2010). The importance of addressing acculturative stress in marital therapy with Hispanic immigrant women. *International Journal of Clinical and Health Psychology, 10*(1), 5-21.

Summer, 2021

Umberson, D., Williams, K., Thomas, P., Liu, H., & Thomeer, M.B. (2014). Race, gender, and chains of disadvantage: Childhood adversity, social relationships, and health. *Journal of Health and Social Behavior, 55*(1), 20-38.

<table>
<tr><td>Unit 4: Theories of Trauma and PTSD</td><td>6/7/21</td></tr>
</table>

Topics
- Types of Trauma
- Neurobiology of trauma and PTSD
- Dissociation and other correlates of trauma
- Trauma in various contexts

This unit relates to objectives 1, 2, and 4

Required Reading

Basham, K. (2016). Trauma theories and disorders. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4ᵗʰ ed., pp. 481-517). Lanham, MD: Rowman & Littlefield.

Cipriani, A., & Cowen, P. (2018). 3, 4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in service personnel. *The Lancet Psychiatry, 5*(6), 453-455.

Cozolino, L. (2017). Impact of trauma: Biochemical dysregulation and neural network dissociation. In *The neuroscience of psychotherapy* (3ʳᵈ ed., pp. 323-341). New York, NY: W.W. Norton.

Levendosky, A.A., Lannert, B. & Yalch, M. (2012). The effects of intimate partner violence on women and child survivors: An attachment perspective. *Psychodynamic Psychiatry*, *40*(3), 397-433.

Moran, S., Burker, E., & Schmidt, J. (2013). Posttraumatic growth and posttraumatic stress in veterans. *Journal of Rehabilitation, 79*(2). 34-43.

Van der Kolk, B. (2014). The unbearable heaviness of remembering. *The body keeps the score* (pp.184-199). New York, NY: Viking Publishing Co.

Van der Kolk, B. (2014). Developmental trauma: The hidden epidemic. *The body keeps the score* (pp.149-168). New York, NY: Viking Publishing Co.

Recommended Reading

Charuvastra A. & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology, 59*, 301-328.

Herman, J. (1992). *Trauma and recovery.* New York: Basic Books.

Jennekens, N., Casterle, B. & Dobbels, F. (2010). A systematic review of care needs of people with TBI on a cognitive, emotional, and behavioral level. *Journal of Clinical Nursing,19,* 1198-1206.

Satcher, D., Tepper, M.S., Thrashwer, C., & Rachel, S. (2012). Breaking the silence: Supporting intimate relationships for our wounded troops and their partners: A call to action. *International Journal of Sexual Health, 24,* 6-13.

Zaleski, K., & Katz, L. (2014). Alice in Wonderland: Exploring the experiences of female service members with a pregnancy resulting from rape. *Social Work in Mental Health, 12*, 391-410.

Unit 5: Theories of Health	6/14/21

Topics
- Health beliefs in diverse cultures
- Social Cognitive theory
- Health Belief Theory

This unit relates to course objectives 1-6

Required Reading

Chettih, M. (2012). Turning the lens inward: Cultural competence and providers' values in health care decision making. *The Gerontologist, 52*(6), 739-747.

Horevitz, E., Lawson, J., & Chow, J. (2013). Examining cultural competence in health care: Implications for social workers. *Health & Social Work, 38*(3), 135-145.

Mayer, E. (2016). How the mind communicates with the gut. In *The mind-gut connection* (pp.29-50). New York, NY: Harper Collins.

Mayer, E. (2016). How your gut talks to your brain. In *The mind-gut connection* (pp.51-73). New York, NY: Harper Collins.

Skinner, C.S., Tiro, J., & Champion, V. (2015). The health belief model. In K. Glanz., B. Rimer., & K. Viswanath (Eds.), *Health behavior: Theory* (pp. 76-94). San Francisco, CA: Jossey-Bass.

