### USC Suzanne Dworak-Peck School of Social Work

### **Foundations of Integrative Social Work Practice II**

**SOWK 525 Section #60455** 

### 3 Units Semester YEAR

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Office Hours	12-1pm and by appointment
Course Day	Friday
Course Time	1:00-3:50 pm
Course Location(s)	MRF 330

### **Course Prerequisites, Corequisites, and Concurrent Enrollment**

Foundations of Integrative Social Work Practice II (SOWK 525) is built upon a liberal art's undergraduate foundation. First-year students are expected to have, and be able to draw upon, basic knowledge and theory found in various social science disciplines including psychology, sociology, anthropology, public health, policy, and biology.

### **Catalogue Description**

Principles underlying integrative social work practice with emphasis on interventions with individuals, families, and groups though a framework of social justice.

### **Course Description**

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

Foundations of Integrative Social Work Practice I (SOWK 525) introduce social work principles emphasizing a systems perspective, the continuum of service delivery levels and modalities, and a commitment to underserved and vulnerable populations. In addition, knowledge of professional identity, the profession's ethical standards, and the ethical dilemmas that occur as social work values and professional ethics are operationalized in practice. Culturally responsive decision-making and a commitment to social justice encourages students to integrate theory, history, ethics, skills, and rights to respond to the complex terrain of the 21st-century social work.

Foundations of Integrative Social Work Practice II (SOWK 525) takes a sequenced approach to teaching basic practice skills; students are exposed simultaneously to the theory, research, and necessary skills required to intervene, evaluate, and terminate with individuals, families, and groups. The person-in-



environment and systems approach to practice are emphasized, highlighting the necessity for multilevel intervention. The importance of research to social work practice is introduced as it applies to the understanding of client problems and the culturally responsive choice and effectiveness of interventions.

### **Course Objectives**

Foundations of Integrative (SOWK 525) will:

Objective	Objectives
1	Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.
2	Critically choose and implement interventions to achieve practice goals and enhances capacities of clients and constituencies.
3	Facilitate effective transitions and endings that advance mutually agreed-on goals

### **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. Because class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory, research, and practice.

### **Student Learning Outcomes**

The following table lists the nine social work core competencies, as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards, which are the basis of the student learning outcomes in the MSW program:

	Social Work Core Competencies		
*	1	Demonstrate ethical and professional behavior.	
*	2	Engage in diversity and difference in practice.	
	3	Advance human rights and social, economic, and environmental justice.	
*	4	Engage in practice-informed research and research-informed practice.	
	5	Engage in policy practice.	
	6	Engage with individuals, families, groups, organizations, and communities.	
	7	Assess individuals, families, groups, organizations, and communities.	
*	8	Intervene with individuals, families, groups, organizations, and communities.	
*	9	Evaluate practice with individuals, families, groups, organizations, and communities.	

<sup>\*</sup> 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	<b>Due Date</b>	% of Final Grade
Assignment 1: Quizzes	Unit 3	10%
	Unit 7	10%
	Unit 12	15%
Assignment 2: Evidence-Based Intervention/Adaptation	Unit 8	25%
Assignment 3: Demonstration of Intervention Skills	Unit 15	30%
<b>Assignment 4: Class Participation</b>	All semester	10%

Each of the major assignments is described below.

A brief description of each assignment is next. Full assignment details are located toward the end of the syllabus. All assignments are due for the assigned unit before the start of the scheduled live session.

### **Assignment 1: Quizzes**

Students will be quizzed on concepts related to the engagement process, diagnosis and case conceptualization, treatment planning, and the interventions taught in the integrated practice course to date. Interventions include clinical case management, psychoeducation, crisis intervention, somatic and mindfulness therapies, and interpersonal psychotherapy (IPT). Student will be given cases, which include ethical challenges, to deconstruct in the form of true, false, multiple-choice, and short answer. 1-point reduction in the grade for each day the assignment is late. *This assignment relates to Student Learning Outcomes 1, 2, 4, and 8.* 

