**Social Work 544**

**Section 67040 and 67041**

**SOWK 544**

**3 Units**

***Fall 2021***

|  |  |
| --- | --- |
| **Instructor** | Aimee Odette, DSW |
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| **Telephone** | 941-720-7955 |
| **Office** | Virtual via zoom |
| **Office Hours** | Fridays 9am-10am PST or as needed |
| **Course Day(s)** | Friday |
| **Course Time(s)** | 10:15am PST (67040); 12pm PST (67041) |
| **Course Location(s)** | Virtual Academic Center via zoom |

**Course Pre-requisites, Co-requisites, and Concurrent Enrollment**

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) is built upon a liberal arts undergraduate foundation. First-year students are expected to have, and be able to draw upon, basic knowledge and theory found in various social science disciplines including psychology, sociology, anthropology, and biology.

**Catalogue Description**

Principles underlying generic social work practice with emphasis on working with individuals, families, and groups.

**Course Description**

Given the complex and diverse urban/rural environments in which social workers practice and the diverse situations in which they intervene, a generalist social work education offers the best foundation for effective social work practice. SOWK 544 is designed to educate and prepare generalist social workers with the knowledge and skills needed to assess the person-in-environment (PIE) configuration and decide which system(s)―individuals, families, groups, communities, and/or organizations―are most appropriate for the focus of work and service provision.

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) introduces generalist social work principles emphasizing a systems perspective, the continuum of service delivery levels and modalities, and a commitment to underserved and vulnerable populations. In addition, knowledge of professional identity, the profession’s ethical standards, and the ethical dilemmas that occur as social work values and professional ethics are operationalized in practice.

The course takes a sequenced approach to teaching basic practice skills; students are exposed simultaneously to the theory, research and necessary skills required to work with individuals, families and groups in the engagement, assessment, intervention, termination, and evaluation phases of treatment. The person-in-environment and systems approach to practice are emphasized, highlighting the necessity for multilevel intervention. The importance of research to social work practice is introduced as it applies to the understanding of client problems and the choice and effectiveness of interventions.

**Course Objectives**

Clinical Social Work Practice with Individuals, Families, & Groups (SOWK 544) will:

| **Objective #** | **Objectives** |
| --- | --- |
| 1 | Teach professional identity and ethical standards and practices of professional social work. Provide an environment that encourages students to explore how their particular gender identity, age, religion, ethnicity, social class, and sexual orientation (sexual identity) influence their ethics and how these variables may affect their understanding, empathy, and ethical decision making in practice. |
| 2 | Provide opportunities for students to increase awareness of individual needs that diverse populations (gender, race, sexual orientation, social class, religion, and vulnerable and oppressed groups) present and which require appropriately matched effective services. |
| 3 | Demonstrate the importance of the role of theory, empirical research, and evidence-based intervention as they apply to social work practice. The principles of evidence-based practice will be presented and students will have opportunity to apply the principles to clinical case studies. |
| 4 | Present foundation materials on the complex nature and scope of generalist social work practice, including the varied tasks and roles that social workers undertake as effective change agents. Emphasis will be placed on the importance of a systems paradigm and person-in-environment framework, both of which show the interaction among the biological, psychological, social, and cultural systems. |
| 5 | Demonstrate major concepts to support the treatment process (engagement, assessment, planning and contracting, implementation, and termination/evaluation phases). Provide students with commonly applied models of practice and experiential activities to practice clinical skills. |

**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, research, and practice.

**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.

**Course Assignments, Due Dates, and Grading**

|  |  |  |
| --- | --- | --- |
| **Assignment** | **Due Date** | **% of Final Grade** |
| **Assignment 1: Engagement Strategy** | Week 5 | 25% |
| **Assignment 2: Family of Origin Assessment** | Week 9 | 35% |
| **Assignment 3: Development of a Group Therapy** | Week 15 | 30% |
| **Participation** | All semester | 10% |

Each of the major assignments is described below.

A brief description of each assignment is next, full assignment details are located toward the end of the syllabus. **All assignments are due on the assigned unit before the start of the scheduled class.**

## Assignment 1: Engagement Strategy Paper

## This assignment will focus on demonstrating understanding of skills of engagement, reflecting on challenges that you may experience with clients who “push your buttons” and using the NASW Code of Ethics to provide guidance and support. Each student will prepare engagement strategies in response to one of the vignettes provided. Students will be graded on their ability to describe appropriate engagement strategies focusing on the intersection between the client’s intersectionalities of the cultural values, beliefs, and behaviors and that of their own. Concepts must be supported by professional literature. The vignettes will be provided by your professor and are separate from the Acevedo vignette and the VFP case of Mario.. *This assignment relates to student learning outcomes 1, 2, 6.*

## Assignment 2: Family of Origin Assessment

## The family assignment for this course will consist of a paper where you will apply theoretical and empirical knowledge to your family of origin or of a family depicted in a film. There are three parts to this assignment: Genogram, Family of Origin Paper, and an Infographic. This assignment will require you to: develop an analysis of the family that includes intergenerational patterns and family structure as described in the Hepworth reading (see assignment instructions section).

