

Social Work 615

Section #67227

Brief Therapy and Crisis Intervention

3 Units

Summer 2022

Instructor	Lavit Maas
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Office	
Office Hours	By appointment
Course Day(s)	Thursdays
Course Time(s)	6:05-7:30
Course Location(s)	VAC

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

Students enrolled in SOWK 615 are required to have completed two semesters of foundation year practice.

Catalogue Description

Theory and multimodal approaches for brief therapy and crisis intervention with a diverse clientele in a range of mental health and health settings.

Course Description

SOWK 615, Brief Therapy and Crisis Intervention, is an advanced clinical practice course designed to teach second-year practice students the theories and techniques of brief treatment and crisis intervention. Students will receive historical, theoretical, and clinical information sufficient to work with individuals, couples, families, groups, and organizations. Ethical, professional, transference, and countertransference issues will be addressed as they relate to brief therapy modalities.

Course Objectives

1. Demonstrate knowledge of relevant brief therapy and crisis intervention theories
2. Implement brief therapy and crisis intervention models and techniques with individuals' families, groups, and organizations.
3. Treat specific client problems and populations including, but not limited to: Ethnically, culturally, and sexually diverse clients, psychiatric, mood and substance abuse issues, medical and community crises
4. Become knowledgeable about research-based, best practice models, and what client populations are best served by them.
5. Explore efficacy and ethical issues, raised by managed care and mandated brief therapy for clients.

Course Format / Instructional Methods

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role-plays will also be used to facilitate the students’ learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

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
Midterm – Crisis Intervention Demonstration	Unit 8 (week 5)	40%
Application Exercise of Brief Therapy	Unit 10 (week 7)	10%
Theory History, Overview, and Intervention Paper	Unit 15 (week 12)	40%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Crisis Intervention Demonstration – 40%

Due on Unit 8 (week 5)

The purpose of the midterm assignment is to integrate learning obtained from the unit readings and discussion about crisis intervention and apply it to a clinical case. The 2-part assignment will consist of a role-play exercise and a critical analysis/reflective written paper. Both parts of the midterm assignment are

due during the week of Unit 8. The date to be determined by your instructor. Papers may be submitted via the course assignment upload page at the VAC or by email to the instructor. UPC students may utilize Google Drive or Dropbox to share your video link with your instructor and Blackboard with Turnitin for the paper). Papers and recordings not received by the deadline will lose 5 points for each day they are late. Your instructor will provide written instructions on how to record and submit your role play recordings.

The objective of Part 1 of this assignment is to demonstrate an understanding of and ability to apply the Roberts 7 Stage crisis intervention model within a single session. In Part 1 the student will video record (Zoom/YouTube, etc.) an unrehearsed, spontaneous crisis intervention “session” that lasts 30 minutes in length. The student will be the therapist. The student will receive case vignettes of three potential clients. The student may select which case vignette they wish to work with. In the case vignette, the student will be provided with a limited amount of biopsychosocial information. The student will be responsible for completing a brief crisis assessment in their demonstration which includes an assessment of lethality. The crisis assessment should also include a discussion and identification of any relevant hazards and final straw precipitants as well as relevant coping mechanisms the client engages that are pertinent to understanding the dimensions of the problem in stage 3. Students will be expected to offer interventions consistent with the problem identified in the assessment and demonstrative of the remaining 5 stages of the Roberts crisis intervention model which include, dealing with feelings, generating alternatives, developing an action plan and plans for follow up. Finally, students must demonstrate basic attending skills demonstrated throughout the session that support the development of rapport which is the goal of stage 2. This may include verbal or non-verbal skills.

The objective of Part 2 of the assignment is for the student to review and reflect upon their demonstration. In Part 2 the student will review the role play recording and write a 3-5 page, double spaced, typed paper where you answer each of the questions below. Students are not required to utilize any outside literary resources to complete the written portion of the assignment and students may utilize the first-person perspective.

1. Identify 2 interventions you feel you executed exceptionally well. Why did you select these interventions?
2. Identify 2 interventions that you feel you need to focus on improving. Why did you select these interventions? After reviewing the video how would you improve upon these interventions? Give an example of how you would revise each of the interventions.
3. How did you conceptualize the client’s problem using the crisis formation discussed in class?
4. Was this conceptualization consistent with the interventions that you offered? Discuss the connection between the two. If your understanding of the problem was inconsistent with the interventions offered, how would you make them consistent? Give an example of how you might change either your understanding of the problem or the interventions and discuss.
5. Did you assess potential legal and ethical considerations? If you did what client factors led you to make these considerations? If you did not what client factors led you to not make these considerations?

6. How did you operationalize Roberts' crisis intervention model in your session? Provide 1 example of an intervention that is representative of each of the stages? Identify and discuss 1 pro and 1 con to using of this model when conducting crisis intervention.

The evaluation of the paper will be based on whether you addressed all aspects of the assignment, and the quality of your written work (organization, flow, clarity, grammar, spelling).

This assignment relates to course objectives 1-5 and social work competencies 7 and 8.

Application of brief therapeutic methods—10% of your overall grade for this course.

Due on Unit 10 (week 7)

During Unit 10, the student is being asked to watch the episode of A&E "Obsessed" which explores symptoms and treatment of Obsessive-Compulsive Disorder utilizing CBT. You may obtain the video through an instant download from Amazon.com for \$2. Students will select Season 2 single episode purchase and scroll down to episode 3 Sharon & Patricia. The student will select one of the featured individuals from the episode and apply knowledge of CBT theory and clinical skills discussed during class and in the reading material. The student will be required to select either Sharon or Patricia and discuss the following:

Conceptualize the client's problem utilizing cognitive-behavioral formulation.

- Identify automatic thoughts and core schema demonstrated by the selected individual.
 - Automatic thoughts and core schema may not be explicitly identified, and the student's discussion of these elements may be hypothesized based on the information given.
- Identify emotional and behavioral responses/compensatory strategies that the individual engages in.
 - Include a discussion of the resulting functional impairments caused by these behaviors.
- Include discussion and identify any psychosocial history which may be used to explain and understand the development and maintenance of symptoms. Include identification of any relevant psychosocial stressors experienced by the individual discussed.

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual's cognitions.

- What cognitive interventions would you add? Describe how you would integrate these interventions into treatment (i.e., use of automatic thought records, generating rational alternatives, de-catastrophizing, etc.)

Identify and describe 2 interventions demonstrated by the therapist that addressed the selected individual's behavioral responses. Describe 1 additional behavioral intervention you would add to enhance the overall efficacy of treatment with this individual? (This may include activity scheduling, activation, etc.)

Describe barriers that the client demonstrated and evaluate how the therapist managed these throughout the treatment process.

- What additional methods could be utilized to manage barriers or obstacles to change in the therapeutic process?
 - You may include a discussion of how you would utilize CBT to work with barriers within treatment, psychoeducation, motivational interviewing, relapse prevention, etc.

This assignment relates to course objectives 1-5 and social work competencies 7 and 8.

Brief Treatment Theory History, Overview, and Intervention Selection with Rationale– 40%

Due the last day of class at 11:59 PM PT.

The final assignment will apply Brief Treatment clinical skills learned in Units 8-14.

This assignment will consist of a written theory description and application paper.

The objective of this assignment is to demonstrate an understanding of the history of the theory development, the overview of the overall theory as well skills learned by application to a vignette within a paper.

This 6-8-page paper should address:

- The historical context and founders of the theory.
- A detailed description of interventions available within the theoretical perspective.
- A description case conceptualization, and problem formulation.
- A written hypothetical application of five interventions from the theory to the same vignette used in the midterm in a middle phase of treatment with a rationale for their selection.

Students are asked to apply Cognitive Behavioral Theory or Solutions Focused Therapy to one of the case vignettes of three potential clients at the midterm. Students are asked to use the same case vignette chosen of three potential clients from the midterm. In the case vignette, students will be provided with all of the relevant biopsychosocial data that they would obtain by conducting an assessment. Students will assume that sufficient time has passed to develop the therapeutic relationship with their client. The session should be reflective of sessions in the “middle phase” of treatment which may be session two and beyond.

The student is asked to describe the application of a minimum of five skills/interventions that would be selected for use with the hypothetical client. No more than one may be a basic interviewing or attending skill (i.e., open ended questioning, empathic/reflective listening etc.) Students are asked to use quotes and/or describe how they used the intervention/skills within the session. Please include a discussion about the clinical rationale/intent of the skill/intervention demonstrated. The written assignment is asked to be emailed/uploaded to the assignment page by a date to be determined by the instructor. Late assignments will be penalized 5 points for each 24-hour period after the due date, the assignment is turned in.

Class Participation - 10%

There are opportunities and motivations to improve clinical skills provided in the structure of the course as noticeable contributions to class discussions are acknowledged with high participation scores. The goal of the structure of the course is to enhance motivation to fully engage in educational opportunities.

This assignment relates to course objectives 1-5 and social work competencies 7 and 8.

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

Froerer, Cziffra-Bergs, J. von, Kim, J. S., & Connie, E. (2018). *Solution-focused brief therapy with clients managing trauma*. Oxford University Press, ISBN-13: 978-0190678784

Roberts, A. (Eds.). (2015). 4th Edition. *Crisis intervention handbook*. New York: Oxford University Press. ISBN-13: 978-0190201050 ISBN-10: 0190201053

Wright, Brown, Thase, M.D., and Ramirez Basco, (2017) *Learning Cognitive-Behavior Therapy An Illustrated Guide*, Second Edition Washington, DC: American Psychiatric Publishing, Inc. ISBN 978-1-61537-018-4

Course Reader

USC Course Reserves (ARES)

Access to USC Course Reserves requires your USC Net ID and password.

Summer 2022 Week #	Unit/Topics	Content	Assignments
Week 1	Unit 1 Course Introduction Overview of Course Expectations Introduction to Crisis Theory Unit 2 Introduction to Crisis Intervention Clinical Skills General Engagement Skills Crisis Assessment Robert's 7-Stage Crisis Intervention Model	1.1-1.7 2.1-2.6	
Week 2	Unit 3 Crisis Intervention: Legal and Ethical Considerations Mandated Reporting Laws and Professional Guidelines Child Abuse / Neglect/ Child Sexual Involvement Elder / Dependent Abuse / Neglect Danger to Self Danger to Other or Property / Tarasoff Notification / Duty to Warn Unit 4 Crisis Intervention with Special Populations: People with Psychiatric Disorders Overview of DSM-5	3.1 – 3.10 4.1 – 4.8	

<p>Week 3</p>	<p>Unit 5 Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence Substance Abuse: Signs and Symptoms Crisis Assessment and Management of Substance Related Issues Intimate Partner Violence: Assessment and Clinical Skills</p> <p>Unit 6 Crisis Intervention with Special Populations: Grief, Loss, and Medical Crises ▶ Types of Medical / Health Crises ▶ Single Session Crisis Intervention ▶ Elisabeth Kubler-Ross's Stages of Grief and Loss Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills</p>	<p>5.1 – 5.10 6.1 – 6.6</p>
<p>Week 4</p>	<p>Unit 7 Types of Group and Organizational Crises Critical Incident Stress Debriefing (CISD) Vicarious and Secondary Trauma: Help for the Helper</p>	<p>7.1 – 7.9</p>
<p>Week 5</p>	<p>Unit 8 Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy Cognitive Behavioral Therapy: Theory and Basic Principles Assessment, Problem Formulation, and Treatment Planning General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment Evaluation of Progress and Treatment Outcomes Measurements</p>	<p>8.1 – 8.6</p>
<p>Week 6</p>	<p>Unit 9 Cognitive Behavioral Therapy Clinical Skills Development Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema Common Problems and Pitfalls</p>	<p>9.1 – 9.6</p>

Week 7	Unit 10 Cognitive Behavioral Therapy: Clinical Skills Development Behavioral Skills Training	10.1 – 10.7
Week 8	Unit 11 Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People Addictive Disorders Application of Clinical Skills Identifying and Overcoming Resistance and Barriers to Change	11.1 – 11.10 Assignment Due
Week 9	Unit 12 Solution Focused Therapy: Basic Principles Theory, Assessment, and Problem Formation	12.1 – 12.5
Week 10	Unit 13 Solution Focused Therapy: Clinical Skills Development Working with clients' strengths and "building solutions": Miracle Question, Exception Finding, Scaling, and Coping Questions Evaluation of Progress and Treatment Outcomes Measurements	13.1 – 13.5 Assignment Due
Week 11	Unit 14 Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders Assessment and Clinical Intervention	14.1 – 14.5
Week 12	Unit 15 Course Review, Wrap Up and Course Evaluation	15.1 – 15.4 Final Assignment Due

Course Schedule—Detailed Description

Unit 1: Course Introduction and Overview

Topics

Course Introduction

Overview of Course Expectations

Introduction to Crisis Intervention Theory

Culture and Crisis Development and Intervention

Required Readings

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*: Introduction, Chapters 1 & 26

Unit 2: Introduction to Crisis Intervention Theory and Clinical Skills

Topics

Introduction to Crisis Intervention Clinical Skills

- Crisis Assessment
- Application of Robert's Model of Crisis Intervention

Required Readings

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapter 3.