**Due: Weeks 3, 7, and 12** 

### **Assignment 2: Evidence-Based Intervention/Adaptation**

Based on the case conceptualization of a client in the field or case study from Assignment 3 in SOWK 523 Foundations of Integrative Social Work Practice I, students will apply concepts related to the evidence-based practice process. Considering the needs of the client, the student will define an appropriate intervention based on the research evidence, describe the intervention, and apply it to the case, providing examples. The students must explain and provide a rationale for adaptations based on the evidence-based practice process. *This assignment relates to Student Learning Outcomes 1, 2, 4, and 8.* 

### **Content Requirements**

- A. Identify a client you have worked with who has a history of developmental trauma. Provide basic demographic information (age, sex, gender identity, race, marital status etc....). Share the presenting issue(s) and reason(s) for coming to therapy.
- B. Provide a concise biopsychosocial assessment (relevant aspects of the biological, psychological, social, and spiritual domains). Include a brief discussion of symptoms and problem behaviors. Be sure to include a DSM diagnosis and a discussion of risk factors (at a minimum suicide, homicide, and substance use issues). Include an assessment discussion of the client's strengths.
- C. Briefly describe the previous intervention used with the client (if no previous intervention was provided, then pretend that CBT was previously provided without good success). Assess the client's symptoms through the *Neurosequential Model of Therapeutics* framework (NMT; Perry,



- 2013). Based on this assessment justify why the original intervention may not have been effective with this client according to NMT principles. In essence, consider the client's symptoms and response to the intervention using the NMT neurobiological framework of the brain.
- D. Define, describe, and apply a somatic intervention that might have been more effective for this client case. Select a somatic intervention (also referred to as Bottom-up) that would work better for this client. Define (cite a definition of the intervention), describe (provide a cited description of the intervention), and apply the somatic intervention that would have been more effective (discuss and reference steps and stages and how the client responded to the treatment, or might have responded based on your best guess). Discuss how the intervention will/would benefit the client's symptomology. Adapt the intervention as needed based on the evidence-based practice process.

### **Administrative and Writing Requirements**

- 6-8 pages (not including title or reference pages)
- Minimum 6 references outside syllabus
- APA 7<sup>th</sup> Edition, 12-point Times New Roman Font, 1" margins
- Class lectures and PowerPoints should not be referenced
- Writing style includes proper grammar, syntax, sentence structure, and spelling
- Writing includes clarity of concepts and ideas (articulation), as well as integration of the assigned readings and/or recommended readings and/or independent research
- -5 point for each day late without an approved extension
- Paper will not be accepted after 5 days without an extension
- Due: Week 8

This assignment relates to Student Learning Outcomes 1, 2, 4, and 8.

### Assignment 3: Demonstration of Intervention Skills—Group Video Project

Students will submit a 15-minute video demonstration of basic interviewing skills and clinical skills from an intervention applied to a vulnerable or oppressed individual, family, or a group. In this assignment students will show their mastery of basic clinical interviewing skills. Through this demonstration students will also show the ability to apply the evidence-based practice process. The demonstration should include:

- A. Description of Project and Client (NOTE: use presentation slides here) (4-6 minutes):
  - 1. Identify each student by name.
  - 2. Summarize each person's contributions to completing the assignment (research, script writing, narration, slide preparation, role play, video editing).
  - 3. Provide a brief explanation of the presenting problem, history, strengths, and diagnosis of the vulnerable and/or oppressed client, couple, family, or population. Change client name(s) for anonymity.
  - 4. Clarify which modality will be role played, whether individual, couple, family, or group therapy.
  - 5. Identify and describe the intervention model (ex. DBT, EFT, TF-CBT...) that matches the client need. Cite references/sources used. NOTE: \*Please DO NOT demonstrate an EMDR session, basic Mindfulness techniques, CBT, or Problem Solving as the intervention of choice for this assignment.