VanderWeele, T., Balboni, T., & Koh, H. (2017). Health and spirituality. *Journal of the American Medical*
Association. Advance online publication. Retrieved from http://jamanetwork.com

Recommended Reading

Blackhall, L., Frank, G., Murphy, S. & Michel, V. (2001). Bioethics in a different tongue: The case of truth-telling. *Journal of Urban Health, 78*(10), 59-71.

Hayden, J. (2014). Social cognitive theory. Introduction to health behavior theory (2nd ed., pp.173-182).

Summer, 2021

Burlington, MA: Jones and Bartlett Learning.

Kuczewski, M. & McCruden, P. (2001). Informed consent: Does it take a village? The problem of culture and truth telling. *Healthcare Ethics*, *Cambridge Quarterly.* *10*(1), 34-46.

Napier, A., Ancarno, C., Butler, B., Calebrese, J., Chater, A., Chatterjee, H., Woolf, K. (2014). Culture and health. *The Lancet, 384*(9954), 1-33.

Schultz, D. (2004). Cultural competence in psychosocial and psychiatric care. *Social Work in Health Care, 39*(3-4), 231-247.

Wells, M. (2000). Beyond cultural competence: A model for individual and institutional cultural development. *Journal of Community Health Nursing, 17*(4),189-199.

<table>
<tr><td>Unit 6: Anxiety Disorders and Obsessive Compulsive Disorders</td><td>6/21/21</td></tr>
</table>

Topics
- Neurobiology of Anxiety and Fear
- Aaron Beck
- Social and racial concomitants of anxiety
- Anxiety related to sexual orientation

This unit relates to course objectives 1-6

Required Reading

Berzoff, J. (2016). Anxiety and its manifestations. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 455-480). Lanham, MD: Rowman & Littlefield.

Clark, D., & Beck, A. (2010). Cognitive theory and therapy of *anxiety* and depression: Convergence with neurobiological findings. *Trends in Cognitive Sciences,14*(9), 418-424.

Cozolino, L. (2017). The anxious and fearful brain. In *The neuroscience of psychotherapy* (3rd ed., pp. 283-304). New York, NY: W.W. Norton.

Scott, D., & Levine, S. (2010). Understanding gay and lesbian life. In S. Levine (Ed.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 351-368). New York, NY: Routledge.

Recommended Reading

Blass, R. (2014). On 'the fear of death' as the primary anxiety: How and why Klein differs from Freud. *International Journal of Psychoanalysis, 95,* 613–627

Drake, K. & Ginsburg, G. (2012). Family factors in the development, treatment, and prevention of

childhood anxiety disorders. *Clinical Child and Family Psychological Review, 15,* 44-162.

Johnston, E. & Olson, L. (2015). The neural substrates of fear and anxiety. *The feeling brain* (pp. 65-95). New York, NY: W.W. Norton.

Maxfield, M., John. S., & Pyszczynski, T. (2014). A terror management perspective on the role of death-related anxiety in psychological dysfunction. *The Humanistic Psychologist, 42,* 35-53.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. *APA Handbook of Sexuality and Psychology, 1,* 597-628.

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research, 47*(1), 12-23.

Wolrich, M. (2011). Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal, 39*, 101-110.

<table>
<tr><td>**Units 7:**   **Depressive Disorders and Bi-Polar Disorders**</td></tr>
<tr><td align="right">**6/28/21**</td></tr>
</table>

Topics

- Neurobiology of mood disorders (depression/mania)
- Brain-mind-body relationship
- Types and contexts of depression
    - Grief, loss, bereavement across the lifespan;
    - Survivorship issues (loss of limbs, consequences of cancer, etc.
    - Depression and chronic illness (e.g diabetes)
- Culture and gender variants
- Film: *Out of the shadows*

This unit relates to course objectives 1-6

Required Reading

Beck, A. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, *165*(8), 969-977.

Berzoff, J., & Mendez, T. (2016). Mood disorders, with a special emphasis on depression and bipolar disorder. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 412-454). Lanham, MD: Rowman & Littlefield.