## *This assignment relates to student learning outcomes 1, 2, 6, and 7.*

## Assignment 3: Development of a Group Therapy

## This is a group assignment and will have three parts. Section one includes the identification and discussion of an issue or theme and the research related to the chosen issue. Section two relates to the development of support group that will address the issue identified in assignment 2 and section three is a reflection about the group process in completing the assignment. *This assignment relates to student learning outcomes 1, 2, 3, 6, and 7.*

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

Class grades will be based on the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade Points** | | **Letter Grades** | |
| 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 and substantive 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.

**Required Instructional Materials and Resources**

## On Reserve

All required readings are available online through electronic reserve (ARES) (**under instructor name David Bringhurst or Jennifer Lewis**).

***DSM-5*:** The DSM-5 is available online through the library’s subscription using the link below.

**URL:** <https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/>

You’ll be asked to log in using your USC ID and password. Once you’re on the page, click on the link titled “Explore the new edition” to access the content.

Here’s a screenshot of what the page looks like: <http://screencast.com/t/cPoq2jSd>

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

**Course Overview (Summer)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit/Week #** | **Date** | **Topics** | **Asynchronous Content** | **Assignments** |
| 1 |  | * **Overview of Social Work Profession, Professional Identity, Values and Ethics, and Social Diversity** |  |  |
| 2 |  | * **Understanding and Engaging Individuals: Diversity, Adversity, and Empathy** |  |  |
| 3 |  | * **Initial Phase of Treatment: Engagement and Rapport Building with Individuals and Families** |  |  |
| 4 |  | * **Assessment: Bio-psycho-social Assessment – Overview and Essential Components** |  |  |
| 5 |  | * **Assessment Individuals** |  | Assignment #1 Due |
| 6 |  | * **Assessment Families** |  |  |
| 7 |  | * **Assessment with High-Risk Clients** |  |  |
| 8 |  | * **Treatment Planning** |  |  |
| 9 |  | * **Evidence Based Practice Process** |  | Assignment #2 Due |
| 10 |  | * **Short Term Evidence-Based Interventions** |  |  |
| 11 |  | * **Introduction to Group Treatment** |  |  |
| 12 |  | * **The pre-group interview and Stages of Group Dynamics** |  |  |
| 13 |  | * **Facilitation Strategies and Leadership Roles** |  |  |
| 14 |  | * **Working Phases of Group and Group Types** |  |  |
| 15 |  | * **Termination, Evaluation, and Follow-up** |  | Assignment  #3 Due |

**Course Schedule―Detailed Description**

| **Unit 1: Overview of Social Work Profession, Professional Identity, and Values and Ethics, and Social Diversity** |  |
| --- | --- |
| **Topics** | |
| * Overview of social work practice: a generalist social work model * Roles of social workers * Overview of engagement, assessment, intervention, and evaluation * The value and ethics of the profession (including the NASW Code of Ethics); a focus on diversity and acceptance | |

**REQUIRED:**

Cameron, M. & King Keegan, E. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work, 55*, 63-73.

National Association of Social Workers (NASW). (n.d.). *Code of ethics*. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>\*\*\*CROSSOVER READING\*\*\*

Reamer, F. G. (2013). Social work values. In F. G. Reamer *Social work values and ethics, 4th ed.* (pp. 1-12). Columbia University Press.

**RECOMMENDED:**

Jackson, E., & Samuels, G. (2011). Multiracial competence in social work: Recommendations for culturally attuned work with multiracial people. *Social Work, 56*(3), 235-245.

Ives, N.G. & Thaweiakenrat Loft, M. (2013). Building bridges with indigenous communities through social work education. In Gray, M., Coates, J., Yellow Bird, M., & Hetherington, T (Eds), *Decolonizing Social Work*. (p. 239-255).

| **Unit 2: Understanding Individuals: Diversity, Adversity, and Empathy** |  |
| --- | --- |
| **Topics**   * Race, class, orientation, identity / Racism, discrimination, subjugation, heteronormativity * Adverse Childhood Experiences (ACEs) * Engagement * Empathy * Confidentiality and mandated reporting: legal and ethical | |

**REQUIRED:**

Bowleg, L. (2012). The problem with the phrase *women and minorities*: Intersectionality – an important theoretical framework for public health. *American Journal of Public Health, 102*, 1267-1273.

Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and Adverse Childhood Experiences research: Implications for practice and health policy. *Social Work in Public Health, 29*, 1-16.

Hepworth, D. (2013). *Direct social work practice : theory and skills*(9th ed.). Brooks/Cole, Cengage Learning. Chapter 6 (130- 152).

**RECOMMENDED:**

Coates, J. (2013). Eco-spiritual approaches: A path to decolonizing social work. In M. Gray, J. Coates, M. Yellow Bird, & T. Hetherington (Eds), *Decolonizing Social Work* (pp. 63-86). Routledge

Reamer, F. G. (2013). Social work in a digital age: Ethical and risk management challenges. *Social Work, 58*(2), 163-172.

| **Unit 3: Initial Phase of Treatment: Engagement and Rapport Building** |  |
| --- | --- |
| **Topics** | |
| * Critical understanding of engagement, assessment, treatment, intervention through a person-in-environment perspective * Building the relationship: engagement, exploration, empathy, acceptance * Overcoming barriers * Transference and countertransference * Transtheoretical Model/Stages of Change | |

**REQUIRED:**

Birkenmaier, J., Berg-Weger, M., & Dewees, M. P. (2013). Individual engagement. *The practice of generalist social work, 3rd ed.* (pp. 67- 97). Routledge.

Hepworth, D. (2013). Direct social work practice : theory and skills (9th ed.). Brooks/Cole, Cengage Learning. Chapter 6 (130- 152).

Bodenheimer, D. (2015, November 2). *Becoming a clinical social worker: Interview with Dr. Danna Bodenheimer* [Audio podcast]. Retrieved from http://socialworkpodcast.blogspot.com/2015/11/Bodenheimer.html

### RECOMMENDED:

Miller, W. R. & Rolnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy, 37*, 129-140.

Staudt, M., Lodato, G., & Hickman, C.R. (2012). Therapists talk about the engagement process. *Community Mental Health*, 48, 212-218.

| **Unit 4: Biopsychosocial Assessment: Overview and Essential Components** |  |
| --- | --- |
| **Topics** | |
| * What is assessment? * Overview of Biopsychosocial assessment tools | |

**REQUIRED:**

Milner, J., Myers, S., & O'Byrne, P. (2015). Assessment in the 21st century. In *Assessment in social work* (pp. 3-21). Palgrave Macmillan.

Southwick, S., & Charney, D. (2012). Chapter 1: What is resilience?. In *Resilience: The science of mastering life's greatest challenges* (pp. 1-20). Cambridge University Press. doi:10.1017/CBO9781139013857

**RECOMMENDED:**

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316-338. <http://dx.doi.org/>10.1177/0886260507312290

| **Unit 5: Assessment with Individuals** | **ASSIGNMENT #1 DUE** |
| --- | --- |
| **Topics** | |
| * Strengths-based perspective and assessment * Life span perspective assessment * Ecomaps | |

**REQUIRED:**

Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm.*Families in Society, 82*(3), 233-242. Retrieved from http://libproxy.usc.edu/login?url=http://search.proquest.com/docview/230159365?accountid=14749

Singer, J. B. (Host). (2009, October 10). Prochaska and DiClemente's Stages of Change Model for social workers [Episode 53]. Social Work Podcast. Podcast Retrieved <http://socialworkpodcast.com/2009/10/prochaska-and-diclementes-stages-of.html>

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2013). An overview of the interview process. In *Clinical interviewing, 5th ed.* (pp.171-205). John Wiley & Sons Inc.

**RECOMMENDED:**

Hodge, D. R. (2005). Spiritual Ecograms: A new assessment instrument for identifying clients’ strengths in space and across time. *Families in Society, 86*(2), 287-296.

Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society, 82*(3), 233-242.

Lee, M. Y., Chan, C. & Ng, S-M. (2009). Systematic assessment: Everything is connected. In *Integrative social work practice* (pp. 51-82). Oxford University Press.

Prochaska, J. O., Norcross, J. C., DiClemente, C. C. (2013). Applying stages of change. *Psychotherapy in Australia*, *19*(2), 10-15.

| **Unit 6: Assessment with Families** |  |
| --- | --- |
| **Topics** | |
| * Family Assessment * Intergenerational Assessment―Genogram | |

**REQUIRED:**

Barker, P. & Chang, J. (2013). The family diagnostic interview. In *Basic family therapy* (6th ed., pp. 70-79). John Wiley & Sons.

Collins, D., Jordan, C., & Coleman, H. (2012). Chapter 3: Family systems. In *An introduction to family social work*, *4th edition* (pp. 68-99). Brooks/Cole.

Hepworth, D. H., Rooney, R. H., Dewberry Rooney, G., & Strom-Gottfried, K. (2010). Assessing family functioning in diverse family and cultural contexts. In *Direct social work practice, 9th edition* (pp. 251-292).Brooks Cole.

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2013). Interviewing in a diverse and multicultural world. In *Clinical interviewing, 5th ed.* (pp.365-397). John Wiley & Sons Inc.

**RECOMMENDED:**

Balaguer Dunn, A., & Levin, M. M. (2000). The Genogram: From diagnostics to mutual collaboration. *The Family Journal, 8*(3), 236-244.

Chavis, M. A. (2004). Genograms and African American families: Employing family strengths of spirituality, religion, and extended family network. *Michigan Family Review, 10*, 30-36.

Weiss, E. L., Coll, J. E., Gerbauer J. D., Simley,K., & Carillo, E. (2010). The military genogram: A Solution-Focused approach for resiliency building in service members and their families. *The Family Journal*, *18*(4), 395-406.

| **Unit 7: Assessment with High Risk Clients** |  |
| --- | --- |
| **Topics** | |
| * Self-Injury * Suicide, Homicide, Intimate Partner Violence, Child Abuse, and Elder Abuse | |

**REQUIRED:**

Eastland, E. & Hess, S. (2015). Intimate Partner Violence. In E. M. P. Schott, & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 271-282). Sage.

Singer, J. B. (2012, August 10). Non-suicidal self-injury (NSSI): Interview with Jennifer Muehlenkamp, Ph.D. [Episode 73]. Social Work Podcast. Podcast retrieved [http://www.socialworkpodcast.com/2012/08/non-suicidal-self-injury-nssi-interview.html](http://socialworkpodcast.blogspot.com/2012/08/non-suicidal-self-injury-nssi-interview.html)

Stone, F. (2015). The suicidal military client. In E.M.P. Schott, & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 413-426). Sage.

| **Unit 8: Treatment Planning** |  |
| --- | --- |
| **Topics** | |
| * Choosing intervention targets * Worker’s intervention plan: outline * The process of evidence-based practice * Goals and contracting * Case management | |

**REQUIRED:**

Barker, P. & Chang, J. (2013). Establishing treatment goals. In *Basic family therapy, 6th ed.* (pp. 88-94). John Wiley & Sons.

Drisko, J. W. & Grady, M. D. (2012). The steps of evidence-based practice in clinical practice: An overview. In *Evidence-based practice in clinical social work* (pp. 31-53). Springer. \*\*\*CROSSOVER READING\*\*\*

Drisko, J. W. & Grady, M. D. (2012). Shared decision making with the client. In *Evidence-Based Practice in Clinical Social Work* (pp. 155-164). Springer.

| **Unit 9 Evidence Based Practice Process** | **ASSIGNMENT #2** |
| --- | --- |
| **Topics** | |
| * The science of social work * The evidence based practice process * Identification and measurement of treatment outcomes | |

**REQUIRED:**

Gehlert, S. (2015). Social work and science. *Research on Social Work Practice, February 2015,* 1-6. \*\*\*CROSSOVER READING\*\*\*

Rubin, A., & Bellamy, J. (2012). *Practitioner’s Guide to Using Research for Evidence-Based Practice:*

Chapter 2 – Steps in the EBP process (pp. 28-49). \*\*\*CROSSOVER READING\*\*\*

https://socialworkpodcast.blogspot.com/2011/03/process-of-evidence-based-practice.html

| **Unit 10: Introduction to Evidence Based Short Term Treatment Models** |  |
| --- | --- |
| **Topics** | |
| * Introduction to brief therapies * Examples of brief therapies (crisis intervention and mindfulness) * Solution Focused Brief Treatment with Individuals and Families | |

**REQUIRED:**

Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy, 37*, 87-94

Myer, R. A., & Conte, C. (2006). Assessment for crisis intervention. *Journal of Clinical Psychology: In Session, 62*, 959-970.

Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal, 37*, 95-103.

| **Unit 11: Introduction to Group Treatment** |  |
| --- | --- |
| **Topics** | |
| * Definitions of a group * History of Group Psychotherapy in Social Work Practice * Types of Groups: Homogenous vs. heterogeneous; open vs. closed * Determining the need for a group * Settings: Outpatient vs. Inpatient group therapy | |

**REQUIRED:**

Birkenmaier, J., Berg-Weger, M., & Dewees, M. P. (2013). Social work practice with Groups: Engagement, assessment and planning. *The practice of generalist social work* (3rd ed., pp. 344- 354). Routledge.

MacNair-Semands, R. (2010). Preparing members to fully participate in group therapy. In MacNair-Semands (Ed.), *101 Interventions in group psychotherapy* (pp. 403-408). Routledge.

| **Unit 12: Practice with groups and stages of development** |  |
| --- | --- |
| **Topics** | |
| * Group composition: screening * Assessing readiness for group * Preparing group members * Building rapport & Creating norms * Setting the agenda * Informed consent & Confidentiality * Stages of group development | |

**REQUIRED:**

Brown, A. & Mistry, T. (2005). Group work with ‘mixed membership’ groups: Issues of race and gender. *Social Work with Groups, 28*(3/4), 133-148. Originally published (1994) *Social Work with Groups, 17*(3), 5-21.

Olivier, C. (2009). Enhancing confidentiality within small groups: The experiences of AIDS service organizations. *Social Work with Groups*, *32*(4), 274-287

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group & Organization Management*, *2*(4), 419-427. (Classic article)

| **Unit 13: Facilitation Strategies and Leadership Roles in Groups** |  |
| --- | --- |
| **Topics** | |
| * Leadership * Multicultural Perspective in Group Work * Dealing with conflict * Therapeutic Factors in Group * Mutual aid | |

**REQUIRED:**

Chen, E. C., Kakkad, D., & Balzano, J. (2008). Multicultural competence and evidence‐based practice in group therapy. *Journal of Clinical Psychology*, *64*, 1261-1278.

Kotlyar, I., & Karakowsky, L. (2006). Leading conflict? Linkages between leader behaviors and group conflict. *Small Group Research*, *37*(4), 377-403.

| **Unit 14: Group Types** |  |
| --- | --- |
| **Topics** | |
| * What kind of group? Psychoeducation, Support, Therapeutic, Task. | |

**REQUIRED:**

Yalom, I. & Lescz, M. (2005). The composition of therapy groups. *The theory and practice of group psychotherapy, 5th ed.* (pp. 259-280). Basic Books.

Zorzella, K. P. M., Muller, R. T., & Classen, C. C. (2014). Trauma group therapy: The role of attachment and therapeutic alliance. *International Journal of Group Psychotherapy, 64*(1), 25-47.

| **Unit 15: Termination, Evaluation, and Follow-Up** | **Assignment #3 DUE** |
| --- | --- |
| **Topics** | |
| * Dealing with different forms of termination (planned, forced, premature) * General Tasks of Termination * Referral * Efficacy of our work and outcome measurement * Evaluating practice * Ethical Issues in Evaluation | |

**REQUIRED:**

Baker, L. R., Stephens, F., & Hitchcock, L. (2010). Social work practitioners and practice evaluation: How are we doing? *Journal of Human Behavior in the Social Environment*, *20*(8), 963-973.

Cameron, M. & King Keegan, E. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work, 55*, 63-73. \*repeat of Unit #1\*

Knox, S., Adrians, N., Everson, E., Hess, S., Hill, C., & Crook-Lyon, R. (2011). Clients’ perspectives on therapy termination. *Psychotherapy Research*, *21*(2), 154-167.

**RECOMMENDED:**

Fieldsteel, N. D. (2005). When the therapist says goodbye. *International Journal of Group Psychotherapy*, *55*(2), 245-279.

Mangione, L., Forti, R., Iacuzzi, C. (2007). Ethics and endings in group psychotherapy: Saying Goodbye and saying it well. *International Journal of Group Psychotherapy, 57*(1), 25-40.

Patterson, J., Williams, L. Edwards, T.M., Chamow, L., Grauf-Grounds, C., Sprenkle, D.H. (2009). Getting Unstuck in Therapy. In *Essential Skills in Family Therapy (2nd ed.)* (pp. 217-240). Guilford.

Patterson, J., Williams, L. Edwards, T.M., Chamow, L., Grauf-Grounds, C., Sprenkle, D.H. (2009). Termination. In *Essential Skills in Family Therapy (2nd ed.)* (pp. 241-250). Guilford.

**Assignment #1: Engagement Strategy**

**(25% of final grade)**

This assignment is designed for you to apply culturally appropriate strategies to engage and build with a challenging client case. Select one of the vignettes (to be provided by your professor) and then consider how you (whom the client is meeting for the very first time) will develop an engagement strategy. Using citations define, describe and apply skills of engagement. Then, describe might push your buttons, reflecting on the interaction between the client’s intersectionalities and your own. Lastly, reference the NASW Code of Ethics. Support your engagement strategy with the assigned reading material in the syllabus.

When reading the vignette, think about the unique strengths and challenges the client presents and how you can use that knowledge to build rapport. Consider the cultural, spiritual, religious, familial, and intersectionality identities and characteristics that the client in the vignette displays and apply your reading to understand the unique considerations for the case. **The strategy should focus on *engagement not interventions.***

**Please answer the following questions in your engagement strategies:**

1. Describe the presenting problem and the unique strengths of the clients. Consider their intersectionalities.
2. Explain how you might use basic counseling skills to engage and communicate empathy and compassion. Provide examples of how you might hypothetically use the following skills (Choose a minimum of 3). Define concepts using citations, describe and then apply:
   1. Verbal following
   2. Furthering responses
   3. Paraphrasing
   4. Open-ended and/ or closed ended responses
   5. Seeking concreteness
   6. Focusing
   7. Summarizing
3. Identify the factors that may “push your buttons” and might make it difficult to communicate empathy. Consider how your gender identity, race, age, religion, ethnicity, social class, sexual identity, and ableness impact your perspective.
4. What does the literature/research say about engagement for a client like this?
5. What guidance does the NASW Code of Ethics to guide your practice?

**Academic Paper Guidelines**

Select **one** of the vignettes. The paper should be 4-6 pages in length (not counting the title page or reference list), double-spaced, with 1-inch margins on all sides, with 12-point Times New Roman font. Insert page numbers with the title page. Use subheadings (in bold font) to organize your paper. See APA Manual p. 62 for *levels of headings*. Do not restate the vignette or the questions in your paper, though you can identify the client as a heading, if desired. Throughout the paper, please provide conceptual and empirical evidence to support your intervention, **referencing a minimum of 4 scholarly works (at least 1 of those must be found outside of the 544 syllabus)**. The references found outside the syllabus should be bolded on the reference page. Use editorial referencing styles as specified in the APA Publication Manual 7th Edition (<http://apastyle.apa.org/>).

The title page should be formatted as follows:

ENGAGEMENT STRATEGY 1

SOWK 544

Assignment #1: Engagement Strategy

[Student Name]

[Date]

[Course Instructor]

[University Name]

The evaluation of the paper will be based on whether you addressed all aspects of the assignment, the quality of your written work (graduate level writing, organization, flow, clarity, depth, mechanics of writing such as grammar, spelling, etc.), and the correct application of APA style. Avoid citing from only one source to support entire sections of your paper. Proofread and edit your work.

It is expected that students will be responsible for submitting their own work and not the work of other students. If you study with other students, be conscious of shaping and writing your own work, and not relying on a “group” consensus of what should go in the paper. Refer to the university guidelines on academic integrity and plagiarism if you have any doubts.

**Due: The day of the Unit 5 before the start of class through Blackboard (for campus students) or the Assessment section for Assignment #1 (for VAC Students).** *This assignment relates to student learning outcomes 1, 2 and 6.*

**Late submissions without prior permission from the instructor will have 1 point deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

**Assignment #2: Family of Origin Assessment**

**(35% of final grade)**

**Purpose of this assignment:** This assignment has become a ‘classic’ assignment in the USC Suzanne Dworak-Peck School of Social Work program. Understanding family functioning and familial patterns will be an important foundation in your ability to help your clients work through family problems. You will be provided an opportunity to explore and reflect on your own experiences, including factors of resilience and risk, or you may choose to analyze a family portrayed in a film. Either way. this assignment will highlight ways in which you can be more empathetic towards yourself and others.

Please note that this assignment is not a replacement for personal psychotherapy, but it may offer some insights into who you are, and how you can help your clients live more fulfilling lives.  If this assignment brings up unresolved personal conflict, the USC School of Social Work has free psychotherapy provided to students. The contact number for psychotherapeutic support for campus students is (213) 740-1771;<http://engemannshc.usc.edu/counseling>. For VAC students Perspectives, Ltd. counselors provide students and families free short-term confidential assistance. Perspectives can be found at http://www.perspectivesltd.com. The Username is VAC500 and the Password: perspectives. Students may also call directly at 800-456-6327. Available 24/7.

**General instructions:** This assignment requires you to apply the concepts and theories that are discussed in your SOWK 544 classes along with the concepts and theories that are found in the required readings.

**Instructions for organizing the assignment:**

**Part one: Genogram (one page):** Produce a detailed genogram of your family of origin or the family depicted in the film covering multi-generations and identify a predominant inter-generational pattern.  Please include first names and ages (or Date of Birth) with each symbol. The genogram must include a key. It should also include sub-systems and alliances between family members. Strength of interpersonal relationships for the index client (yourself) should be depicted, Also depict mental illness and medical issue across the generations.

**Part two: Family of Origin Paper ((2-3 pages): Write and discuss a brief illustration from a time in your childhood which exemplifies how your family system typically operated.** Issues you may cover include (choose 3 of these):

1. Boundaries (within the family as well as between the family and the world)
2. Hierarchies
3. Subsystems
4. Alliances
5. Rules (spoken and unspoken)
6. Feedback loops
7. Communication style and patterns
8. Risk and protective factors

Please define and describe the concepts (using citations) and then apply by providing specific examples. You must give specific behavioral examples to back up your analysis. For example, it is not sufficient to state that there were poor communication patterns, rather, you should discuss the specific behaviors that demonstrated how those communications played out and what type of communication it most closely represents. (The Hepworth et al. and Collins et al. articles from unit 6 are important guides for this section). Highlight inter-generational patterns.

In completing this section, you will need to cite at least three scholarly articles, chapters, and/or books (**from outside of this syllabus**) that address the concepts you are discussing.

**Part three: Infographic (one page):** Construct a one page infographic. “Infographics are graphic visual representations of information, data, or knowledge intended to present information quickly and clearly. They can improve cognition by utilizing graphics to enhance the human visual system's ability to see patterns and trends”**(**[Wikipedia](https://en.wikipedia.org/wiki/Infographic)**).** Select an underlying theme or intergenerational pattern that emerged from the analysis of your family which has influenced your way of thinking about social work practice.  Research this theme and discuss how it impacts families in general. You must support your conclusions using statistics and psychological findings from research articles. You may create your own theme or select from the following list:

1. The effects of alcoholism or addiction on the family.
2. Gay and lesbian families, Blended family issues, Single-parent family.
3. The effects of violence or abuse.
4. Poverty and the family.
5. Family secrets.
6. Legacies of loss.
7. The role of ritual in the family.
8. Birth order.
9. Cultural themes.
10. The effects of mental or physical illness on the family.
11. Gender roles within the family.
12. Family stories and the construction of meaning.
13. Models of marriage.

In completing this section, you will need to reference at least three additional sources that address the data and research related to the theme you are discussing. Place the references at the bottom of the infographic. Free infographic programs are available online. <https://www.canva.com/create/infographics/> or <https://piktochart.com/> are examples of many more. Submit in the Assessments Infographic section for Assignment #2.

**Due:** The day of the start of class Unit 9**.**All papers must be submitted on Blackboard (for campus students) or via the Assessments section (for VAC students). **Upload the assignment within Blackboard for on ground students and within the Assessment section for VAC students. Late submissions without prior permission from the instructor will have 1 point deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

**Assignment #3: Understanding and Applying Evidence Based Interventions**

**(Sections 1 & 2 = 30% of final grade)**

**General instructions**

This is a group assignment and groups will be comprised of 4-5 students.  The assignment has two parts. Section one includes the identification and discussion of an issue or theme and the research related to the chosen issue. Section two will include a discussion of an evidence-based intervention appropriate to treat those who are experiencing the identified issue or theme. Sections one and two will be written and submitted as a group. The paper 4-6 pages (with 8 references minimum). **All students in a group will receive the same grade on this assignment.**

**Section 1: Chosen Issue and Related Research (2-3 pages)**

This section requires your group to choose an issue or theme noticed from your genogram and illustrated on your infographic. Only one theme/issue should be chosen, and it is okay to choose a theme or an issue even if one group member did not significantly experience the theme or issue.

Once an issue or theme is chosen your group will research the literature and data to clarify how this issue is experienced within the general population. Using the assigned readings, in-class discussions, and other research literature, provide a detailed description of the following elements:

* The issue/population you have identified. This should include statistics about the issue/population, incidence and/or prevalence of the issues or needs, outcomes for the issue/population if not intervened with (negative outcomes of the issue if untreated).
* Significant socio-cultural dimensions of the problem: e.g., socioeconomic status, race, gender, culture, spiritual/religious beliefs etc.

**Section 2: Group Therapy (2-3 pages)**

Imagine how a support group would be carried out in a group format to the issue/population selected. Topics to cover include:

* What is the purpose of the group?
* What type of group will work best for this issue/population?
* What will be the length and duration?
* What will the composition of the group be heterogenous or homogenous and why?
* What will be the size of the group and why?
* What will the structure of the group be? (Open vs. Closed)
* What will the composition of the group be? Who will be included and excluded and why?
* How will you do participant recruitment and selection?
* Elements of the proposed group intervention (number of sessions, topic and activities of group sessions)
* Where might this group best be delivered (i.e., schools, community-based organizations, churches, etc.)?
* What are the skills you might use to facilitate the group though the stages of the group? Consider leadership roles; how you might establish group norms and confidentiality and group development.

Please use the DEFINE, DESCRIBE AND APPLY methodology for topic discussed. Use citations to support definition and descriptions. Apply using hypothetical examples to demonstrate understanding.

**Section 3: Individual Reflection (1 page)**

Reflect on your own group process of completing this assignment in a group. Discuss group type, stage and development using citations to support reflections. Provide specific examples to support your points.

Papers should be no more than 5-7 pages in length (not counting the title page or reference list), double-spaced, with 1-inch margins on all sides, with 12 point Times New Roman font. Insert page numbers starting with the title page. Use subheadings (in bold font) to organize your paper. See APA Manual for *levels of headings*. Throughout the paper, provide reference citations using a **minimum of 8 scholarly works** (at least 4 of which must be outside sources = not on the 544 syllabus). Use editorial and referencing styles as specified in the APA Publication Manual 7th Edition (<http://apastyle.apa.org/>).

Papers will be evaluated on the thoroughness of the assignment, the theoretical justification of content, integration of empirical evidenced-based content, and the quality of the written work.

Due: The day of the Unit 15 before the start of class through Blackboard (for campus students) or the Assessment section for Assignment #1 (for VAC Students).Only one person in the partnership should submit the final version of their groups assignment with all group member names on the title page. Submit via Blackboard (for on campus students) or through the Assessment upload areas for assignments (for VAC students). This assignment relates to student learning outcomes 1, 2, 3, 4, 6, and 7.