- 6. Using the Evidence-Based Practice Process, discuss the clinical reasoning for the intervention choice.
- 7. Identify, describe, and define four basic clinical interviewing skills/techniques that will be role played in the demonstration and cite references/sources. More than four skills can be used in the role play, but only four need to be defined here. Examples might include but are not limited to: empathic responses (surface, reciprocal, and/or additive), reflection, clarification/concreteness responses, summarizing, open-ended questions, closed-ended question, furthering responses (non-verbal prompts, verbal minimal prompts), providing and maintaining focus, and authenticity responses.
- 8. Include a description of an accountable evaluation plan to measure client outcomes, be specific.
- B. Role-Play and Highlighting of Interviewing Skills and Intervention Techniques (9-11 minutes):
  - 1. Role play as client(s) and clinician(s) a scripted demonstration of the therapy model (from A. 5 above) and the basic interviewing skills (from A.7. above) chosen for the client and their issue.
  - 2. All group members do not have to do the actual acting for the role-play; however, all group members must contribute to the assignment in more than one aspect (research, script writing, narration, slide preparation, role play, video editing).
  - 3. Use skills and steps from a middle phase of the therapy model. DO NOT demonstrate assessment, engagement, or termination phase skills.
  - 4. Using text overlay, narration voice over, or other method, highlight the therapy techniques (from A.5.) as they are being applied throughout the role play.
  - 5. Using text overlay, narration voice over, or other method, highlight the basic clinical interviewing skills (from A.7.) as they are being applied throughout the role play.
  - 6. Overall video should be 14-15 minutes in length
  - 7. Submit the video with the last names of all group members.

One grade is assigned for all group members.

You can find examples similar to this assignment on YouTube by typing "SOWK 647" in the search. Note: The requirements for the 647 videos are not the same as for this assignment. And the grade received for these 647 videos or any video examples you search and find is unknown, you and your partner(s) are responsible for ensuring you fully meet all the assignment requirements.

### Due: Week 15

100 points (This assignment accounts for 30% of the overall grade) (There will be a 5-point reduction in the grade for each day the assignment is late)

This assignment relates to student learning outcome 1-5.

This assignment relates to Student Learning Outcomes 1, 2, 4, 8, and 9.

Rubrics for Assignments #2 and #3 will be provided by the professor.



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

Class grades will be based on the following:

Grad	e 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	В	83–86	В
2.60-2.89	B-	80–82	B-
2.25-2.59	C+	77–79	C+
1.90-2.24	С	73–76	С
		70–72	C-

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

### **Attendance and Participation**

Students' active and substantive involvement in the class is considered essential to their growth as practitioners. Consistent attendance, preparation for and participation in class discussions and activities, timely completion of coursework and assignments, and personal conduct that fosters a respectful, collegial, and professional learning environment are expected. Having more than two unexcused absences in class may result in the lowering of the grade. For VAC and remote/hybrid on-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 two 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.

<u>"B" grade range: Good Participation:</u> 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.

<u>"C+" or "C": Adequate Participation:</u> 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."

<u>"C-" or "D": Inadequate Participation:</u> 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.

<u>"F": Nonparticipant/Unsatisfactory Participation:</u> Misses class. When present, contributions in class, if any, reflect inadequate preparation. Ideas offered are seldom substantive, and behavior may be



inappropriate and/or disrespectful. Unable to work effectively on in-class assignments/activities and detracts from the learning process. Regularly misses assignment deadlines if work is submitted at all.

### **Required Instructional Materials and Resources**

### On Reserve

All required readings are available online through electronic reserve (ARES) (<u>under course 525; or</u> Jennifer Lewis).

<u>DSM-5</u>: The DSM-5 is available online through the library's subscription using the link below. <u>URL: https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/</u>

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

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

- 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**

Unit/Week #	Topics	Assignments
1	Why Therapy Works	
2	Evidence-Based Practice Process	
3	Measurement and Evaluation	Quiz 1
4	Manualized Treatment	
5	Mindfulness and Somatic Interventions	
6	Trauma Informed Treatment	
7	Group Interventions and Facilitation Skills	Quiz 2
8	Psychoeducation and Support Groups	Evidence-Based
		Intervention/Adaptation
9	Case Management and Crisis Intervention	
10	Interpersonal Psychotherapy	
11	Interventions With Couples	
12	Cognitive-Based Individual and Family Interventions	Quiz 3
13	Solution-Focused Brief Therapy	
14	Mezzo and Macro Practice	
15	Putting It All Together/Termination	Demonstration of Intervention Skills—Group Video Project



### **Course Schedule—Detailed Description**

### Unit 1 Why Therapy Works Topics Influence of neurobiology Neurosequential model of therapeutics The influence of historical trauma

This session relates to Course Objectives 3 and 4.