Feldman, R. (2016). Maternal depression and the effects on the child: What is the role of Oxytocin? Retrieved from: https://womensmentalhealth.org/posts/maternal-depression-effects-child-role-oxytocin/

Ryan, C., Russell, S., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 206-213.

Vakrat, A., Apter-Levy, Y., & Feldman, R. (2017). Fathering moderates the effects of maternal depression on the family process. *Development and Psychopathology.* Advance online publication. doi: 10.1017/S095457941700044X

Zayas, L., Gulbas, L., Fedoravicius, N., & Cabassa, L. (2010). Patterns of distress, precipitating events, and reflections of suicide attempts by young Latinas. *Social Sciences and Medicine, 70*, 1773-1779.

Recommended Reading

Almeida, J., Johnson, R., Corliss, H., Molnar, B., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*, *38*, 1001-1014.

Bhui, K. (2008). Migration and mental health. In H. Freeman & S. Stansfeld (Eds.), *The impact of the environment on psychiatric disorder* (pp. 187-209). New York, NY: Routledge.

Nowrangi, M., Kortte, K., & Rao, V. (2014) A perspectives approach to suicide after traumatic brain injury: Case and review. *Psychosomatics, 55*, 430-437.

Unit 8: Personality Disorders: Focus on Narcissistic Personality Disorder: Theory and Practice	7/5/21 HOLIDAY

Topics
- Overview of Personality Disorders
- Application of Self Psychology to NPD
- Focus on Narcissistic Personality Disorder: theory and practice

This unit relates to course objectives 1-3, 5, 6

Required Reading

Cozolino, L. (2017). The self in exile: Narcissism and pathological caretaking. In *The neuroscience of psychotherapy* (3rd ed., pp .342-358). New York, NY: W.W. Norton.

Hertz, P. & Hertz, M. (2016). Personality disorders with a special emphasis on borderline and narcissistic syndromes. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 363-411). Lanham, MD: Rowman & Littlefield.

Hill, D. (2015). Personality disorders. In *Affect regulation theory: A clinical model.* New York, NY: W.W.Norton. 168-182)

Kohut, H., & Wolf, E. (1978). Disorders of the self and their treatment: An outline. *International Journal of*

      Psychoanalysis, 59, 413-425 (Instructor note: Landmark article)

Recommended Reading

Samuel, D. & Widiger, T. (2009). Comparative gender biases in models of personality disorder. *Personality and Mental Health, 3*(1),12-25.

Unit 9: Personality Disorders: Focus on Borderline Personality Disorder: Theory and Practice	7/12/21

Topics
- Application of object relations theories: Klein, Masterson, Kernberg, Fonagy

This unit relates to course objectives 1-3, 5, 6

Required Reading

Cozolino, L. (2014). Borderline personality disorder: When attachment fails. The neuroscience of human relationships: Attachment and the developing social brain (2nd ed., pp. 319-337). New York, NY: W.W. Norton.

Fonagy, P., Luyten, P., & Strathearn, L. (2011). Borderline personality disorder, mentalization, and the neurobiology of attachment. *Infant Mental Health, 32*(1) 47-69.

Frankenberg, F. & Zanarini, M. (2004). The association between borderline personality disorder and chronic medical illnesses, poor health-related lifestyle choices, and costly forms of health care utilization. *Journal of Clinical Psychiatry,65*(12), 1660-1665.

Lawson, C. (2000). Make-believe mothers. In *Understanding the borderline mother* (pp. 3-30). New York, NY: Rowman & Littlefield.

Recommended Reading

Palombo, J., Bendicsen, H., & Koch, B. (2010). Otto F. Kernberg (1928). *Guide to psychoanalytic developmental theories* (pp. 181-196). New York, NY: Springer.

