

**Social Work 643: Social Work Practice in Integrated Care**

**Section #60914**

3 Units

Fall 2024, Tuesday 1:00-3:50pm PT

Location: VAC

**SYLLABUS**

(Subject to change)

*"Alone we can do so little; together we can do so much." — Helen Keller*

<b>Instructor Photo</b>	<b>Instructor:</b>	Dawn Joosten-Hagye, PhD, LCSW, GC-C
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	<b>Zoom Phone:</b>	(213) 821-1318 *
		*Replies can be expected within 2 business days
	<b>Office Location:</b>	SWC 220
	<b>Office Hours Days &amp; Times:</b>	Tue 11:45-12:45 Or By appointment
	<b>Zoom Meeting Link:</b>	n/a
	<b>Course Lead:</b>	Dawn Joosten-Hagye, PhD, LCSW, GC-C
	<b>Email:</b>	joosten@usc.edu
	<b>IT Help Hours of Service:</b>	24 hours, 7 days/week
	<b>IT Help Contact Information:</b>	<ul style="list-style-type: none"><li>• Please contact your course instructor for course-specific issues (e.g., accessing live sessions, submitting assignments).</li><li>• VAC Canvas support: (833) 713-1200 or help button in Canvas.</li><li>• On Ground/Hybrid <a href="#">Brightspace</a> support: (888) 895-2812 or <a href="mailto:usc@d2l.com">usc@d2l.com</a></li><li>• NETID/password issues: USC ITS (213) 740-5555 or <a href="mailto:consult@usc.edu">consult@usc.edu</a></li><li>• If you have any other questions, please email the School's learning support team <a href="mailto:SDP.LTS@usc.edu">SDP.LTS@usc.edu</a>,</li></ul>

# USC Suzanne Dworak-Peck

School of Social Work

review the onboarding module in the platform, or  
review a list of helpful resources:

[Platform Information, User Guidelines, and Technical Standards for On-Ground, Hybrid, and Virtual Online Platforms\\* for Students](#)

## **I. Course Prerequisites and/or Co-Requisites**

SOWK 525

## **II. Catalogue Description**

Advanced micro, mezzo and macro practice skills for the implementation of interventions in integrated, health, and mental health care settings with individuals, families and groups.

## **III. Course Description**

The course builds on advanced engagement and intervention skills acquired in SOWK 523 and 525 through focused ICD-11 health and mental health diagnoses, interdisciplinary/collaborative treatment planning, identifying appropriate micro, mezzo and macro interventions and establishing a goodness-of-fit for clients, families, groups, organizations and communities. This course reflects the recognition that emotional and physical well-being are inextricably connected. Students will acquire and practice specific evidence-based skills and techniques to work effectively with clients, families, groups, organizations and communities and their support systems in medical, behavioral health and integrated care settings using evidence-based and trauma-informed approaches taking into account client's culture, ethnicity, gender, sexual orientation, communities and other salient factors. Behavioral, psychosocial and ecological aspects of health, mental health and wellness will be examined with attention to how social workers are in a position to bring awareness to and address barriers to access and utilization, environmental justice, social injustice, oppression and health disparities.

## **IV. Course Objectives**

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

1. Use empathy, reflection and interpersonal skills to engage adult and constituents, critically choose and implement culturally responsive, evidence-informed interventions across settings and systems to achieve client and constituency goals applying knowledge of person-in-environment, human behavior and interprofessional frameworks when taking into account clients culture, ethnicity, gender, sexual orientation and other salient factors. (EPA 6a and EPA 6b) (EPA 8a)
2. Apply knowledge of evidence based interventions in practice to establish a goodness-of-fit when engaging in practice and advocacy interventions with adult, older adults, and caregivers with complex biopsychosocial needs in integrated, health and mental health care settings. (EPA 2a and EPA 2b) (EPA 8a)

3. Design curriculum for chronic disease self-management supported by research as being effective in integrated, health and mental health care settings to advance human rights and social, racial, cultural, economic, and environmental justice. (EPA 2a and 2b) (EPA 8b)
4. Identify behavioral, psychosocial and ecological aspects of health and mental health when engaging in advocacy to advance human rights and social, racial, cultural, economic, and environmental justice. (EPA 5a and EPA 5a) (EPA 2a) (EPA 8b)

## V. CSWE Core Competencies Addressed in this Course

The following table lists the social work competencies, as established by the Council on Social Work Education (CSWE, 2022), that are highlighted and evaluated in this course.