### **Required Readings**

- Cozolino, L. (2016). The thinking brain: Consciousness and self-awareness. In *Why therapy works: Using our minds to change our brains* (pp. 3–68). Norton.
- Perry, B. D. (2020). The neurosequential model. In J. Mitchell, J. Tucci, & E. Tronick (eds.), *The handbook of therapeutic care for children: Evidence-informed approaches to working with traumatized children and adolescents in foster, kinship, and adoptive care* (pp. 137–155). Jessica Kingsley Publishers.
- Finn, J. L. (2021). Just thinking: The concept of historical trauma and tribal critical race theory. In *Just practice: A social justice approach to social work* (pp. 172–182). Oxford University Press.

### **Recommended Reading:**

Cozolino, L. (2016). The social brain: Embodied and embedded. In *Why therapy works: Using our minds to change our brains* (pp. 85–156). Norton.

### **Unit 2 Evidence-Based Practice Process**

### Topics

Evidence-based practice process

Common factors

This session related to Course Objectives 4 and 5.

### **Required Readings**

- Davis, S. D., & Hsieh, A. L. (2019). What does it mean to be a common factor informed family therapist? *Family Process*, 58(3), 629–640.
- Drisko, J. W., & Grady, M. D. (2019). What is evidence-based practice and how it influences clinical work: Introduction and overview. In J. W. Drisko & M. D. Grady, *Evidence-based practice in clinical social work* (pp. 3–18). Springer. <a href="https://link.springer.com/content/pdf/10.1007/978-3-030-15224-6.pdf">https://link.springer.com/content/pdf/10.1007/978-3-030-15224-6.pdf</a>
- Southam-Gerow, M. A., Cox, J. R., & Kinnebrew, A. (2020). Managing and adapting practice (MAP). In *Handbook of research on emotional and behavioral disorders* (pp. 321–340). Routledge.



Unit 3	Measurement and Evaluation	Quiz 1 Due	Date
Evaluating	f the work and outcomes measurement practice ues in evaluation		

### **Required Readings**

- Brown, M. A., & Di Lallo, S. (2020). Talking circles: A culturally responsive evaluation practice. *American Journal of Evaluation*, 41(3), 367–383.
- Finn, J. (2020). Evaluating, reflecting on, and celebrating our effort. In *Just practice: A social justice approach to social work* (pp. 305–339). Oxford University Press.
- Orchard, F., Pass, L., Cocks, L., Chessell, C., & Reynolds, S. (2019). Examining parent and child agreement in the diagnosis of adolescent depression. *Child and Adolescent Mental Health*, 24(4), 338–344.

Unit 4	Manualized Treatment	Date
Topics		
Training		
Fidelity		

This session relates to Course Objectives 4 and 5.

### **Required Readings**

- Drisko, J. W., & Grady, M. D. (2019). Continuing issues regarding evidence-based practice in practice. In J. W. Drisko, M. D. Grady, *Evidence-based practice in clinical social work* (pp. 297–309). Springer. <a href="https://link.springer.com/content/pdf/10.1007/978-3-030-15224-6.pdf">https://link.springer.com/content/pdf/10.1007/978-3-030-15224-6.pdf</a>
- Keegan, L., Cartmel, J., & Harris, P. (2020). I've changed, I'm smarter: Empowering youth to thrive Neurosequential approach to employment, education, and training outcomes for youth. *Children and Teenagers*, *3*(1), 16–32.
- Kimber, M., Barac, R., & Barwick, M. (2019). Monitoring fidelity to an evidence-based treatment: practitioner perspectives. *Clinical Social Work Journal*, 47(2), 207–221.

Unit 5	Mindfulness and Somatic Interventions	Date
Topics		
Mindfulne Mindfulne	ess	
<b>Grounding</b>	g techniques	
Mindfulne	ess-based stress reduction	



### **Required Readings**

- Perrier, M. F., Gurgel-Juarez, N., Flowers, H. L., McCormick, A., & Short, S. J. (2020). Mindfulness-based interventions for children and adolescents across all settings: A scoping review protocol. *Systematic Reviews*, *9*(1), 1–7.
- Schuman-Olivier, Z., Trombka, M., Lovas, D. A., Brewer, J. A., Vago, D. R., Gawande, R., Dunne, J. P., Lazar, S. W., Loucks, E. B., & Fulwiler, C. (2020). Mindfulness and behavior change. *Harvard Review of Psychiatry*, 28(6), 371–394.
- Vinci, C., Sawyer, L., & Yang, M. J. (2021). Minding the gap: Leveraging mindfulness to inform cue exposure treatment for substance use disorders. *Frontiers in Psychology*, *12*, 651. https://doi.org/10.3389/fpsyg.2021.649409

Unit 6	Trauma-Informed Treatment	Date
Topics		
<b>Establ</b>	lishing emotional safety	
Radica Radica	al informed consent	
🌉 Traum	na-focused cognitive behavioral therapy	
Seekir	ng safety	
Healing	ng wounds of systemic trauma	

This session relates to Course Objectives 4 and 5.

### **Required Reading**

- Finn, J. L. (2021). Action and accompaniment. *In Just practice: A social justice approach to social work* (pp. 274–278). Oxford University Press.
- Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work*, 65(3), 288–298.
- Shonkoff, J. P., Slopen, N., & Williams, D. R. (2021). Early childhood adversity, toxic stress, and the impacts of racism on the foundations of health. *Annual Review of Public Health*, 42, 115–134.
- Takahashi, L. M., Tobin, K., Li, F. Y., Proff, A., & Candelario, J. (2022). Healing transgender women of color in Los Angeles: A transgender-centric delivery of seeking safety. *International Journal of Transgender Health*, 23(1–2), 232–242.

### **Recommended Readings**

- Griffin, G. (2020). Defining trauma and a trauma-informed COVID-19 response. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S279.
- Najavits, L. M., Krinsley, K., Waring, M. E., Gallagher, M. W., & Skidmore, C. (2018). A randomized controlled trial for veterans with PTSD and substance use disorder: Creating change versus seeking safety. *Substance Use & Misuse*, *53*(11), 1788-1800.

Unit 7	Group Interventions and Facilitation Skills	Quiz 2 due	Date
Topics Group inte	erventions		
	ilitation skills		

### **Required Readings**

- Brown, N. W. (2018). The group. In *Psychoeducational groups: Process and practice* (pp. 124–141). Routledge.
- Lopez, A., Rothberg, B., Reaser, E., Schwenk, S., & Griffin, R. (2020). Therapeutic groups via video teleconferencing and the impact on group cohesion. *Mhealth*, 6. doi:10.21037/mhealth.2019.11.04
- McDermott, F. (2020). It's a bit of a risk ... you just don't know what will happen. In *Inside group work:* A guide to reflective practice (pp.). Routledge.
- Miles, J. R., Anders, C., Kivlighan III, D. M., & Belcher Platt, A. A. (2021). Cultural ruptures: Addressing microaggressions in group therapy. *Group Dynamics: Theory, Research, and Practice*, 25(1), 74–88.

Unit 8	Psychoeducation and Support Groups	Assign #2 Evidence- Based Intervention/Adaptation Due Date
Topics		
<b>Planni</b>	ng and running psychoeducation groups	
🌉 Planni	ng and running support groups	
	ssing conflict from a social justice perspective	

This session relates to Course Objectives 4 and 5.

### **Required Readings**

Brown, N. W. (2018). Planning. Psychoeducational groups: Process and practice. Routledge.

- Gibson, A., Wladkowski, S. P., Wallace, C. L., & Anderson, K. A. (2020). Considerations for developing online bereavement support groups. *Journal of Social Work in End-of-Life & Palliative Care*, 16(2), 99–115.
- Hepworth, D. H., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R. H., Rooney, G. D., & Strom, K. (2023). Chapter 16 Facilitating in social work groups. In *Direct social work practice: Theory and skills, 11th ed.* (pp. 366–384). Cengage Learning Inc.
- Finn, J. L. (2021). Addressing conflict—challenges and possibilities. In *Just practice: A social justice approach to social work* (pp. 283–285). Oxford University Press.

### **Recommended Readings**



- Cabiati, E. (2021). Social workers helping each other during the COVID-19 pandemic: Online mutual support groups. *International Social Work*, 0020872820975447.
- Havlik, S., Malott, K., Diaz Davila, J., Stanislaus, D., & Stiglianese, S. (2020). Small groups and first-generation college goers: An intervention with African American high school seniors. *The Journal for Specialists in Group Work*, 45(1), 22–39.