Unit 10: Schizophrenia Spectrum and Issues of Aging	7/19/21

: Schizophrenia Spectrum
Topics
- Etiology
- Neurodevelopmental Hypothesis

USC Suzanne Dworak-Peck
School of Social Work

- Integrative Cognitive Model of Schizophrenia

This unit relates to course objectives 1-6

Required Reading

Beck, A.T., Rector, N.A., Stolar, N., & Grant, P. (2009). An integrative cognitive model of schizophrenia. In *Schizophrenia: Cognitive theory, research, and therapy* (pp. 324-347). New York, NY: Guildford Press.

Hertz, P. (2016). The psychoses, with a special emphasis on schizophrenia. In J. Berzoff, L. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (4th ed., pp. 330-362). Lanham, MD: Rowman & Littlefield.

Fatemi, S. H., & Folsom, T. D. (2009). The neurodevelopmental hypothesis of schizophrenia, revisited. *Schizophrenia Bulletin, 35*(3), 528-548.

Recommended Reading

Insel, T. (2010). Rethinking schizophrenia. *Nature, 468*, 187-193.

Harvard Health Publications. (2009). Infection, inflammation, and mental illness, *Harvard Mental Health Letter, 26*(4), 1-3.

Topic: Issues in Aging
- Changes as we age
- Aging in place
- Quality of life

This unit relates to course objectives 1-6

Required Reading

Assche, LV., Luyten, P., Bruffaerts, R., Persoons, P., van de Ven, L., & Vandenbulcke, M. (2013). Attachment in old age: Theoretical assumptions, empirical findings and implications for clinical practice. *Clinical Psychology Review, 33*, 67-81.

Knight, B. & Poon, C.Y.M. (2008). Contextual adult life span theory for adapting psychotherapy with older adults. *Journal of Rational-Emotive Cognitive-Behavioral Therapy, 26*, 232-249.

Maher, J. & Conroy, D. (2015). Daily life satisfaction in older adults as a function of (in)activity. *Journals of Gerontology: Psychological Sciences, 00*(00), 1-10. doi:10.1093/geronb/gbv086

Summer, 2021

Segal, D.L., Qualls, S.H., & Smyer, M.A. (2011). Mental health and aging. *Aging and mental health* (2nd ed., pp. 3-15). West Sussex, UK: Wiley-Blackwell.

Recommended Reading

Aging in Place series
   http://www.louistenenbaum.com/npr-aging-in-place-series/

Greenfield. E. (2011). Using ecological frameworks to advance a field of research, practice, and policy on aging-in-place Initiatives. *The Gerontologist*, *52*(1), 1-12. doi:10.1093/geront/gnr108

Unit 11: Addictions Theory
7/26/21

Topics
- Eating Disorders: focus on Anorexia and Bulimia
- Substance Abuse: focus on Alcohol and Drugs
- Compulsive Disorders: Gambling

This unit relates to course objectives 1-6

Required Reading

McNeece, C.A. & DiNitto, D. (2012). The etiology of addiction. In C.A. McNeece & D. DiNitto (Eds.), *Chemical dependency: A systems approach* (pp.25-38). Boston, MA: Pearson.

Padilla, Y., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work, 55*(3), 265-275.

Suchman, N., & DeCoste, C. (2018). Substance abuse and addiction: Implications for early relationships and interventions. *Zero to Three Journal, 38*(5), 17-22.

Wilcox, R. & Erickson, C. (2012). The brain biology of drug abuse and addiction. In C.A. McNeece & D. DiNitto, *Chemical dependency: A systems approach* (pp.39-55). Boston, MA: Pearson.

Recommended Reading

Budd, G. (2007). Disordered eating: Young women's search for control and connection. *Journal of Child and Adolescent Psychiatric Nursing, 20*(2), 96-106.

Farber, S. (2008). Traumatic attachment and dissociation in self-harm (eating disorders and self-mutilation). *Clinical Social Work Journal, 36*(1), 63-72.

Weltzin, T. (2012). Gender differences: Eating disorders in males. Part 2. *Psychiatric Times, XX*, 32-33.

Wolrich, M. (2011). Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal, 39*, 101-110.

Summer, 2021

USC Suzanne Dworak-Peck
School of Social Work

Topics
- Neurobiology of sexuality
- At-risk/vulnerable populations (LGBT, etc.)
- Health and sexual functioning

This unit relates to course objectives 1-6

Required Reading

Enzlin, P. (2014). Sexuality in the context of chronic illness. In Y. Binik & K. Hall (eds.) *Principles and practice of sex therapy.* 5th ed. (pp. 436-456). New York: Guilford Press.

Fishbane, M. (2013). Love and its discontents. In *Loving with the brain in mind: Neurobiology and couple therapy* (pp. 76-96). New York, NY: W.W. Norton & Company.

Hoffman, N. D., Freeman, K., Swann, S. (2009). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health*, *45* (3), 222-229.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. *APA Handbook of Sexuality and Psychology, 1,* 597-628. Washington, DC: American Psychological Association.

World Association for Sexual Health (2014). Declaration of sexual right. Retrieved on July 28, 2015 from http://www.worldsexology.org/resources/declaration-of-sexual-right/

Recommended Reading

Fisher, H. (2004). *Why we love: The nature and chemistry of romantic love.* New York, NY: Henry Holt and Co. (Instructor Note: Read as interested.)

Lev, A., & Sennott, S. (2012). Understanding gender nonconformity and transgender identity: A sex-positive approach. In P. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 321-336). New York, NY: Routledge.

Moser, C., & Devereux, M. (2012). Sexual medicine, sex therapy, and sexual health care. In P. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 127-139). New York, NY: Routledge. (moved from Required)

Segraves, R., & Balon, R. (2010). Recognizing and reversing sexual side effects of medication. In S. Levine (Ed.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 311-327). New York, NY: Routledge.

Wilcox, S. L., Redmond, S., & Hassan, A. M. (2014). Sexual functioning in military personnel: Preliminary estimates and predictors. *Journal of Sexual Medicine, 11*(10), 2537-2545.

USC Suzanne Dworak-Peck
School of Social Work

List of Appendices

A. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
B. Definitions of Grades and Standards Established by Faculty of the School
C. Recommended Instructional Materials and Resources
D. Suzanne Dworak-Peck School of Social Work DEI Statement
E. Statement on Academic Conduct and Support Systems

Appendix A: Detailed Description of Social Work Core Competencies Highlighted in this Course

Competency	Objectives	Behaviors	Dimensions	Content
Competency 1: Demonstrate Ethical and Professional Behavior Social workers practicing in health, behavioral health and integrated care settings understand the value base of the profession and its ethical standards, as well as relevant laws and regulations and shifting societal mores that may affect the therapeutic relationship. Social workers understand frameworks of ethical decision-making and routinely apply strategies of ethical reasoning to arrive at principled decisions. Social workers are able to tolerate ambiguity in resolving ethical conflict. Social workers who work with adults and older adults apply ethical principles	Present the major theories of human behavior that explain particular syndromes and psychopathology most commonly seen in health and mental health settings.	**1a.** Understand the value base and ethical standards of the profession, as well as relevant laws and regulations and shifting societal mores that may affect the therapeutic relationship.	Knowledge, Values	Assignment 1: Responding to Vignettes

Assignment 2: Applying Theory

Unit 8: Anxiety Disorders

Unit 9: Depressive Disorders

Unit 10: Personality Disorders: Focus on Narcissistic Personality Disorder: Theory and Practice

Unit 11: Personality Disorders: |

				Focus on Borderline Personality Disorder: Theory and Practice
to decisions on behalf of all clients with special attention to those who have limited decisional capacity. Social workers recognize and manage personal values and biases as they affect the therapeutic relationship in the service of the clients' well-being. They identify and use knowledge of relationship dynamics, including power differentials. Social workers who work with adults and older adults understand the profession's history, its mission, and the roles and responsibilities of the profession and readily identify as social workers. They also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology.	Provide students with an advanced theoretical base for helping individuals, families, and groups in varied mental health and health care settings, utilizing a bio-psychosocial, ecological perspective.	**1b**. Recognize and manage personal values and biases as they affect the therapeutic relationship in the service of the client's well-being.	Cognitive and affective processes, Values	Assignment 1: Responding to Vignettes Assignment 2: Applying Theory Unit 8: Anxiety Disorders Unit 9: Depressive Disorders Unit 10: Personality Disorders: Focus on Narcissistic Personality Disorder: Theory and Practice Unit 11: Personality Disorders: Focus on Borderline Personality Disorder: Theory and Practice

Summer, 2021

USC Suzanne Dworak-Peck
School of Social Work

Appendix B: Definitions of Grades and Standards Established by Faculty of the School

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.