### CSWE Core Competencies Highlighted in this Course:

#### **Competency 2. Advance Human Rights and Social, Racial, Economic, and Environmental Justice**

2a. Advocate for human rights at the individual, family, group, organizational, and community system levels, particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

2b. Engage in advanced practices that advance human rights to promote social, racial, economic, and environmental justice particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

#### **Competency 5. Engage in Policy Practice**

5a. Use advanced social justice, anti-racist, and anti-oppressive lenses to assess how social welfare policies affect the delivery of and access to social services particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

5b. Apply advanced critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

#### **Competency 6. Engage with Individuals, Families, Groups, Organizations, and Communities**

6a. Apply advanced knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

6b. Use advanced empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

## **8. Intervene with Individuals, Families, Groups, Organizations, and Communities**

8a. Engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions across settings and systems to achieve client and constituency goals, particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

8b. Incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies across settings and systems particularly when working with adults, older adults and caregivers with complex biopsychosocial needs.

## **VI. Course Format & Instructional Methods**

[INSERT course type (in-person, online, hybrid), grade type (letter, P/NP, C/NC), LMS (Brightspace, Canvas), instructional methods]

*This is a letter graded course offered in-person as well as online in the Virtual Academic Center (VAC). Brightspace will support access to course-related materials and communication for campus-based students; Canvas will support access to course-related materials, communication, and live Zoom sessions for VAC students. The course will encompass a combination of diverse instructional methods, which may include, but are not limited to, the following: didactic presentations by the instructor, small- and large-group discussions, case studies, videos, guest speakers, experiential exercises, and computer-based, online activities.*

**\*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 (name, email). If their concerns remain unresolved, then students can contact the MSW Program Director, Dr. Lewis at [j.lewis@usc.edu](mailto:j.lewis@usc.edu) for further assistance.

## VII. 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 virtual meeting (e.g., Zoom) applications. The following links for USC technology support may be useful: [Zoom information for students](#), [Software available to USC Campus](#).

For campus-based students, USC has made a change to its LMS and now is using **Brightspace**. To access Brightspace go to <https://brightspace.usc.edu/d2l/login> to login and find your courses. You also can find Brightspace on myUSC. The mobile app, Brightspace Pulse, also is available in both the Apple App Store and Google Play. Training and resources are available at [Brightspace Student Tutorials](#). The following are technical support resources:

- **Student Guides:** [Brightspace Student Guides](#)
- **Brightspace Technical Support Line:** 888-895-2812
- **Brightspace Email Support:** [usc@d2l.com](mailto:usc@d2l.com)

VAC students should contact Canvas tech support for assistance: 833-713-1200 or use the “Help” button in Canvas.

## VIII. 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>11</sup>	% of Grade
<b>Assignment 1</b> Part 1: <i>Chronic Disease Self-Management Paper</i>	2-3	5	30%
<b>Assignment 2</b> Case Analysis	1,2	10	40%
<b>Assignment 3</b> <i>Policy Issue Brief &amp; Presentation</i>	4	15	20%

<b>Active and Proactive Learning, &amp; Meaningful Participation</b>	1-15	10%
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<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 – Part 1: Chronic Disease Self-Management Paper (30% of course grade) Due: Unit 5***

This written assignment requires you to build on knowledge from course content on Stanford University's Chronic Disease Self-Management Model (CDSM) and create or adapt psycho-educational curriculum for clients in your agency. Students will work individually or in groups of 2-3 students.

#### ***Assignment 2 – Case Analysis (40% of course grade) Due: Unit 10***

This assignment will require you to build on skills acquired from SOWK 525. Using a clinical vignette, you will present a brief biopsychosocial-spiritual assessment with risk and protective factors; summarize the ICD-11 diagnosis & presentation of presenting concerns to address in treatment; develop an interprofessional treatment plan that includes SMART goals and objectives; discuss the collaborative care, interdisciplinary, and/or inter-agency context of care/needs for the client; identify a specific evidence-based brief intervention(s) and discuss how you as a social worker would implement culturally responsive, evidence-informed intervention with the client (i.e., how you would apply specific skills & techniques to address client symptoms/issues); and discuss goodness-of-fit how you will critically choose and incorporate cultural adaptations of the intervention as they relate to the client. You may work individually or in pairs on this assignment.

Students will be provided 4 case vignettes Unit 6 and will be required to select 1 of the case vignettes to write the case analysis on.

#### ***Assignment 3 – Policy Issue Brief & Presentation (20% of course grade) Due: Unit 15***

This assignment will require you to select a health equity, mental health equity, human rights or environmental justice issue affecting vulnerable or stigmatized adult populations and write a policy issue brief that: describes the issue as it relates to a health or mental health equity, human rights or an environmental justice issue and its impact on the wellness of vulnerable or stigmatized adult populations; describe how widespread the issue is (prevalence, incidence); state explicitly where policy advocacy

should occur to address the issue: at the *organizational and community or legislative levels (county, state, federal)* AND provide a rationale for why policy advocacy should occur at the levels you select; identify different *stakeholder* perspectives on the issue; and make a case for a specific policy advocacy strategy or action(s) to address the issue/advocate for policy change at the organizational and community or legislative levels. You may work individually or in groups of 2-3 students.

***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.

### **IX. 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.

## **X. 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.

## **XI. 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.

## **XII. 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.

## **XIII. 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.

## **XIV. 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.

## **XV. 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](#).

### **XVI. 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).

### **XVII. 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.

### **XVIII. Required Textbooks**

None

In addition to the required texts, 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 (Joosten).

### **XIX. Recommended Materials & Resources**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders, Text revision – DSM-TR* (5th ed.).

### **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/>

## XX. Course Schedule

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

Unit	Topic	Readings	Assignment Due Dates
1	<p>Introduction to Advanced Practice in Integrated, Health and Mental Health Care</p> <ul style="list-style-type: none"> <li>• Micro, Mezzo and Macro Practice Collaborative Contexts</li> <li>• Team-based Care and Treatment Planning</li> <li>• Huddles and Warm Hand-offs</li> <li>• Evidence-based Treatment and Goodness-of-fit</li> <li>• Developmental Theory: Emerging, Young Adult, Middle Adult and Older Adulthood</li> </ul>	<p><b>Required</b></p> <p>Fraher, E. P., Richman, E. L., de Saxe Zerden, L., &amp; Lombardi, B. (2018). Social work student and practitioner roles in integrated care settings. <i>American Journal of Preventive Medicine</i>, 54(6), S281-S289.</p> <p>Reist, C., Petiwala, I., Latimer, J., Raffaelli, S. B., Chiang, M., Eisenberg, D., &amp; Campbell, S. (2022). Collaborative mental health care: A narrative review. <i>Medicine</i>, 101(52).</p> <p>Waldron-Perrine, B., Mudar, R., Mashima, P., Seagly, K., Sohlberg, M., Bechtold, K. T., ... &amp; Dunn, R. (2022). Interprofessional collaboration and communication to facilitate implementation of cognitive rehabilitation in persons with brain injury. <i>Journal of interprofessional care</i>, 36(4), 529-537.</p> <p><b>Recommended</b></p> <p>Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., &amp; Swenson, S. (2015). Integrated and culturally relevant care: A model to prepare social workers for primary care behavioral health practice. <i>Social Work in Health Care</i>, 54(10), 909.</p> <p>Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013</p>	

Unit	Topic	Readings	Assignment Due Dates
2	<p><b>Micro/Mezzo/Macro : Chronic Disease Self-Management</b></p> <ul style="list-style-type: none"> <li>• Domains of Wellness</li> <li>• Models of chronic care management</li> <li>• Stanford Chronic Disease Self-Management (CDSM) program</li> <li>• Self-Management programs</li> <li>• Introduction to common psychiatric medication</li> <li>• Medication Management</li> <li>• Role of Social Work</li> <li>• Mezzo Practice Skill: Design a Chronic Disease Self-Management Program using the Stanford CDSM Model</li> </ul>	<p><b>Required</b></p> <p>Allegrante, J. P., