

USC Suzanne Dworak-Peck

School of Social Work

Social Work 637

Section #67076

Assessing Wellness for Recovery in Integrated Care

3 units

Summer 2022

Instructor	Joseph J. Harper, LCSW, MBA, CADC
Email	josephjh@usc.edu
Telephone	618-954-8825
Office	VAC
Office Hours	Tuesday 5:00pm – 6:00pm PT & by appt.
Course Day(s)	Wednesday
Course Time(s)	4:00pm – 5:35pm PT
Course Location(s)	VAC

Course Pre-requisites, Co-requisites, and Concurrent Enrollment SOWK 506, SOWK 536, SOWK 544, and SOWK 546

Catalogue Description

This course serves as a foundation of practice for students working within the public health, mental health, and integrated care health systems. The course focuses on cutting-edge knowledge in assessing and promoting wellness and recovery, and the interacting systems of mind, brain, and body. Some discussion will also focus on evidence-based integrated care interventions aimed at improving the well-being of low-income and vulnerable populations in a new era of health care reform.

Course Description

The focus of this course will be to develop skills and theories on how to assess and diagnose. This course builds on foundation semester courses and prepares students to create and conduct full bio-psycho-social assessments that will then be linked to current knowledge in evidence-informed practices for wellness of mind, brain, and body, the natural helping network of families and peer support, and culturally informed models of care. Toward achieving this end, this course employs a life-course perspective that considers the interacting forces of health and mental health in development of integrated care interventions, often delivered by interdisciplinary teams.

Using a person-centered framework, this course emphasizes how social workers in health, behavioral health, and integrated care settings can support wellness and recovery using a

strengths perspective. This strength based perspective is important in properly assessing and identifying protective factors, resiliency, lifestyle choices, and supportive factors to include a culture in which people live. We will also address factors impacting the effects of stress on body, mind, and brain. This course addresses practice challenges associated with multiple and complex health and mental health conditions that require a focus on wellness, disease self-management, and holistic, culturally responsive care coordination.

Course Objectives

Objective Number	Objectives
1	Develop a theoretical and skill-based approach to create complex bio-psycho-social assessments.
2	Demonstrate skills in conducting brief functional assessments and care collaboration with individuals in the context of family, community, and cultural identities.
3	Demonstrate knowledge of the interacting systems of mind, brain, and body, and how these systems relate to wellness and the recovery model in the integration of health and mental health care.
4	Facilitate selection of intervention methods in primary, secondary, and tertiary prevention.

Course Format / Instructional Methods

This course will use a student-centered learning approach that is both didactic and interactive. Case vignettes, video clips, and class exercises will accompany lectures and assigned reading.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (2017) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions.

Person-first language: Students should be especially careful not to contribute unwittingly to myths about chronic health conditions, mental illness, and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as “a schizophrenic,” “a borderline,” “addicts,” “epileptics,” or “the disabled”) or language that implies that the person as a whole is disordered or disabled, as in the expression “chronics,” “psychotics,” or “disabled persons.” Emphasis should be on the person first, not the disability. This is accomplished by putting the person-noun first (i.e., “persons [or people] with disabilities,” or “an individual diagnosed with schizophrenia”).

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

Assignments	Due Date	% of Final Grade
Assignment 1: Part 1 Strengths Based Community Analysis- Behavioral Health & Wellness (Paper)	Unit 5 6/15/22	40%
Assignment 1: Part 2 Strengths Based Community Analysis- Behavioral Health & Wellness (Presentation)	6/29-7/27/22 Units 7-11	10%
Assignment 2: Integrated Case Assessment	Unit 12 8/3/22	40%
In Class Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1

Part 1: In this assignment students will conduct a strengths based community assessment of the Behavioral Health & Wellness of two separate communities. Students will use available community based-data to describe the demographic, health, mental health, SES, environmental toxins and resources of each community and present an analysis of how the community impacts the health, wellness and quality of life of residents. The analysis will include the integration of supportive data for observations related to chronic health and behavioral health conditions of residents in each community. Students will use research evidence and facts/data from their analysis to support conclusions and implications for the impact of the community on the behavioral health and wellness of residents within the 2 communities and potential initiatives to address behavioral health and wellness needs. Paper length 6 to 8 pages and a minimum of 7 References.