USC Suzanne Dworak-Peck
School of Social Work

Appendix C: Recommended Instructional Materials and Resources
Recommended Guidebook for APA Style Formatting

http://libguides.usc.edu/APA-citation-style

Recommended Websites

https://owl.english.purdue.edu/owl/resource/589/02/

https://owl.english.purdue.edu/owl/resource/589/1/

https://owl.english.purdue.edu/owl/section/3/33/

http://www.usc.edu/student-affairs/SJACS/pages/students/academic_integrity.html

Excerpt below is from your USC Student Guidebook: http://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/

Appendix D: Suzanne Dworak-Peck School of Social Work Diversity, Equity, and Inclusion Statement
At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote diversity, equity and inclusion in our courses and professional practice. We value the diverse backgrounds and perspectives that our students bring into the classroom as strengths and resources that enrich the academic and learning experience. We offer and value inclusive learning in the classroom and beyond. We integrate readings, materials and activities that are respectful of diversity in all forms, including race, ethnicity, culture, gender identity and expression, sexual orientation, age, ability and disability, socioeconomic status, religion, and political perspectives. Collectively, we aspire to co-create a brave space with students and instructors to critically examine individual and collective sources of bias, prejudice, discrimination, and systematic oppression that affect the ability of people and communities to thrive. In this way, we fulfill our professional responsibility to practice the NASW Code of Ethics, abide by the CSWE Educational Policy and Accreditation Standards, and address the American Academy of Social Work and Social Welfare, Grand Challenges for Social Work.

Summer, 2021

Appendix E: University Policies and Guidelines
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 (marco.formigoni@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 Policies and Procedures for additional information on attendance policies.

Statement on 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code.
Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, "Behavior Violating University Standards," as well as information in SCampus and in the university policies on scientific misconduct.

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."

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.

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.

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.

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

Summer, 2021

give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

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.

Tips for Maximizing Your Learning Experience in this Course

- 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.

USC Suzanne Dworak-Peck
School of Social Work

Appendix F: Support Systems and Additional Resources

Counseling and Mental Health
https://studenthealth.usc.edu/counseling/
Phone number (213) 740-9355
On call 24/7
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline
https://suicidepreventionlifeline.org/
Phone number 1 (800) 273-8255
On call 24/7
Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP)
https://studenthealth.usc.edu/sexual-assault/
Phone Number (213) 740-9355(WELL), press "0" after hours
On call 24/7
Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

USC Office of Equity, Equal Opportunity, and Title IX
https://eeotix.usc.edu/
Phone number (213) 740-5086
Title IX Office (213) 821-8298
Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

Reporting Incidents of Bias or Harassment
https://usc-advocate.symplicity.com/care_report/index.php/pid422659?
Phone number (213) 740-5086 or (213) 821-8298
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs
https://dsp.usc.edu/
Phone number (213) 740-0776
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

USC Campus Support and Intervention
https://campussupport.usc.edu/
Phone number (213) 821-4710
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Summer, 2021

Diversity at USC
https://diversity.usc.edu/
Phone number (213) 740-2101
Information on events, programs and training, the Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency
https://dps.usc.edu/
UPC phone number (213) 740-4321
HSC phone number (323) 442-1000
On call 24/7
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety
https://dps.usc.edu/
UPC phone number (213) 740-6000
HSC phone number (323) 442-120
On call 24/7
Non-emergency assistance or information.

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.