

**Course SOWK 677: Mental Health Practice With Children and Adolescents**

**Section #61034**

3 Units

Spring 2024

Location:

**SYLLABUS**

**Instructor:**

Lily Ross

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\*Replies can be expected within 2 business days

**Office Location:**

SWC 204

**Office Hours Days & Times:**

**Course Lead:**

Lily Ross

**Email:**

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**IT Help Hours of Service:**

24 hours, 7 days/week

**IT Help Contact Information:**

UPC: 213-740-5555, [consult@usc.edu](mailto:consult@usc.edu)

**I. Course Prerequisites and/or Co-Requisites**  
SOWK 523, 525

**II. Catalogue Description**

Mental Health Practice with Children and Adolescents. Course includes relevant diagnoses and the systematic or societal challenges that impact mental health of youth.

**III. Course Description**

This course teaches mental health assessment and diagnosis of children and adolescents from ages 0-18. It includes relevant diagnoses and the systematic or societal challenges that impact mental health of youth such as perceived racism, poverty, and traumatic experiences.

The course will focus on children and families who are served in mental health settings and address the challenges of working within that system. It will introduce the Systems of Care service delivery model as an option for treatment for youth mental health. The course will highlight diagnoses including but not limited to: Infant Mental Health, PTSD, Internalizing, Externalizing and Neurodevelopmental disorders.

**IV. Course Objectives**

**By the completion of this course, students will be able to:**

1. Apply developmentally appropriate assessment skills in order to gather needed information for a provisional diagnosis.
2. Demonstrate competence in identifying diagnostic criteria and using validated scales to provide provisional diagnoses to children and adolescents.
3. Apply knowledge about the importance of a Systems of Care model, which focuses on family and client centered care in creating treatment plans for children and adolescents across diagnoses.
4. Demonstrate understanding of the role of intersectional marginalization in the development and presentation of behaviors in children in order to better deliver culturally competent diagnosis and assessments.

**V. Course Format & Instructional Methods**

This is a letter graded course offered in-person. The web-based teaching and learning environment provided by the University's Blackboard Academic Suite™ System (<https://blackboard.usc.edu/>) will support access to course-related materials and communication.

The class format consists of a combination of didactic lecture, class discussion, small group discussions and experiential exercises. Role-plays, case vignettes,

small group discussions, and videos will also be incorporated to facilitate learning. Students will be invited to share case materials from practicum to illustrate and deepen content of class discussion, and to provide integration of knowledge and experience between the classroom and the field. Confidentiality of information shared in class will always be observed.

**\*Please note:** It may be necessary for the instructor to adjust the syllabus and/or course during the semester. In such an instance, the instructor will inform the class both verbally and in writing.

### Instructor's Oath

*"As your instructor, to each of you, I pledge the following:*

- *To appreciate you, your time and your effort;*
- *To be available and responsible;*
- *To be encouraging and supportive;*
- *To be objective and fair;*
- *To be prompt and timely;*
- *To be respectful, professional and appropriate;*
- *To try to be an engaging and effective instructor; and*
- *To strive for excellence in carrying out my responsibilities as an instructor as described in the USC Faculty Handbook.*

If at any time students feel the instructor has not honored this oath, they should contact the instructor with their concerns, so the instructor has an opportunity to address them. If they feel that they cannot discuss their concerns about the course with the instructor, students should contact the Course Lead (Lily Ross, lilyross@usc.edu). If their concerns remain unresolved, then students can contact the MSW Program Director, Dr. Lewis at j.lewis@usc.edu for further assistance.

### VI. Technology Proficiency & Hardware/Software Required

This course requires the use of an online learning management system (LMS), as well as Microsoft Office (e.g., Word, PPT) and possible virtual meeting (e.g., Zoom) applications. The following links for USC technology support may be useful: [Zoom information for students](#), [Blackboard help for students](#), [Software available to USC Campus](#). VAC students should contact VAC tech support for assistance with Canvas: 833-740-1273, techsupport@digitalcampus.2u.com.

### VII. Course Assignments, Due Dates & Percent of Final Grade

The table below presents all course assignments, due dates, and the percent of the final grade that each assignment is worth.

Assignment	Course Objectives Assessed by Assignment	Unit Due <sup>[1]</sup>	% of Grade
Assignment 1 Diagnosis and Reflection Paper	2,3	3	15%

<b>Assignment 2 System of Care Paper</b>	<i>1, 2</i>	Week 8	40%
<b>Assignment 3 Case Analysis Presentation</b>	<i>1-4</i>	Week 14	35%
<b>Active and Proactive Learning, &amp; Meaningful Participation</b>	<i>1-4</i>	Ongoing	10%

<sup>[1]</sup> Please note that in some instances assignment due dates may differ slightly among sections of this course. In those instances, due dates have been adapted to reflect the number of lesson weeks and University holidays for particular course sections.

### **Descriptions of Assignments**

An overview of each assignment is presented below. Detailed instructions and grading guidelines for each assignment will be disseminated by the instructor.

#### **Assignment 1** – Diagnosis and Reflection Paper (15% of course grade)

The purpose of this assignment is to begin to critically consider current practices around diagnosing children and adolescents. For this 2-3 page paper, students will discuss their reflections on diagnosing and using diagnostic tools (DSM V, DC 0-5) as it relates to our role as Social Workers.

*More details on Assignment #1 will be provided in a separate prompt.*

**Due: Week 3 before class**

Paper must be uploaded to Blackboard **before class** on **week 4**. Late papers will receive a 1-point deduction per day late.

#### **Assignment 2** – Diagnosis and Systems Paper (40% of course grade)

For this paper, students will choose a diagnosis of interest that impacts children and adolescents. They will discuss relevant diagnostic tools (scales) used for that Diagnosis. Students will address considerations related to intersectionality and policy that are relevant for this diagnosis and discuss the support for a multisystemic approach to treatment for the chosen topic.

*More details on Assignment #2 will be provided in a separate prompt.*

**Due: Week 8 before class:**

Paper must be uploaded to Blackboard **before class** on **week 8**. Late papers will receive a 2-point deduction per day late.

#### **Assignment 3** – Case Analysis Presentation (35% of course grade)

Students will work as a group (no more than 4) to discuss a complex family case based on a chosen vignette. In this presentation you will present a provisional diagnosis of the

identified client, proposed etiology of the diagnosis, and an intervention strategy that is consistent with Multisystemic, Social Work philosophy. The case analysis will be presented with an accompanying Power Point. The presentation should be 25-30 minutes.

*More details on Assignment #3 will be provided in a separate prompt.*

**Due: Week 14 before class:**

### ***Active and Proactive Learning, & Meaningful Participation (10% of course grade)***

***Due: Units 1 – 15***

Students are expected to be active and proactive participants in their learning and meaningful contributors to a positive learning environment. This will require mental, physical and perhaps emotional effort, both inside and outside the formal classroom.

**Active learning** involves completing required readings, activities, and/or asynchronous materials prior to class, and engaging in the class session with thoughtful comments, reflections or questions about concepts, readings and assignments. For VAC courses, active learning also includes remaining visibly onscreen throughout the duration of the live session, unless one has the permission of the instructor to mute the screen.

**Proactive learning** involves assuming responsibility for learning, anticipating workload and challenges, being organized and meeting deadlines, and taking the initiative to reach out to the instructor with any questions or concerns.

**Meaningful participation** consists of thoughtful and substantive participation that not only contributes to but enhances class discussion and activities. Meaningful participation also includes efforts that **contribute to a positive learning environment**; that is, one that is open, respectful, professional, engaging, fun, challenging, supportive, and effective. “Environment” refers to the formal classroom, small group settings, other settings, in-person or virtual/remote, in which learning or teaching might occur, including office hours and communications with the instructor and fellow students, and the overall climate and culture of the class.

**Please note:** Course readings and classroom discussions will often focus on mature, difficult, and potentially challenging topics. As with any course in social work, course topics may at times be political and/or personal in nature. Course content, class discussions, and self-reflection might trigger strong feelings. Every member of the class is responsible for creating a space that is both civil and intellectually rigorous. Even when strongly disagreeing with another’s point of view, it is important to remain respectful and mindful of the ways that personal identities shape lived experiences. Disrespectful language or behavior based on protected class (e.g., ability, age, race, ethnicity, sex, gender identity, sexual orientation, religion, pregnancy, etc.) disrupts and detracts from the learning environment and will not be tolerated. All such behavior will be reported to the Office for Equity, Equal Opportunity, and Title IX (EEO-TIX). An inclusive learning environment values the diversity in the class as an asset to the educational experience. Students should inform the instructor of any concerns that they have in this regard.

Furthermore, it is each student’s responsibility and right to determine how much personal information they disclose in class discussions, activities, and assignments. Students should be aware that complete privacy or confidentiality cannot be guaranteed

in an on-line platform or classroom setting. Students also should note that since this is an academic and professional setting, the instructor may follow up with any student that discloses safety concerns. Students are encouraged to review the list of support resources at the end of the syllabus and to contact the instructor with any questions or concerns.

Please refer to the rubric below for the **criteria that will be used to determine the participation grade**. For each of five criteria, between 0 and 2 points can be earned, for a maximum of 10 points.

Criteria	Never or Rarely	Regularly	Often or Always
a. Student demonstrates active learning.	0	1	2
b. Student demonstrates proactive learning.	0	1	2
c. Student meaningfully participates.	0	1	2
d. Student contributes to a positive learning environment.	0	1	2
e. Student's participation aligns with course expectations inside and outside of the classroom, synchronously and asynchronously.	0	1	2

### Grading Scale

Assignment and course grades will be based on the following:

Grade Point Average / Letter Grade		Corresponding Numeric Grade / Letter Grade	
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 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
1.89 & below	C-	70 – 72	C-

**Please note:** A grade below “C” is considered a failing grade for graduate students at USC.

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.

### **VIII. Assignment Submissions, Extensions & Extra Credit Policy**

By the specified deadlines, assignments should be submitted through the course's learning management system (LMS). Students are responsible for ensuring successful submission of their assignments and are encouraged to maintain a copy of the submission confirmation for their records.

Prior to the due date, extensions may be granted for extenuating circumstances at the instructor's discretion. The instructor will confirm an extension and revised due date in writing/email. If the instructor accepts a late submission, it could be marked down for each day late. Assignments submitted more than one week past the posted due date may not be accepted for grading; however, this is at the instructor's discretion, assuming extenuating circumstances. The instructor may require documentation of the extenuating circumstance in considering an extension request.

Once an assignment is graded, the grade is final, unless there are extenuating circumstances (e.g., error in determining grade, academic integrity violation). Extra credit on an assignment is not permitted. Re-doing an assignment with the expectation that it will be re-graded is not permitted.

### **IX. Grading Timeline**

Students should expect grading and feedback from the instructor within two weeks of assignment submission. The instructor will notify students of any extenuating circumstances that might affect this grading timeline.

### **X. Statement about Incompletes and In Progress Grades**

The grade of Incomplete (IN) can be assigned only if a student is in good standing in the course and there the work left to be completed is due to 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 by the instructor and reported on the official "Incomplete Completion Form."

*[For Practicum courses only]* At the discretion of the instructor, In Progress (IP) grades may be granted, given extenuating circumstances.