Part 2: Students will present a brief 7-8 minute summary of key findings, conclusions and implications for integrated/collaborative interventions and/or initiatives to address identified needs to improve the population health & wellness of the communities. No ppt required. If ppt used (max 6 slides).

Students can work individually or in groups of 2-3 students.

See the grading and scoring rubric for specific instructions and details for the assignment.

Part 1 Paper Due: Unit 5; by midnight the day of class

Part 2 Presentation Due: Units 7-11

This assignment relates to course objective 1b, 2b, 3 & 4 and social work competency 7 & 9.

Assignment 2

This assignment is an integrated case analysis written in a report format based on Isaac Ford's memoir, *Up from the Bottom*. Students will complete a comprehensive assessment that will include background information on the client, problem list (acute vs. chronic), bio-psych-social analysis, identify what would be helpful from a prevention perspective, and how to approach diagnosis with an integrated treatment plan (integrated intervention approach). Students will identify problem areas, necessary and appropriate psychological testing, health related illnesses and appropriate referrals. The treatment plan should also identify prevention areas and interventions that would improve the quality of the client's life. This assessment should be 6 to 7 pages with a minimum of 6 references. See the grading and scoring rubric for specific instructions and details regarding this assignment.

Due: Unit 12; by midnight the day of class

This assignment relates to course objective 1b, 2b, 3, & 4 and social work competency 7 & 9.

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 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

Required Textbooks & Videos

1. Book: Jordan, C., & Franklin, C. (2021). *Clinical assessment for social workers: Quantitative and qualitative methods* (5th ed). Oxford University Press. ISBN-13: 978-0190071905
2. Book: Schott, E. M. P., & Weiss, E. L. (Eds). (2016). *Transformative social work practice*. Thousand Oaks, CA: Sage. ISBN-13: 978-1483359632
3. Book: *Up From the Bottom: A Memoir*. (2019). Isaac Ford Jr.& Associates, LLC. ISBN 13: 978-0983718291

Course Reader

None

Notes:

- 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 2021)

Unit/Week #	Date	Topics	Asynchronous Content	Assignments
1		Introduction: Wellness Recovery and Integrated Care	Recorded lectures Readings	
2		Introduction to a Biopsychosocial-spiritual Assessment	Recorded lectures Readings	
3		Why do we asses? Brain and Biology role in Mental Health and Wellness	Recorded lectures Readings	

4		Assessing the Client's Mental State/Status	Recorded lectures Readings	
5		Tools of Assessment	Recorded lectures Readings	Assignment 1
6		Culturally Responsive Social Work Service Delivery Approaches	Asynchronous Videos Readings	
7		Life Course Considerations	Recorded lectures Readings	Assignment 2
8		Primary Prevention	Recorded lectures Readings	Assignment 2
9		Secondary & Tertiary Prevention Prevention and Intervention: Continuum of Care	Recorded lectures Readings	Assignment 2
10		Mindfulness-Based Treatment Approaches	Recorded lectures Readings	Assignment 2
11		Recovery From Serious Mental Illness	Recorded lectures Readings	Assignment 2
12		Understanding Drug Abuse and Addiction	Recorded lectures Readings	Assignment 3

Course Schedule—Detailed Description

Unit 1: Introduction: Wellness Recovery and Integrated Care

5/18/22

Topics

- Brief and Modern History of Mental Health
- Integrated Health Care and Contemporary Care
- Health Inequality
- Life Course Perspectives
- Culture in Mental Health Care
- Diversity in Health
- Family and Support Factors in Mental Health

Required Readings

1. Chetty, R., Stepner, M., & Cutler, D. (2016). Relationships between income, health behaviors, and life expectancy—Reply. *JAMA*, *316*(8), 880–881.
2. Dávila, M. G., Polanco, V. P., & Santaella, J. (2017). Health services for transgender individuals. *American Journal of Public Health*, *107*(1), 7.
doi:<http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2016.303541>
3. Gleason, H. A., Truong, D., Biebel, K., Hobart, M., & Kolodziej, M. (2017). Perceived barriers to and facilitators of engagement in reverse integrated care. *Journal of Behavioral Health Services and Research*, *44*(2), 296–303.
4. HHS Action Plan to Reduce Racial and Ethnic Health Disparities (pp. 1–27).

Unit 2: Introduction to a Biopsychosocial-Spiritual Assessment

5/25/22

Topics

- What Is a Biopsychosocial Assessment (BPS)?
- Using the Standard Assessment Form in a BPS
- Language Overview to Describe a Client's Mood Congruency

Required Readings

1. Franklin, C., & Jordan, C. (2020). Assessments process and methods. In C. Jordan & C. Franklin (Eds.) 5th ed., *Clinical assessment for social workers* (pp. 3–53; eBook edition). New York, NY: Oxford University Press.
2. Komaroff, A. L. (2017). The microbiome and risk for obesity and diabetes. *JAMA*, *317*(4), 355–356.
3. Ridley, C. R., Jeffrey, C. E., & Roberson, R. B. (2017). The process of thematic mapping in case conceptualization. *Journal of Clinical Psychology*, *73*(4), 393–409.

Unit 3: Why Do We Assess? Brain and Biology in the role of Mental Health 6/1/22

Topics

- Brain and Central Nervous System
- Sympathetic and Parasympathetic Nervous System
- The Neurons
- Neurotransmitters and Disorders
- Health, Diet, and Environment

Required Readings

1. Carlson, N. R. (2014). Structure and functions of cells of the nervous system. In
2. Dinan, T. G., Cryan, J. F., & Stanton, C. (2018). Gut Microbes and Brain Development Have Black Box Connectivity. *Biological psychiatry*, 83(2), 97-99. *Foundations of behavioral neuroscience* (pp. 39-46). Boston, MA: Pearson.
3. Holton, K. (2016). The role of diet in the treatment of fibromyalgia.
4. Wennberg, M., Gustafsson, P. E., Wennberg, P., & Hammarström, A. (2016). Irregular eating of meals in adolescence and the metabolic syndrome in adulthood: Results from a 27-year prospective cohort. *Public Health Nutrition*, 19(4), 667–673. doi:<http://dx.doi.org.libproxy2.usc.edu/10.1017/S1368980015001445>

Unit 4: Assessing the Client's Mental State/Status

6/8/22

Topics

- Obtaining Consent and Informing the Client
- The role of Ethics of Assessment and Practice
- Client's Right
- Assessing a Client's Present Mental State
 - Mini-Mental Status Exam
 - Sanity Evaluation
 - Language Overview to Describe a Client's Affect, Appearance, Behavior, and Mood
 - Suicidal and Homicidal Ideation
 - Outcome Measures and Analysis

Required Readings

1. Ballan, M. S., & Freyer, M. (2016). Qualitative assessment methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 121–149). New York, NY: Oxford University Press.
2. Franklin, C., & Jordan, C. (2020). Assessments process and methods. In C. Jordan & C. Franklin (Eds.) 5th ed., *Clinical assessment for social workers* (pp. 3–53; eBook edition). New York, NY: Oxford University Press.
3. Skoog, J., Backman, K., Ribbe, M., Falk, H., Gudmundsson, P., Thorvaldsson, V. Skoog, I. (2017). A longitudinal study of the Mini-Mental State Examination in late nonagenarians and its relationship with dementia, mortality, and education. *Journal of the American Geriatrics Society*, 65(6), 1296–1300.

Unit 5: Tools of Assessment

6/15/22

- History of Biometrics
- Theories and Hypothesis of Biometrics
- Diversity in Testing and Assessment
- Test Selection
- Mood and Personality Testing
- Dementia, Delirium, and Depression
- Traumatic Brain Injury
- Nutrition and Health Assessments
- Treatment Team Meetings and Treatment Planning

Required Readings

1. Depp, C., & Edelman, R. C. (2017). Treatment settings for older age bipolar disorder: Inpatient, partial hospitalization, outpatient, models of integrated care. In *Bipolar disorder in older age patients* (pp. 213–229). New York, NY: Springer International.
2. Finney, K. & Schott, E. (2016). Psychopharmacology and psychoeducation for the treatment of major depressive disorder. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 55-64). Los Angeles, CA: Sage.
3. Pomeroy, E. C., & Anderson, K. H. (2020). Adults. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 225-263; eBook edition). New York, NY: Oxford University Press.
4. Reid, R. C., Moghaddam, F., & Fong, T. (2016). Gambling disorders. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 54-66) Los Angeles, CA: Sage.

Unit 6: Culturally Responsive Social Work Service Delivery Approaches

6/22/22

Topics

- Faith and Spirituality
- Video: *U.S. Faith-Based Organization*
- Buddhist Recovery (Refuge Recovery)
- Diversity and Community Mental Health

Required Readings

1. Goodrich, K. M., Buser, J. K., Luke, M., & Buser, T. J. (2016). Spiritual and sexual identity: Exploring lesbian, gay, and bisexual clients' perspectives of counseling. *Journal of Homosexuality*, 63(6), 783–807.

2. Mental Health and the LGBTQ community. Available at [LGBTQ_MentalHealth_OnePager.pdf \(suicidepreventionlifeline.org\)](#)
3. NAMI. (2021). LGBTQI. Available at [LGBTQI | NAMI: National Alliance on Mental Illness](#)
4. Osseo-Asare, A., Balasuriya, L., Huot, S. J., Keene, D., Berg, D., Nunez-Smith, M., ... & Boatright, D. (2018). Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace. *JAMA Network Open*, 1(5), e182723-e182723.

Videos

5. Mental health: A Guide for African Americans and their Families. (Video 22 min) American Psychiatric Association (2014). [Mental Health: A Guide for African Americans and Their Families - YouTube](#)
6. Community Mental Health and Asian Americans (Video: 6.3 mins): <https://www.youtube.com/watch?v=s4iSGIAjneA>
7. Mental health: A Guide for Latinos and their Families. (Video 22 min) American Psychiatric Association (2014). [Mental Health: A Guide for Latinos and Their Families - YouTube](#)
8. Epel, E. S. (2009). Psychological and metabolic stress: A recipe for accelerated cellular aging. *Hormones*, 8(1), 7–22. (Still relevant and used as a precursor)

Unit 7: Life Course Considerations

6/29/22

Topics

- Life Course Considerations
- Factors That Impact the Life Course
- Genetic Inheritance
- Environmental Factors
- Growth and Neurodevelopment
- Stress

Required Readings

1. Gilbert, D.J., & Olcon, K. (2016) Multicultural assessment. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 337-368, eBook edition). New York, NY: Oxford University Press.
2. Mathur, M. B., Epel, E., Kind, S., Desai, M., Parks, C. G., Sandler, D. P., & Khazeni, N. (2016). Perceived stress and telomere length: A systematic review, meta-analysis, and

- methodologic considerations for advancing the field. *Brain, Behavior, and Immunity*, 54, 158–169.
3. West, K. M., Blacksher, E., & Burke, W. (2017). Genomics, health disparities, and missed opportunities for the nation’s research agenda. *JAMA*, 317(18), 1831–1832.
 4. Zhang, A., Franklin, C., & Hopson, L. (2020). Family Systems. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 265-306, eBook edition). New York, NY: Oxford University Press.

Unit 8: Primary Prevention

7/6/22

Topics

- Introduction of Prevention Versus Intervention
- Theories of Prevention
- Types of Primary Prevention

Required Readings

1. Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health Education Quarterly*, 11(1), 1–47. (Still relevant).
2. McCaughey, M., & Cermele, J. (2017). Changing the hidden curriculum of campus rape prevention and education: Women’s self-defense as a key protective factor for a public health model of prevention. *Trauma, Violence, and Abuse*, 18(3), 287–302.
3. Vaidya, N., Thota, A. B., Proia, K. K., Jamieson, S., Mercer, S. L., Elder, R. W., Zaza, S. (2017). Practice-based evidence in community guide systematic reviews. *American Journal of Public Health*, 107(3), 413–420.

Unit 9: Secondary and Tertiary Prevention

7/13/22

- Secondary Prevention Review
- Key Factors Regarding Tertiary Prevention
- Health Promotion Interventions
- Risk and Protective Factors
- Prevention Models
- Phases of Treatments
- Considerations of Secondary Prevention

Required Readings

1. Hetherington, E., McDonald, S., Wu, M., & Tough, S. (2017). Risk and protective factors for mental health and community cohesion after the 2013 Calgary flood. *Disaster Medicine and Public Health Preparedness*, 1–8.
2. Mo, P. K., Chong, E. S., Mak, W. W., Wong, S. Y., & Lau, J. T. (2016). Physical activity in people with mental illness in Hong Kong: Application of the health belief model. *Journal of Sport and Exercise Psychology*, 38(2), 203–208.
3. Olfson, M., Blanco, C., & Marcus, S. C. (2016). Treatment of adult depression in the United States. *JAMA internal medicine*, 176(10), 1482–1491.
4. Pedersen, E. R., Neighbors, C., Atkins, D. C., Lee, C. M., & Larimer, M. E. (2017). Brief online interventions targeting risk and protective factors for increased and problematic alcohol use among American college students studying abroad. *Psychology of Addictive Behaviors*, 31(2), 220.

Unit 9: Prevention and Intervention: Continuum of Care

7/13/22

Topics

- Facts About Tertiary Prevention
- Psychosis
- Phases of Treatment
- Treatment Outcomes
- Rethinking Antipsychotics (Robert Whittaker-Video)

Required Readings

1. CDC guideline for prescribing opioids for chronic pain. (2016). *American Journal of Public Health, 106*(3), 392.
doi:<http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2016.303080>
2. Sikka, S., Vrooman, A., Callender, L., Salisbury, D., Bennett, M., Hamilton, R., & Driver, S. (2017). Inconsistencies with screening for traumatic brain injury in spinal cord injury across the continuum of care. *Journal of Spinal Cord Medicine, 1*–10.
3. Thyer, B. (2020). Linking assessment to outcome evaluation. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers* (pp. 389-410, eBook edition). New York, NY: Oxford University Press.

Unit 10: Mindfulness-Based Treatment Approaches

7/20/22

Topics

- Background of Mindful Practices
- Evidence-Based Mindfulness Practices
- Imagery
- Body and Stress Connection
- Diaphragmatic Breathing

Required Readings

1. Hjort, J. (2016). Mindfulness in mental health care setting. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 70-78). Los Angeles, CA: Sage.
2. Rook, K. S., August, K. J., Choi, S., Franks, M. M., & Stephens, M. A. P. (2016). Emotional reactivity to daily stress, spousal emotional support, and fasting blood glucose among patients with type 2 diabetes. *Journal of Health Psychology, 21*(11), 2538–2549.
3. Yamada, T., Inoue, A., Mafune, K., Hiro, H., & Nagata, S. (2017). Recovery of percent vital capacity by breathing training in patients with panic disorder and impaired diaphragmatic breathing. *Behavior Modification, 41*(5), 665–682.

Topics

- Introduction to Person-First Mental Health
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia and Related Disorders
- Continuum Model of Mental Illness
- Elements of Recovery

Required Readings

1. Heslin, M., Lappin, J. M., Donoghue, K., Lomas, B., Reininghaus, U., Onyejiaka, A., ... Doody, G. A. (2016). Ten-year outcomes in first episode psychotic major depression patients compared with schizophrenia and bipolar patients. *Schizophrenia Research, 176*(2), 417–422.
2. Mangurian, C., Keenan, W., Newcomer, J. W., Vittinghoff, E., Creasman, J. M., & Schillinger, D. (2017). Diabetes prevalence among racial-ethnic minority group members with severe mental illness taking antipsychotics: Double jeopardy? *Psychiatric Services*, appi-ps.
3. Regueiro, M. D., McAnallen, S. E., Greer, J. B., Perkins, S. E., Ramalingam, S., & Szigethy, E. (2016). The inflammatory bowel disease specialty medical home: A new model of patient-centered care. *Inflammatory Bowel Diseases, 22*(8), 1971–1980.
4. Weaver, H. (2016). Intergenerational trauma and indigenous people. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 400-410). Los Angeles, CA: Sage.

Recommended Reading

1. Dixon, L., & Schwartz, E. C. (2013). Fifty years of progress in community mental health in US: The growth of evidence-base practice. *Epidemiology and Psychiatric Sciences, 1*–5. doi:10.1017/S20457960130000620 (still relevant).

Unit 12: Understanding Drug Abuse and Addiction

8/3/22

Topics

- How Our Brain Seeks and Reacts to Stimulants
- How the Brain Reacts to Substances
- Risk Factors to Substance Use
- Substance Prevention
- Understanding Drug Abuse and Addictions
- Factors of Treatment

Required Readings

1. Becker, S. J., Squires, D. D., Strong, D. R., Barnett, N. P., Monti, P. M., & Petry, N. M. (2016). Training opioid addiction treatment providers to adopt contingency management: A prospective pilot trial of a comprehensive implementation science approach. *Substance Abuse*, 37(1), 134–140.
disease model of addiction indicates otherwise, we know that people can quit addictions—with special reference to harm reduction and mindfulness. *Addictive Behaviors Reports*, 4, 97–101.
2. Elaghoury, A. (2017). The emerging therapeutic role of the non-invasive brain stimulation in the addiction medicine: Review of the ongoing studies. *Brain Stimulation*, 2(10), 454–455.
3. Herzberg, D., Guarino, H., Mateu-Gelabert, P., & Bennett, A. S. (2016). Recurring epidemics of pharmaceutical drug abuse in America: Time for an all-drug strategy. *American Journal of Public Health*, 106(3), 408–410.
doi:<http://dx.doi.org.libproxy2.usc.edu/10.2105/AJPH.2015.302982>
4. Momtazi, S. (2016). Drug abuse in Iran. In E. M. P. Schott & E. L. Weiss (Eds), *Transformative social work practice* (pp. 502-510). Los Angeles, CA: Sage.

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
- F. Appendix F: Support Systems and Additional Resources

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

Competency	Objective(s)	Behavior(s)	Dimension(s)	Content
7-Assess individuals, families, groups, organizations, and communities	<p>Social Workers:</p> <p>1b, 2b. Understand, critically evaluate, and apply theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p> <p>3. Understand how personal life-course experiences, neurodevelopmental growth, and cultural experiences, may affect assessment and treatment planning.</p>	<p>a. Students will be able to create both brief and complex holistic assessments that focus on the life course development of their clients. These assessments will draw upon knowledge of body mind connections, as well as be culturally responsive. They will use a strengths perspective that fits into the Integrated care model.</p> <p>b. Understand, critically evaluate, and apply theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p>	<p>Knowledge</p> <p>Reflection</p> <p>Skills</p>	<p>Units 1–10</p> <p>Assignments 1-2</p>
9- Evaluate practice with individuals,	<p>Social Workers:</p>	<p>c. Choose appropriate prevention targets</p>	<p>Values</p> <p>Skills</p>	<p>Units 1–12</p> <p>Assignment 2</p>

<p>families, groups, organizations, and communities</p>	<p>3. Demonstrate knowledge of the interacting systems of mind, brain, and body, and how these systems relate to wellness and the recovery model in the integration of health and mental health care.</p> <p>4. Facilitate selection of intervention methods in primary, secondary, and tertiary prevention.</p>	<p>for clients and provide education on how clients can integrate prevention into their life styles.</p>	<p>Affective reaction</p>	
---	--	--	---------------------------	--

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

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, DC: Author.

Recommended Websites

Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from <http://owl.english.purdue.edu/owl/resource/560/24/>.

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](#).

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 (xxx@usc.edu) of any anticipated absence or reason for tardiness.

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

Please refer to [SCampus](#) and to the [USC School of Social Work 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 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 (Optional)

- Be mindful of getting proper nutrition, exercise, rest and sleep!
- Come to class.
- Complete required readings and assignments BEFORE coming to class.
- BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- Come to class prepared to ask any questions you might have.
- Participate in class discussions.
- AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- Keep up with the assigned readings.

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.symplcity.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 Student Accessibility Services

<https://osas.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.

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.