# Unit 9 Case Management and Crisis Intervention Topics Working with family strengths Environmental systems intervention with families Multisystem treatment approach Wraparound

This session relates to Course Objectives 4 and 5.

### **Required Readings**

- Lukersmith, M. S., Millington, M., & Salvador-Carulla, L. (2016). What is case management? A scoping and mapping review. *International Journal of Integrated Care*, 16(4). doi:10.5334/ijic.2477
- Rosa-Dávila, E., & Lozada, V. (2021). Wraparound as a community mental health service philosophy for children and adolescents. *Journal of Mental Health and Social Behavior*, *3*(2), 147. https://gexinonline.com/uploads/articles/article-jmhsb-147.pdf
- Sherman, M. D., & Larsen, J. L. (2018). Family-focused interventions and resources for veterans and their families. *Psychological Services*, *15*(2), 146.
- Yu, R., Haddock, A., & Womack, T. (2020). Integrating supports for students with wraparound. *Contemporary School Psychology*, 1–9.

### **Recommended Readings**

Carr, A. (2019). Family therapy and systemic interventions for child-focused problems: The current evidence base. *Journal of Family Therapy*, 41(2), 153–213.

## Unit 10 Interpersonal Psychotherapy Topics Overview of interpersonal psychotherapy (IPT) IPT sessions breakdown IPT-specific techniques

This session relates to Course Objectives 4 and 5.

### **Required Readings**

Bernecker, S. L., Coyne, A. E., Constantino, M. J., & Ravitz, P. (2017). For whom does interpersonal psychotherapy work? A systematic review. *Clinical Psychology Review*, *56*, 82–93.



- Brave Heart, M. Y. H., Chase, J., Myers, O., Elkins, J., Skipper, B., Schmitt, C., ... & Waldorf, V. (2020). Iwankapiya American Indian pilot clinical trial: Historical trauma and group interpersonal psychotherapy. *Psychotherapy*, *57*(2), 184.
- Lemmens, L. H., Galindo-Garre, F., Arntz, A., Peeters, F., Hollon, S. D., DeRubeis, R. J., & Huibers, M. J. (2017). Exploring mechanisms of change in cognitive therapy and interpersonal psychotherapy for adult depression. *Behaviour Research and Therapy*, *94*, 81–92.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2017). What is IPT? In *The guide to interpersonal psychotherapy: updated and expanded edition* (pp. 21–29). Oxford University Press.

Unit 11	Interventions for Couples	Date		
Topics				
Overview of working with couples				
Typical challenges in couple's therapy				
Listening and assessing for issues related to power and control				

### **Required Readings**

- Johnson, S. (2019). Attachment in action—changing the face of 21st-century couple therapy. *Current Opinion in Psychology*, 25, 101–104.
- Rajaei, A., & Sahebi, B. (2021). Re-visioning immigrant couple therapy: Immigrant couples in the United States and telebehavioral health. *The Family Journal*, 10664807211000070.
- Weissman, N., Batten, S. V., Rheem, K. D., Wiebe, S. A., Pasillas, R. M., Potts, W., ... & Dixon, L. B. (2018). The effectiveness of emotionally focused couples therapy with veterans with PTSD: A pilot study. *Journal of Couple & Relationship Therapy*, 17(1), 25–41.

Unit 12	Cognitive-Based Individual & Family Interventions	Quiz 3 due	Date
Cognitive	behavioral family therapy		
Third wav	e		
Coping Ca	ıt		

This session relates to Course Objectives 4 and 5.

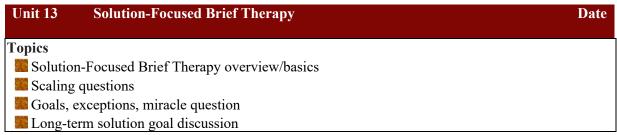
### **Required Readings**

Cluxton-Keller, F. (2019). Cognitive behavioral family therapy. In L. Metcalf (ed.), *Marriage and family therapy: A practice-oriented approach* (pp. 95–118). Springer.

Hepworth, D. H., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R. H., Rooney, G. D., & Strom, K. (2023). Chapter 15 – Enhancing family functioning and relationships. In *Direct social work practice: Theory and skills, 11th ed.* (pp. 339–365). Cengage Learning Inc.

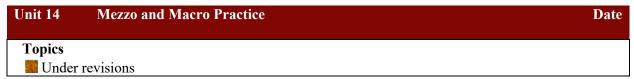


- Hayes, S. C., & Hofmann, S. G. (2021). "Third-wave" cognitive and behavioral therapies and the emergence of a process-based approach to intervention in psychiatry. *World Psychiatry*, 20(3), 363–375.
- Norris, L. A., & Kendall, P. C. (2020). A close look into Coping Cat: Strategies within an empirically supported treatment for anxiety in youth. *Journal of Cognitive Psychotherapy*, 34(1), 4–20.



### **Required Readings**

- Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy*, 37, 87-94.
- Boyd-Franklin, C. (2015). An update on strengths-based, solutions-focused brief therapy. *Health & Social Work*, 40(2), 73-76.
- Cepeda, L. M., Davenport, D. S. (2006). Person-Centered Therapy and Solution-Focused Brief Therapy: An integration of present and future awareness. Psychotherapy: Theory, Research, Practice, Training, Vol. 43, No. 1, 1-12.
- Takagi G, Sakamoto K, Nihonmatsu N, Hagidai M (2022) The impact of clarifying the long-term solution picture through solution-focused interventions on positive attitude towards life. *PLoS ONE* 17(5), pp. 1-13: e0267107. <a href="https://doi.org/10.1371/journal.pone.0267107">https://doi.org/10.1371/journal.pone.0267107</a>



This session relates to Course Objectives 4 and 5.

### **Required Readings**

Under revision



<b>Unit 15:</b>	Putting It All Together / Termination	Assign #3 Due Date			
Topics					
Efficacy of the work and outcomes measurement					
Evaluating practice					
Ethical issues in evaluation					

### **Required Readings**

Hepworth, D. H., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R. H., Rooney, G. D., & Strom, K. (2023). Chapter 18 – The final phase: Evaluation and termination. In *Direct social work practice: Theory and skills, 11th ed.* (pp. 433–448). Cengage Learning Inc.

Patterson, J., Williams, L., Edwards, T. M., Chamow, L., & Grauf-Grounds, C. (2018). Termination. In *Essential skills in family therapy: From the first interview to termination* (pp. 262–274). Guilford Publications.



### **List of Appendices**

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

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

Competency 4: Engage in	4. Demonstrate	<b>4a.</b> Uses empathy,	Cognitive and	Unit 2: Neurosequential Model
practice-informed	the importance	reflection, and	Affective	
research and research-	of the role of	interpersonal skills	Processes	!
informed practice	theory,	to effectively		Unit 3: Manualized Treatment
C 1 1 1 1 1 1	empirical	engage diverse		Ollit 3. Mandanzed Troument
Social workers understand	research, and	clients and		
that engagement is an	evidence-based	constituencies.		THE COLUMN ASSESSMENT OF THE COLUMN ASSESSMENT
ongoing component of the dynamic and interactive	intervention as	'		Unit 5: Clinical Case Management
process of social work	they apply to	'		
practice with, and on	social work	'		!
behalf of, diverse	practice. The	'		Unit 6: Psychoeducation and Support Groups
individuals, families,	principles of	'		!
groups, organizations, and	evidence-based	'		
communities. Social	practice will be	'		Unit 7: Mindfulness and Somatic Interventions
workers value the	presented and	'		Olit 7. Williamoss and Somalie Interventions
importance of human	students will	'		!
relationships. Social	have	'		!
workers understand	opportunity to	'		II ': O I :
theories of human behavior	apply the	'		Unit 9: Interventions for Couples
and the social	principles to	'		!
environment, and critically	clinical case	'		
evaluate and apply this	studies.	1		Unit 12: Cognitive Behavioral Therapy, Part II
knowledge to facilitate		1		
engagement with clients		1		!
and constituencies,		'		Unit 14: Measurement and Evaluation
including individuals,		'		Ollit 14. Mondarolliolit und D. alauttoli
families, groups,		'		
organizations, and		'		TI MAG OF MAG OF
communities. Social		1		Unit 15: Termination
workers understand		1		
strategies to engage diverse		1		
clients and constituencies		'		Assignment 1: Evidence-Based Intervention
to advance practice		'		
effectiveness. Social		'		
workers understand how		'		Assignment 2: Quiz
their personal experiences		'		7 100 gimi 2.
and affective reactions may				
impact their ability to				A construction of Intervention Skills Gr
effectively engage with		1		Assignment 3: Demonstration of Intervention Skills—Gr Project
diverse clients and		1		Project
constituencies. Social				1
workers value principles of		1		
relationship-building and		1		Class Participation
interprofessional		1		!
collaboration to facilitate		1		
engagement with clients,				
constituencies, and other		'		
professionals as		'		
appropriate.		'		
	1			
1				

**Dimensions** 

Content

Objective

**Behaviors** 

Competency

Competency	Objective	Denaviors	Dimensions	Soutent
Competency 8: Intervene	<b>5.</b> Demonstrate	<b>8a.</b> Critically	Knowledge,	Unit 2: Neurosequential Model
with Individuals,	major concepts	chooses and	Skills, Cognitive	Cint 2. I tearosequentiar Model
Families, Groups,	to support the	implements	and Affective	
Organizations, and	treatment	interventions to	Processes	II.'42 Manual'a 1 Tanakanak
Communities	process	achieve practice		Unit 3: Manualized Treatment
	(engagement,	goals and enhances		
Social workers understand	assessment,	capacities of clients		
that intervention is an	planning and	and constituencies.		Unit 5: Clinical Case Management
ongoing component of the	contracting,			
dynamic and interactive	implementation,			
process of social work	and termination/			Unit 6: Psychoeducation and Support Groups
practice with, and on behalf of, diverse	evaluation			
individuals, families,	phases). Provide			
groups, organizations, and	students with			Unit 7: Mindfulness and Somatic Interventions
communities. Social	commonly			Cint 7. Williamess and Somatic Interventions
workers are knowledgeable	applied models			
about evidence-informed	of practice and			Unit 9: Interventions for Couples
interventions to achieve the	experiential activities to	<b>8b.</b> Facilitates	Skills	Onit 9. Interventions for Couples
goals of clients and	practice clinical	effective transitions		
constituencies, including	skills.	and endings that		
individuals, families,	SKIIIS.	advance mutually		Unit 12: Cognitive Behavioral Therapy, Part II
groups, organizations, and		agreed-on goals		
communities. Social				
workers understand				Unit 14: Measurement and Evaluation
theories of human behavior				
and the social				
environment, and critically				Unit 15: Termination
evaluate and apply this				
knowledge to effectively intervene with clients and				
constituencies. Social				Assignment 1: Evidence-Based Intervention
workers understand				
methods of identifying,				
analyzing and				Assignment 2: Quiz
implementing evidence-				Assignment 2. Quiz
informed interventions to				
achieve client and				Assignment 3: Demonstration of Intervention Skills—Gr
constituency goals. Social				Project
workers value the				1 Toject
importance of inter-				
professional teamwork and communication in				Class Bastisiastias
interventions, recognizing				Class Participation
that beneficial outcomes				
may require				
interdisciplinary, inter-				
professional, and inter-				
organizational				
collaboration.				

Objective

Behaviors

**Dimensions** 

Content

Competency



### 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 that not only demonstrates very good mastery of content but that also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in their 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 that 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 that 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**

Attribution for guide: American Psychological Association. (2020). Publication manual of the American Psychological Association (7th ed).

https://doi.org/10.1037/0000165-000



### **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 if 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 that conflict with students' observance of a holy day. Students must make arrangements in advance to complete class work that will be missed, or to reschedule an examination, due to holy days observance.

Please refer to <u>SCampus</u> and to the <u>USC School of Social Work Policies and Procedures</u> 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 Makeup 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 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 <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English</a>

### **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 (ralamo@usc.edu). 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/

(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/

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/

(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/

(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?

(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/

(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/

(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/

(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: (213) 740-4321 HSC: (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: (213) 740-6000 HSC: (323) 442-120

On call 24/7

Nonemergency assistance or information.

### **Additional Resources**

Students enrolled in the Virtual Academic Center can access support services for themselves by contacting Uwill, an independent student assistance program offering mental health and wellness solutions. The program allows students the ability to connect immediately with licensed available mental counselors based on their unique needs and preferences. To get started, follow this <u>link</u> to the Uwill portal, create your account with your University email, and connect with a clinician.

### **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)

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