Hook, D. (2019). Cultural Humility: Introduction to the Special Issue. *Journal of Psychology and Theology*, 47(2), 71–75. <https://doi.org/10.1177/0091647119842410> (ARES)

Unit 3: Crisis Intervention: Legal and Ethical Considerations

Topics

Crisis Intervention: Legal and Ethical Considerations

- Mandated Reporting Laws and Professional Guidelines

Child Abuse / Neglect/Child Sexual Involvement

Elder / Dependent Abuse / Neglect

Danger to Self

Danger to Other or Property / Tarasoff Notification / Duty to Warn

Required Readings

California Department of Social Services, Office of Child Abuse Prevention: The California Child Abuse and Neglect Reporting Law. Booklet. (ARES)

Roberts, A. (Eds.) (2015). *Crisis intervention handbook*. Chapters 2 & 6.

Handout: Steps in Ethical Decision-Making Process (ARES)

Unit 4: Crisis Intervention with Special Populations: People with Psychiatric Disorders

Topics

Crisis Intervention with Special Populations: People with Psychiatric Disorders

- Overview of DSM-5 Diagnostic Criteria

Crisis Assessment, Treatment Planning, and Clinical Skills

Required Readings

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapters 4, 10, & 16

U.S Department of Health and Human Services: Practice Guidelines Core Elements in Responding to Mental Health Crises. Pgs. 1-26.

Ranjbar, E. (2020). Trauma-Informed Care and Cultural Humility in the Mental Health Care of People from Minoritized Communities. *FOCUS*, 18(1), 8–15.

<https://doi.org/10.1176/appi.focus.20190027> (ARES)

Unit 5: Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence

Topics

■ Crisis Intervention with Special Populations: Substance Abuse and Intimate Partner Violence

- Substance Abuse: Signs and Symptoms
- Crisis Assessment and Management of Substance-Related Issues
- Intimate Partner Violence: Clinical Assessment and Skills

Required Readings

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapters 16 & 18.

Unit 6: Crisis Intervention with Special Populations: Grief, Loss, and Medical/Health-Related Crises

Topics

Crisis Intervention with Special Populations: Grief, Loss, and Medical / Health Crises

- Medical Social Work: Roles and Responsibilities
- Crisis Intervention in Medical Settings
- Elisabeth Kubler-Ross's Stages of Grief and Loss
- Crisis of Loss: Assessment, Treatment Planning, and Clinical Skills

Required Readings

Testimony Therapy: Working with an African American Couple in Crisis. (1C.E.). Micro training Associates. (ARES)

NASW Standards for Palliative and End of Life Care. (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook*. Chapter 24

Unit 7: Family and Large-Scale Crisis

Worker Burnout and Compassion Fatigue

Topics

Types of Large Scale Natural and Man-Made Disasters

Families in Crisis

Psychological First Aid

Vicarious and Secondary Trauma: Help for the Helper

Required Readings

Psychological First Aid- MRC Field Operations Guide (ARES)

Roberts, A. (Eds.). (2015). *Crisis intervention handbook* Chapter 7 & 22

Stamatis, Y. (2016). Rebetika and Catharsis: Cultural Practice as Crisis Management. *Voices: A World Forum for Music Therapy*, 15(3). <https://doi.org/10.15845/voices.v16i1.818> (ARES)

Froerer, Cziffra-Bergs, J. von, Kim, J. S., & Connie, E. (2018). *Solution-focused brief therapy with clients managing trauma*. Oxford University Press. Chapter 15.

Unit 8: Introduction to Brief Treatment Modalities: Cognitive Behavioral Therapy

Topics

Introduction to Brief Treatment: Cognitive Behavioral Therapy

- Cognitive Behavioral Therapy: Theory and Basic Principles
- Assessment, Problem Formulation, and Treatment Planning

Required Readings

Wright, J., Basco, M. & Thase, M and Ramirez Basco, (2017). *Learning cognitive-behavior therapy: An illustrated guide*. Chapters 1, 2, & 3.

Unit 9: Cognitive Behavioral Therapy Clinical Skills

Topics

Cognitive Behavioral Therapy Clinical Skills

- General Worker Tasks and Interventions at the Beginning, Middle, and Termination Phases of Treatment
- Identification, Evaluation, and Modification of Automatic Thoughts and Core Schema

Common Pitfalls and Problems

Evaluation of Progress and Treatment Outcomes Measurements

Required Readings

Wright, J., Basco, M. & Thase, M and Ramirez Basco, (2017). *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapter 5.

Unit 10: Cognitive Behavioral Therapy Clinical Skills

Topics

Cognitive Behavioral Therapy Clinical Skills

- Behavioral Skills Training

Required Readings

Wright, J., Basco, M. & Thase, M and Ramirez Basco, (2017). *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 6 & 7.

Unit 11: Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders

Topics

Cognitive Behavioral Therapy with Special Populations: Clinical Skills Application to People with Addictive Disorders

- Application of Clinical Skills
- Identifying and Overcoming Resistance and Barriers to Change

Required Readings

Wright, J., Basco, M. & Thase, M and Ramirez Basco, (2017). *Learning Cognitive Behavior Therapy: An illustrated guide*. Chapters 8 & 9.

Unit 12: Solution Focused Therapy: Basic Principles

Topics

Solution Focused Therapy: Basic Principles

- Theory, Assessment and Problem Formation

Required Readings

Froerer, Cziffra-Bergs, J. von, Kim, J. S., & Connie, E. (2018). *Solution-focused brief therapy with clients managing trauma*. Oxford University Press. Chapters 1, 2, & 3.

Unit 13: Solution Focused Therapy: Clinical Skills Development

Topics

Solution Focused Therapy: Clinical Skills Development

- General Worker Tasks and Interventions Throughout Beginning, Middle, and Termination Phases of Treatment
- Working with clients' strengths and "building solutions": Miracle Question, Exception Finding, Scaling, and Coping Questions

Common Pitfalls and Problems

- Evaluation of Progress and Treatment Outcomes Measurements

Required Readings

Froerer, Cziffra-Bergs, J. von, Kim, J. S., & Connie, E. (2018). *Solution-focused brief therapy with clients managing trauma*. Oxford University Press. Chapters 4, 5, & 6.

Unit 14: Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders

Topics

Solution Focused Therapy: Clinical Skills Application to Psychiatric Disorders

- Assessment and Clinical Interventions

Required Readings

Froerer, Cziffra-Bergs, J. von, Kim, J. S., & Connie, E. (2018). *Solution-focused brief therapy with clients managing trauma*. Oxford University Press. Chapters 7, 8, & 9.

Unit 15: Final Assignment Demonstrations, Wrap-Up, and Course Evaluation

Topics

Course Review, Wrap-Up, and Course Evaluation

- Course Wrap-Up
- Course Evaluations

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. Support Systems and Additional Resources / Emergency Preparedness and Response Resources

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities Social workers in health, behavioral health, and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing a client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<ol style="list-style-type: none"> 1. Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders and the application of ethical guidelines regarding confidentiality, self-determination, and high-risk manifestations of mental illnesses. 2. Promote knowledge about the logic and method of diagnostic classification and the criteria necessary for the diagnosis of various mental disorders, the process for ruling out alternative explanations for observed symptoms and differentiating between disorders with shared symptoms. 3. Demonstrate the importance and value of ethnocultural and gender factors in differential diagnostics, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions. Diversity issues include, but are not limited to, race, ethnicity, cultural values and beliefs, gender, sexual orientation, age, socioeconomic status, and religion/spirituality. 4. Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam. 	<p>7a. Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p> <p>7b. Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation.</p>	<p>Knowledge</p> <p>Reflection</p>	<p>Assignments: 1, 2, 3, & 4.</p> <p>Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter- professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.</p>	<p>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.</p> <p>Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies</p> <p>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes</p> <p>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.</p> <p>Facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	<p>8a. Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.</p> <p>8b. Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions.</p>	<p>Exercise of judgment</p> <p>Reflection</p>	<p>Brief Reaction Paper</p> <p>Crisis Intervention Demonstration</p> <p>Application Exercise of Brief Therapy</p> <p>Brief Therapy Demonstration</p> <p>Class Discussions</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. (2019). *Publication manual of the American Psychological Association* (7th ed.). Washington, DC: Author.

Recommended Websites

<https://owl.english.purdue.edu/owl/resource/560/01/>

<https://www.emdria.org>

<https://www.nasw.org>

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 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.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 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.

Emergency Preparedness and Response Resources

USC Earthquake Procedures:

<https://fsep.usc.edu/usc-emergency-procedures/emergency-procedures-for/during-an-earthquake/>

USC Emergency Procedures Video:

<https://usc.edu/emergencyvideos>

Campus Building Emergency Information Fact Sheets:

<https://fsep.usc.edu/emergency-planning/building-emergency-fact-sheets/>

USC ShakeOut Drill: (morning of October 21, 2021)

<https://fsep.usc.edu/shakeout/>

Personal Preparedness Resources, such as preparing your home, etc.

<https://fsep.usc.edu/personal-preparedness/>