Exceptions and incompletes are only granted due to personal or medical emergencies and are at the instructor’s discretion.

**List of Appendices**

1. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
2. Definitions of Grades and Standards Established by Faculty of the School
3. Recommended Instructional Materials and Resources
4. Suzanne Dworak-Peck School of Social Work DEI Statement
5. Statement on Academic Conduct and Support Systems

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency** | **Objective** | **Behaviors** | | **Dimensions** | | | **Content** | | |
| **Competency 6**: **Engage with Individuals, Families, Groups, Organizations, and Communities**  Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. 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. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. | **3.** Demonstrate the importance of the role of theory, empirical research, and evidence-based intervention as they apply to social work practice. The principles of evidence-based practice will be presented and students will have opportunity to apply the principles to clinical case studies. | **6b.** Uses empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. | | Cognitive and Affective Processes | | | **Unit 2:** Understanding Individuals: Diversity, Adversity, and Empathy  **Unit 3:** Initial Phase of Treatment: Engagement and Rapport Building with Individuals and Families  **Unit 4:** Assessment: Biopsychosocial Assessment – Overview and Essential Components  **Unit 5:** Assessment with Individuals  **Unit 6:** Assessment with Families  **Unit 7:** Assessment with High-Risk Clients  **Unit 8:** Treatment Planning  **Unit 9:** Solution-Focused Therapy with Individuals and Families  **Unit 10:** Introduction to Evidence-Based Short-Term Treatment Models  **Unit 11:** Introduction to Group Treatment  **Unit 12:** Practice with Groups and Stages of Development  **Unit 13:** Facilitation Strategies and Leadership Roles in Groups  **Unit 14:** Group Types  **Unit 15:** Termination and Evaluation  **Assignment 1:** Engagement Strategy Paper  **Assignment 2:** Family of Origin Assessment  **Assignment 3:** Development of a Group Therapy  **Class Participation** | | |
| **Competency** | **Objective** | **Behaviors** | | **Dimensions** | | | **Content** | |
| **Competency 7**: **Assess Individuals, Families, Groups, Organizations, and Communities**  Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making. | **4.** Present foundation materials on the complex nature and scope of generalist social work practice, including the varied tasks and roles that social workers undertake as effective change agents. Emphasis will be placed on the importance of a systems paradigm and person-in-environment framework, both of which show the interaction among the biological, psychological, social, and cultural systems. | **7c.** Develops mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies. | | | Skills, Cognitive and Affective Processes | **Unit 4:** Assessment: Biopsychosocial Assessment –  Overview and Essential Components  **Unit 5:** Assessment with Individuals  **Unit 6:** Assessment with Families  **Unit 7:** Assessment with High-Risk Clients  **Unit 8:** Treatment Planning  **Unit 9:** Solution-Focused Therapy with Individuals and Families  **Unit 10:** Introduction to Evidence-Based Short-Term Treatment Models  **Unit 11:** Introduction to Group Treatment  **Unit 12:** Practice with Groups and Stages of Development  **Assignment 1:** Engagement Strategy  **Assignment 2:** Family of Origin Assessment  **Assignment 3:** Development of a Group Therapy  **Class Participation** | |
| **7d.** Selects appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies. | | | Knowledge, Cognitive and Affective Processes |
| **Competency** | **Objective** | | **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, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. 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. | **5.** Demonstrate major concepts to support the treatment process (engagement, assessment, planning and contracting, implementation, and termination/evaluation phases). Provide students with commonly applied models of practice and experiential activities to practice clinical skills. | | **8a.** Critically chooses and implements interventions to achieve practice goals and enhances capacities of clients and constituencies. | | Knowledge, Skills, Cognitive and Affective Processes | **Unit 8:** Treatment Planning  **Unit 9:** Solution-Focused Therapy with Individuals and Families  **Unit 10:** Introduction to Evidence-Based Short-Term Treatment Models  **Unit 11:** Introduction to Group Treatment  **Unit 12:** Practice with Groups and Stages of Development  **Unit 13:** Facilitation Strategies and Leadership Roles in Groups  **Unit 14:** Group Types  **Unit 15:** Termination and Evaluation  **Assignment 3:** Development of a Group Therapy  **Class Participation** | |
| **8e.** Facilitates effective transitions and endings that advance mutually agreed-on goals | | Skills |

**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.

**Appendix C: Recommended Instructional Materials and Resources**

***Recommended Guidebook for APA Style Formatting***

APA 7

***Recommended Websites***

**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](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English), abide by the [CSWE Educational Policy and Accreditation Standards](https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work.](https://grandchallengesforsocialwork.org/)

**Appendix E: Statement on Academic Conduct and Support Systems**

**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.

**Support Systems:**

**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.

**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.