## **XI. Attendance**

As a professional school, class attendance and participation are essential to students' professional training and development at the USC Suzanne Dworak-Peck School of Social Work. Students are expected to attend every class and to remain in class for the duration of the class. Students cannot actively, proactively, or meaningfully contribute to a positive learning environment if they are not in attendance. 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 that will be missed or to reschedule an examination, due to holy days observance. Please refer to the [USC Student Handbook](#) and to the USC School of Social Work Student Handbook for additional information on attendance policies.

## **XII. Classroom Norms**

Class ground rules help to promote a positive learning environment by specifying behaviors that are encouraged and discouraged. The instructor will facilitate a class discussion to generate mutually agreed upon ground rules for the learning environment.

## **XIII. Zoom Etiquette and Use of Technology in the Classroom**

For campus-based students, the use of laptops, tablets, smart phones during class generally is not recommended. Students may use these devices, however, if doing so contributes to their learning and is not disruptive to others in the class. For both campus and VAC students, permitted uses of technology include using laptops, tablets, smart phones to access course readings and materials, to take notes, and to complete small group activities and discussions. Non-permitted uses of technology include using laptops, tablets, smart phones to check email and social media, and to text or communicate with others who are not members of the class. Use of smart phones during class is not permitted except in an emergency or during a break. To minimize disruptions, students should place their phones on mute or in airplane mode before coming to class.

## **XIV. Academic Integrity**

The University of Southern California is foremost a learning community committed to fostering successful scholars and researchers dedicated to the pursuit of knowledge and the transmission of ideas. Academic misconduct is in contrast to the university's mission to educate students through a broad array of first-rank academic, professional, and extracurricular programs and includes any act of dishonesty in the submission of academic work (either in draft or final form).

This course will follow the expectations for academic integrity as stated in the [USC Student Handbook](#). All students are expected to submit assignments that are original work and prepared specifically for the course/section in this academic term. Students may not submit work written by others or "recycle" work prepared for other courses without obtaining written permission from the instructor(s). Students suspected of



engaging in academic misconduct will be reported to the [Office of Academic Integrity \(OAI\)](#).

Other violations of academic misconduct include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university.

For more information about academic integrity see the [Student Handbook](#), the [Office of Academic Integrity's website](#), and [university policies on Research and Scholarship Misconduct](#).

### **Special Note on the Use of AI Generators**

AI generators, such as such as ChatGPT4 and Bard, can be useful tools. However, AI programs do not replace human creativity, originality, and critical thinking. AI text generators also may present incorrect or biased information and incomplete analyses. Within limited circumstances, with instructor permission and proper disclosure and attribution (see [USC Libraries' generative AI guide](#)), AI generators may be permitted in this course, per the University's academic integrity regulations. Using these tools without the instructor's permission, and without proper attribution and disclosure, constitutes a violation of academic integrity and will be reported to the [Office of Academic Integrity](#).

### **XV. Course Content Distribution and Synchronous Session Recordings**

USC has policies that prohibit recording and distribution of any synchronous and asynchronous course content outside of the learning environment. Recording a university class without the express permission of the instructor and announcement to the class, or unless conducted pursuant to an Office of Student Accessibility Services (OSAS) accommodation, is prohibited. Recording can inhibit free discussion in the future, and thus infringe on the academic freedom of other students as well as the instructor (Living our Unifying Values: [The USC Student Handbook](#), page 13).

Distribution or use of notes, recordings, exams, or other intellectual property based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is prohibited. This includes but is not limited to providing materials for distribution by services publishing course materials. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the internet, or via any other media (Living our Unifying Values: [The USC Student Handbook](#), page 13).

### **XVI. Course Evaluations**

The USC Learning Experience evaluation occurs at the end of each semester. This evaluation is an important review of students' experiences in the class. The process and intent of the end-of-semester evaluation will be discussed in class by the instructor. In addition to the end-of-semester evaluation, a mid-semester evaluation is implemented in the School of Social Work. The process and intent of the mid-semester evaluation also will be discussed by the instructor.

## **XVII. Required Textbooks**

There are no required textbooks for this course.

Other required readings are available through USC's online reserves system, ARES, and/or in the USC Libraries. A USC email address and password are required to access the system: <https://reserves.usc.edu/ares/ares.dll>. Use the search bar to locate the course by School, course number or Lead Instructor's last name (Ross).

## **XVIII. Recommended Materials & Resources**

**DSM-5 TR:** The DSM-5 TR is available online through the library's subscription using the link below and will be used throughout the course.

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

You'll be asked to log in using your USC ID and password. Once you're on the page, click the DSM V-TR link to access the content.

## **Guides for Academic Integrity, APA Style Formatting, Writing & Research**

American Psychological Association (2020). *Publication manual of the American Psychological Association* (7<sup>th</sup> ed.). Publisher.

APA formatting and style guide: The OWL at Purdue.  
<https://owl.purdue.edu/>

USC guide to avoiding plagiarism:  
<https://libguides.usc.edu/writingguide/plagiarism>

USC guide to APA 7<sup>th</sup> writing style <https://libguides.usc.edu/APA7th>

## **Sample List of Professional Social Work Organizations**

National Association of Social Workers. Available at <http://www.naswdc.org>  
Institute for the Advancement of Social Work Research.  
Available at <http://www.iaswresearch.org>

Society for Social Work and Research. Available at <http://www.sswr.org>  
Council on Social Work Education (CSWE). Available at <https://www.cswe.org/>

## **XIX. Course Schedule**

Below are the topics for each unit of instruction and readings. Students are expected to attend class having completed the required reading and, if applicable, the asynchronous course material.

### **Unit 1 –Date -Understanding Youth Diagnoses/ Serious Emotional Disturbance In Youth**

#### **Topics**

- History of mental health treatment of children
- Definition of SED in children
- Functional Impairment and its relation to SED
- The Systems of Care movement in children’s mental health
- Populations of interest
- Mental health policy and its relationship to children’s needs

This unit relates to course objective(s) 1-4.

#### **Required Readings**

Osher, D., & Hanley, T. V. (2020). Implications of the national agenda to improve results for children and youth with or at risk of serious emotional disturbance. In *Emerging school-based approaches for children with emotional and behavioral problems* (pp. 7-36). Routledge.

Painter, K. (2012). Outcomes for youth with severe emotional disturbance: A repeated measures longitudinal study of a wraparound approach of service delivery in systems of care. *Child Youth Care Forum, 41*, 407-425.

Shim, R., Szilagyi, M., & Perrin, J. M. (2022). Epidemic rates of child and adolescent mental health disorders require an urgent response. *Pediatrics, 149*(5).

Wade, M., Prime, H., & Browne, D. T. (2020). Why we need longitudinal mental health research with children and youth during (and after) the COVID-19 pandemic. *Psychiatry research, 290*, 113143.

<https://sites.ed.gov/idea/osep-fast-facts-children-IDed-Emotional-Disturbance-20>

### **Unit 2 – Date - Principles of System of Care – Applying a Social Work Lens to Mental Health Treatment / Social Factors that Influence Mental Health**

#### **Topics**

- What is the Systems of Care Model
- Exploring the Principle of the Systems of Care Model
- The Research of the Systems of Care Model

This unit relates to course objective(s) 1,2,3.

### **Required Readings**

- Stenersen, M. R., Kelly, A., Bracey, J., Marshall, T., Cummins, M., Clark, K., & Kaufman, J. S. (2022). Understanding racial-ethnic disparities in wraparound care for youths with emotional and behavioral disorders. *Psychiatric services*, 73(5), 526-532.
- Cumblad, C., Epstein, M. H., Keeney, K., Marty, T., & Soderlund, J. (2020). Children and adolescents network: A community-based program to serve individuals with serious emotional disturbance. In *Emerging school-based approaches for children with emotional and behavioral problems* (pp. 97-118). Routledge.
- Stroul, B. A., Blau, G. M., & Larsen, J. (2021). The evolution of the System of Care approach. *Baltimore: The Institute for Innovation and Implementation, School of Social Work, University of Maryland*.

### **Recommended Readings**

- Champine, R. B., Whitson, M. L., & Kaufman, J. S. (2018). Service characteristics and family involvement in an early childhood system of care. *Journal of Child and Family Studies*, 27, 324-338.
- Moffett, S., Brotnow, L., Patel, A., Adnopoz, J., & Woolston, J. (2018). Intensive home-based programs for youth with serious emotional disturbances: A comprehensive review of experimental findings. *Children and Youth Services Review*, 85, 319-325.
- Snyder, A., Marton, J., McLaren, S., & Feng, B. (2018). Do high fidelity wraparound services for youth with serious emotional disturbances save money in the long-term?.

The following websites are good resources for more details about SOC:

Center of Effective Collaboration

<http://cecp.air.org/promisingpractices/default.asp#2001>

For California SOC

[http://www.dmh.cahwnet.gov/CFPP/csoc\\_initiative.asp](http://www.dmh.cahwnet.gov/CFPP/csoc_initiative.asp)

National Technical Assistance

[http://gucchd.georgetown.edu/programs/ta\\_center/products\\_publications.html](http://gucchd.georgetown.edu/programs/ta_center/products_publications.html)

Website for United Advocates for Children California, a Family Organization Advocating for Children and Their Families with Mental Health Issues

<http://www.uacc4families.org/>

## **Unit 3 – Date- Diagnosing and Diagnostic Screening Tools/ using the DSM V and the ICD 11**

### **Topics**

- Making a family focused strength based assessment
- How biases can impact the assessment and diagnosis of children and their families
- Use of structured instruments and the DSM V to aid in assessment
- Psychopharmacology in treatment—Strengths and limitations of medications in children
- What does research contribute to interventions with SED children?

This unit relates to course objective(s) 1-4.

Assignment #1 is due before class

### **Required Readings**

- Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., ... & Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. *Cognitive and behavioral practice, 22*(1), 5-19.
- Featherston, R. J., Shlonsky, A., Lewis, C., Luong, M. L., Downie, L. E., Vogel, A. P., ... & Galvin, K. (2019). Interventions to Mitigate Bias in Social Work Decision-Making: A Systematic Review. *Research on Social Work Practice, 29*(7), 741-752.
- Foster, K., Maybery, D., Reupert, A., Gladstone, B., Grant, A., Ruud, T., ... & Kowalenko, N. (2016). Family-focused practice in mental health care: An integrative review. *Child & Youth Services, 37*(2), 129-155.

### **Unit 4 – Date - Infant Mental Health and the DC 0-5**

#### **Topics**

- What is Infant and Toddler Mental Health
- Assessment of Infants and Toddlers
- Using a SOC and Family Focused approach

This unit relates to course objective(s) 1-4.

#### **Required Readings**

- Berry, O. O., Londoño Tobón, A., & Njoroge, W. F. (2021). Social determinants of health: the impact of racism on early childhood mental health. *Current Psychiatry Reports, 23*(5), 1-10.
- Clinton, J., Feller, A. F., & Williams, R. C. (2016). The importance of infant mental health. *Paediatrics & child health, 21*(5), 239-241.
- Lyons-Ruth, K., Todd Manly, J., Von Klitzing, K., Tamminen, T., Emde, R., Fitzgerald, H., ... & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: report of the task force of the world association for infant mental health.
- Simpson, T. E., Condon, E., Price, R. M., Finch, B. K., Sadler, L. S., & Ordway, M. R. (2016). Demystifying infant mental health: what the primary care provider needs to know. *Journal of Pediatric Health Care, 30*(1), 38-48.

### **Unit 5- date – Specific diagnoses of Children 0-5**

#### **Topics**

- Specific diagnoses of infants and toddlers
- Tools for assessment in infants and toddlers
- Attachment disorders

This unit relates to objective(s) 1-4

#### **Required Readings**

- Buka, S. L., Beers, L. S., Biel, M. G., Counts, N. Z., Hudziak, J., Parade, S. H., ... & Drury, S. S. (2022). The family is the patient: promoting early childhood mental health in pediatric care. *Pediatrics, 149*(Supplement 5).

Finelli, J. Zeanah, C. H. Jr., & Symke. (2019). Attachment Disorders in early childhood. In Zeanah, C.H., Jr. (Ed.), *Handbook of infant mental health* (4th ed., 452-466). New York, NY: Guilford Press

Sperber, J. F., Hart, E. R., Troller-Renfree, S. V., Watts, T. W., & Noble, K. G. (2023). The effect of the COVID-19 pandemic on infant development and maternal mental health in the first 2 years of life. *Infancy*, 28(1), 107-135.

## **Unit 6 – Date- PTSD in Children and Adolescents**

### **Topics**

- How do PTSD and trauma reactions correlate with SED?
- Assessment of trauma in children and adolescents
- Measures for evaluating trauma and progress in treatment
- What does the evidence tell us about effective interventions for trauma?
- How SOC approach is applied

This unit relates to course objective(s) 1-4.

### **Required Readings**

- Allen, B., Oseni, A., & Allen, K. E. (2012). The evidence-based treatment of chronic posttraumatic stress disorder and traumatic grief in an adolescent: A case study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(6), 631-639. Note: This is a case study of an adolescent with trauma and other complicating problems.
- Cohen, J. A., & Scheeringa, M. S. (2022). Post-traumatic stress disorder diagnosis in children: challenges and promises. *Dialogues in clinical neuroscience*.
- Kisiel, C., Conradi, L., Fehrenbach, T., Torgersen, E., & Briggs, E. C. (2014). Assessing the effects of trauma in children and adolescents in practice settings. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 223-242.
- Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child maltreatment*, 26(1), 17-27.

### **Recommended Readings**

- Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review* 34, 748–757.

## **Unit 7 – date Depressive Disorders in Children and Adolescents**

### **Topics**

- Making a developmentally appropriate diagnosis of depressive disorders
- Assessing and intervening in suicidal behavior

- Co-occurrence with other problems.
- The biological issues of depression
- The cyclical nature of depression
- Cultural considerations in the treatment of depression
- Treating from a SOC approach

This unit relates to course objective(s) 1-4.

### **Required Readings**

- Borschuk, A. P., Jones, H. A., Parker, K. M., & Crewe, S. (2015). Delivery of behavioral health services in a pediatric primary care setting: A case illustration with adolescent depression. *Clinical Practice in Pediatric Psychology*, 3(2), 142-153.  
doi:<http://dx.doi.org.libproxy2.usc.edu/10.1037/cpp0000087>
- Gearing, R. E., Schwalbe, C. S. J., Lee, R., & Hoagwood, K. E. (2013). The effectiveness of booster sessions in CBT treatment for child and adolescent mood and anxiety disorders. *Depression and Anxiety*, 30(9), 800-808.
- Park, I. Y., Speer, R., Whitfield, D. L., Kattari, L., Walls, E. N., & Christensen, C. (2022). Predictors of bullying, depression, and suicide attempts among youth: The intersection of race/ethnicity by gender identity. *Children and youth services review*, 139, 106536.
- Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 34(3), 164-182.

### **Recommended Readings**

- Goldman, S. (2012). Developmental epidemiology of depressive disorders. *Child and Adolescent Psychiatric Clinics of North America*, 21, 217-235
- Maalouf, F. T., & Brent, D. A. (2012). Child and adolescent depression intervention overview: What works, for whom and how well? *Child and Adolescent Psychiatric Clinics of North America*, 21(2), 299-312. doi:<http://dx.doi.org/10.1016/j.chc.2012.01.00>.
- Melvin, G. A., Dudley, A. L., Gordon, M. S., Ford, S., Taffe, J., & Tonge, B. J. (2013). What happens to depressed adolescents? A follow-up study into early adulthood. *Journal of Affective Disorders*, 151(1), 298-305. doi:<http://dx.doi.org/10.1016/j.jad.2013.06.012>
- Zetterqvist, M., Lundh, L., & Svedin, C. G. (2014). A cross-sectional study of adolescent non-suicidal self-injury: Support for a specific distress-function relationship. *Child and Adolescent Psychiatry and Mental Health*, 8(1), 23.  
doi:<http://dx.doi.org.libproxy2.usc.edu/10.1186/1753-2000-8-23>
- Zhou, X., Hetrick, S. E., Cuijpers, P., Qin, B., Barth, J., Whittington, C. J., . . . Xie, P. (2015). Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World Psychiatry : Official Journal of the World Psychiatric Association (WPA)*, 14(2), 207-222.  
doi:<http://dx.doi.org.libproxy2.usc.edu/10.1002/wps.20217>

## **Unit 8 – date - Anxiety Disorders in Children and Adolescents**

### **Topics**

- Severe Anxiety Disorders diagnosis, treatment and ecological perspectives
- Obsessive Compulsive Disorder.
- Specific Phobias/ Perfectionism/ Selective Mutism
- Evidence based practice for Anxiety disorders
- Applying a SOC approach

This unit relates to course objective(s) 1-5.  
Assignment #2 is due

### **Required Readings**

- Eskenazi, B., Fahey, C. A., Kogut, K., Gunier, R., Torres, J., Gonzales, N. A., ... & Deardorff, J. (2019). Association of perceived immigration policy vulnerability with mental and physical health among US-born Latino adolescents in California. *JAMA Pediatrics*, *173*(8), 744-753.
- Tanir, Y., Karayagmurlu, A., Kaya, İ., Kaynar, T. B., Türkmen, G., Dambasan, B. N., ... & Coşkun, M. (2020). Exacerbation of obsessive compulsive disorder symptoms in children and adolescents during COVID-19 pandemic. *Psychiatry Research*, *293*, 113363.
- Muris, P., & Ollendick, T. H. (2015). Children who are anxious in silence: a review on selective mutism, the new anxiety disorder in DSM-5. *Clinical Child and Family Psychology Review*, *18*(2), 151-169.
- Trent, E. S., Viana, A. G., Raines, E. M., Woodward, E. C., Candelari, A. E., Storch, E. A., & Zvolensky, M. J. (2020). Interpretation biases and childhood anxiety: The moderating role of parasympathetic nervous system reactivity. *Journal of Abnormal Child Psychology*, *48*(3), 419-433.

## **Unit 9 – date - Attention Deficit Hyperactivity Disorder in Children and Adolescents**

### **Topics**

- ADHD as SED
- Intervention with children, adolescents and their support systems
- Adapting previous knowledge to models for SED & SOC
- Engaging families in the process
- Evidence-based interventions
- The use of medications

This unit relates to course objective(s) 1-4.

### **Required Readings**

- Comer, J. S., Chow, C., Chan, P. T., Cooper-Vince, C., & Wilson, L. A. S. (2013). Psychosocial treatment efficacy for disruptive behavior problems in very young children: A meta-analytic examination. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(1), 26-36.
- Fadus, M. C., Ginsburg, K. R., Sobowale, K., Halliday-Boykins, C. A., Bryant, B. E., Gray, K. M., & Squeglia, L. M. (2020). Unconscious bias and the diagnosis of disruptive behavior disorders and ADHD in African American and Hispanic youth. *Academic Psychiatry*, *44*(1), 95-102.
- Siegel, C. E., Laska, E. M., Wanderling, J. A., Hernandez, J. C. & Levenson, R. B. (2016).



Prevalence and diagnosis rates of childhood ADHD among racial-ethnic groups in a public mental health system. *Psychiatric Services*, 67, 199-205.

Sleath, B., Carpenter, D.M., Sayner, R., Thomas, K., Mann, L., ... & Sandler, A. D. (2017). Youth Views on Communication about ADHD and medication adherence. *Community Mental Health Journal*, 53, 438-4444.

## **Unit 10 – date- Autism Spectrum Disorder in Children and Adolescents**

### **Topics**

- Recognizing symptoms of autism
- Working with families of children with autism through the lens of neurodiversity
- Co-morbidity and youth with ASD diagnoses
- Mental Health aspects of service delivery
- Intervening within a SOC framework

This unit relates to course objective(s) 1-4.

### **Required Readings**

Derguy, C., M'Bailara, K., Michel, G., Roux, S., & Bouvard, M. (2016). The need for an ecological approach to parental stress in autism spectrum disorders: the combined role of individual and environmental factors. *Journal of autism and developmental disorders*, 46(6), 1895-1905.

El-Ghoroury, N., & Krackow, E. (2013). Enhancing the identification of autism spectrum disorders via a model of culturally sensitive childhood assessment. *Professional Psychology: Research and Practice*, 43(3), 249-255.

McNellis, C. A., & Harris, T. (2014). Residential treatment of serious behavioral disturbance in Autism Spectrum Disorder and Intellectual Disability. *Child and Adolescent Psychiatric Clinics of North America*, 23(1), 111-124.

Siegal, M., & Gabriels, R. L. (2014). Psychiatric hospital treatment of children with autism and serious behavioral disturbance. *Child Adolescent Psychiatric Clinic of North America*, 23, 125-142.

### **Recommended Readings**

Shillingsburg, M. A., Lomas, J. E. and Bradley, D. (2013), Treatment of vocal stereotyping in an analogue and classroom setting. *Behavioral Interventions*, 27, 151–163.

## **Unit 11 –date - Oppositional Defiant Disorder and Conduct Disorder**

### **Topics**

- Intervention with children, adolescents and their support systems
- Etiology of ODD and CD
- Adapting previous knowledge to models for SED & SOC
- Engaging families in the process
- Evidence-based interventions

This unit relates to course objective(s) 1-5.

### **Required Readings**

- Cavanagh, M., Quinn, D., Duncan, D., Graham, T., & Balbuena, L. (2017). Oppositional defiant disorder is better conceptualized as a disorder of emotional regulation. *Journal of Attention Disorders, 21*(5), 381-389.
- Pardini, D., & Frick, P. J. (2013). Multiple developmental pathways to conduct disorder: Current conceptualization and clinical implications. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 22*(1), 20-15.
- Schoorl, J., Van Rijn, S., De Wied, M., Van Goozen, S. H., M., & Swaab, H. (2016). Variability in emotional/behavioral problems in boys with oppositional defiant disorder or conduct disorder: the role of arousal. *European Child & Adolescent Psychiatry, 25*, 821-830.

## **Unit 12 –date - Bipolar Disorder in Children and Adolescents and DMDD**

### **Topics**

- Bipolar disorder—Realities and controversies in diagnosis and treatment
- How does DSM 5 change the way we look at bipolar disorder and DMDD in children?
- Evidence based practice for Bipolar Disorder
- How would bipolar disorder be viewed in a SOC approach?

This unit relates to course objective(s) 1-4.

### **Required Readings**

- Carlson, G. A. (2014). Symptom outcome in early-onset bipolar disorder: Could be better, could be worse. *The American Journal of Psychiatry, 171*(9), 910-912.  
doi:<http://dx.doi.org/10.1176/appi.ajp.2014.14050677>
- Dougherty, L. R., Smith, V. C., Bufferd, S. J., Carlson, G. A., Stringaris, A., Leibenluft, E. & Klein, D. N. (2014). DSM – 5 disruptive mood dysregulation disorder: correlates and predictors in young children. *Psychological Medicine, 44*, 2339-2350.
- Leigh, E., Smith, P., Milavich, G., & Stringaris, A. (2013). Mood regulation in youth: research findings and clinical approaches to irritability and short-lived episodes of mania-like symptoms. *Current Opinion in Psychiatry, 25*(4), 271-276.
- West, A. E., Weinstein, S. M., Peters, A. T., Katz, A. C., Henry, D. B., Cruz, R. A., & Pavuluri, M. N. (2014). Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: A randomized clinical trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 53*(11), 1168-1178.  
doi:<http://dx.doi.org/10.1016/j.jaac.2014.08.013>

### **Recommended Readings**

- Jenkins, M. M., Youngstrom, E. A., Youngstrom, J. K., Feeny, N. C., & Findling, R. L. (2013). Generalizability of evidence-based assessment recommendations for pediatric bipolar disorder. *Psychological Assessment 24*, 269-281.
- Litrell, J., & Lyons, P. (2010). Pediatric bipolar disorder: Part I: Is it related to classical bipolar? *Children and Youth Services Review 32*, 945-964.
- Litrell, J., & Lyons, P. (2010). Pediatric bipolar disorder: An issue for child welfare. *Children and Youth Services Review, 32*, 965-973.

## Unit 13 – date- Psychosis in Children and Adolescents - Schizophrenia

### Topics

- Risk factors for psychosis in children and adolescents
- Assessment of psychosis in children and adolescents
- Childhood onset of schizophrenia
- Adolescent onset of schizophrenia
- The role of trauma and psychosocial adversity in psychosis
- Schizophrenia as an SED
- Treatment within SOC

This unit relates to course objective(s) 1-4

### Required Readings

- Sale, T., Humensky, J., Fetzer, P., Baker, M., Hardy, K., Noordsy, D., & Adelsheim, S. (2018). The integration of early psychosis services in a system of care framework: Opportunities, issues, and recommendations. Retrieved from <http://easa.pdx.edu/PDF/integration-ep-svcs-soc.pdf>
- Schimmelmann, B. G., Schmidt, S. J., Carbon, M., & Correll, C. U. (2013). Treatment of adolescents with early-onset schizophrenia spectrum disorders: In search of a rational, evidence-informed approach. *Current Opinion in Psychiatry*, 26(2), 219-230. doi:<http://dx.doi.org/10.1097/YCO.0b013e32835dcc2a>
- Schimmelmann, B. G., & Schultze-Lutter, F. (2013). Early detection and intervention of psychosis in children and adolescents: Urgent need for studies. *European Child & Adolescent Psychiatry*, 21(5), 239-241.

### Recommended Readings

- Bratlien, U., Øie, M., Haug, E., Møller, P., Andreassen, O. A., Lien, L., & Melle, I. (2014). Environmental factors during adolescence associated with later development of psychotic disorders—A nested case-control study. *Psychiatry Research*, 215(3), 579-585. doi:<http://dx.doi.org/10.1016/j.psychres.2013.12.048>
- Granö, N., Karjalainen, M., Anto, J., Itkonen, A., Edlund, V. and Roine, M. (2011), Associations between number of different type of care meetings with social network and improvement in mental well-being in adolescents at risk of first-episode psychosis. *Early Intervention in Psychiatry*, 5, 212–218.
- Kaufman, J. (2013). Child abuse and psychiatric illness. *Biological Psychiatry*, 71, 280-281.

## Unit 14 – date- Incorporating Social Work Principles in Mental Health Settings

### Topics

- Working in mental health settings
- Treatment options for youth with SED
- Where do we go from here?

This unit relates to course objective(s) 1-4  
Assignment #3 due

### **Required Readings**

- Brown, M. E. (2020). Hazards of our helping profession: A practical self-care model for community practice. *Social Work, 65*(1), 38-44.
- Davis-Brown, K., Carter, N., & Miller, B. D. (2013). Youth advisors driving action: Hearing the youth voice in mental health systems of care. *Journal of Psychosocial Nursing & Mental Health Services, 50*(3), 39-43.
- Gopalan, G., Hooley, C., Winters, A., & Stephens, T. (2019). Perceptions among child welfare staff when modifying a child mental health intervention to be implemented in child welfare services. *American journal of community psychology, 63*(3-4), 366-377.
- Munson, M. R., Hussey, D., Stormann, C., & King, T. (2009). Voices of parent advocates within the systems of care model of service delivery. *Children and Youth Services Review, 31*, 879-884.

## **Unit 15 – Course Wrap -Up**

### **Topics**

- Summary of Diagnoses of Children and Adolescents
- Applying a Social Work Lens to Child Mental Health Services
- Understanding how Mental Health Practice with Children and Adolescents aligns with the NASW Code of Ethics

This unit relates to course objective(s) 1-4.

### **No Required Readings**

## **XX. University Statement on Academic Conduct and Support Systems**

### **Academic Integrity**

The University of Southern California is a learning community committed to developing successful scholars and researchers dedicated to the pursuit of knowledge and the dissemination of ideas. Academic misconduct, which includes any act of dishonesty in the production or submission of academic work, comprises the integrity of the person who commits the act and can impugn the perceived integrity of the entire university community. It stands in opposition to the university's mission to research, educate, and contribute productively to our community and the world.

All students are expected to submit assignments that represent their own original work, and that have been prepared specifically for the course or section for which they have been submitted. Students may not submit work written by others or "recycle" work prepared for other courses without obtaining written permission from the instructor(s).

Other violations of academic integrity include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), collusion, knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university. All incidences of academic misconduct will be reported to the Office of Academic Integrity and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university. For more information about academic integrity see [the student handbook](#) or the [Office of Academic Integrity's website](#), and university policies on [Research and Scholarship Misconduct](#).

Please ask the instructor if unsure about what constitutes unauthorized assistance on an exam or assignment, or what information requires citation and/or attribution.

## **Students and Disability Accommodations**

USC welcomes students with disabilities into all of the University's educational programs. The Office of Student Accessibility Services (OSAS) is responsible for the determination of appropriate accommodations for students who encounter disability-related barriers in the classroom or in practicum. Once a student has completed the OSAS process (registration, initial appointment, and submitted documentation) and accommodations are determined to be reasonable and appropriate, a Letter of Accommodation (LOA) will be available to generate for each course/practicum placement. The LOA must be given to each course/practicum instructor by the student and followed up with a discussion. This should be done as early in the semester as possible, as accommodations are not retroactive. More information can be found at [osas.usc.edu](http://osas.usc.edu). Students may contact OSAS at (213) 740-0776 or via email at [osasfrontdesk@usc.edu](mailto:osasfrontdesk@usc.edu).

## **Support Systems**

Students' health and well-being are important. Reaching out for assistance with physical, emotional, social, academic, spiritual, financial, and professional wellbeing is encouraged. USC has resources and support systems in place to help students succeed. Additional resources can be found on the USC Suzanne Dworak-Peck School of Social Work Website at: <https://dworakpeck.usc.edu/student-life/we-care-student-wellness-initiative> or by reaching out to the Student Wellness Coordinator in the SDP Office of Associate Dean of Academic Affairs ([sdp.adc@usc.edu](mailto:sdp.adc@usc.edu)).

### ***Counseling and Mental Health - (213) 740-9355 – 24/7 on call***

Free and confidential mental health treatment for campus-based students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

### ***VAC Students: Uwill Counseling Services***

Uwill is a counseling service available to VAC students. It is designed to support students during their time in the program. Uwill is a leading teletherapy platform that

enables college students nationwide to receive real-time counseling online from a network of licensed mental health professionals. Students (enrolled or on leave of absence) can access up to six sessions (180 credits) per year with a licensed clinician at no cost to them.

*Relationship and Sexual Violence Prevention Services (RSVP)* - (213) 740-9355(WELL)  
– 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender- and power-based harm (including sexual assault, intimate partner violence, and stalking).

*Office for Equity, Equal Opportunity, and Title IX (EEO-TIX)* - (213) 740-5086

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* - (213) 740-5086 or (213) 821-8298

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office for Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

*The Office of Student Accessibility Services (OSAS)* - (213) 740-0776

OSAS ensures equal access for students with disabilities through providing academic accommodations and auxiliary aids in accordance with federal laws and university policy.

*Kortschak Center for Learning and Creativity* - 213-740-7884, [kortschakcenter@usc.edu](mailto:kortschakcenter@usc.edu)

The Kortschak Center offers academic coaching and resources.

*The Writing Center* - 213-740-3691, [writing@usc.edu](mailto:writing@usc.edu)

The Writing Center offers individualized feedback on any kind of writing.

*USC Campus Support and Intervention* - (213) 740-0411

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

*Diversity, Equity and Inclusion* - (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* - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call

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 - UPC: (213) 740-6000, HSC: (323) 442-1200 – 24/7 on call

Non-emergency assistance or information.

Office of the Ombuds - (213) 821-9556 (UPC) / (323-442-0382 (HSC)

A safe and confidential place to share your USC-related issues with a University Ombuds who will work with you to explore options or paths to manage your concern.

Occupational Therapy Faculty Practice - (323) 442-2850 or [otfp@med.usc.edu](mailto:otfp@med.usc.edu)

Confidential Lifestyle Redesign services for USC students to support health promoting habits and routines that enhance quality of life and academic performance.

988 Suicide and Crisis Lifeline - 988 for both calls and text messages – 24/7 on call

The 988 Suicide and Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices. The new, shorter phone number makes it easier for people to remember and access mental health crisis services (though the previous 1 (800) 273-8255 number will continue to function indefinitely) and represents a continued commitment to those in crisis.

## **XXII. List of Appendices**

- A. Suzanne Dworak-Peck School of Social Work ADEI Statement
- B. Preamble to the NASW Code of Ethics
- C. Tips for Maximizing Your Learning Experience

### **Appendix A: Suzanne Dworak-Peck School of Social Work Anti-Racism, Diversity, Equity, and Inclusion Statement**

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote anti-racism, 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 B: [National Association of Social Workers Code of Ethics](#)**

*Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly*

#### **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.

### **Appendix C: Tips for Maximizing Your Learning Experience in this Course**

- ✓ Be proactive! TOGETHER, let's do everything we can to make this an educational and enjoyable experience for you. Try to anticipate issues that could present challenges and PLEASE REACH OUT TO ME so that we can problem-solve before rather than after the fact.
- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Create a professional self-care plan.
- ✓ Complete required readings, assignments and activities before coming to class.
- ✓ Keep up with the assigned readings and assignments. Don't procrastinate!!
- ✓ Come to class and participate in an active, respectful and meaningful way.
- ✓ Come to class prepared to ask any questions you might have. If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Stay offline while in class.
- ✓ Form study groups with other students in the class or in another section of the class.
- ✓ Take advantage of office hours and extra review/discussion sessions offered by your instructor. Contact me if you are concerned about or are struggling in class.
- ✓ If you believe it is necessary to receive support from a content tutor or Writing Support, please inform or involve me. I want to be able to help and support you in any way possible, but I need to know that you want/need support!! I am also happy to meet with you and your tutor.
- ✓ Keep an open mind and positive attitude!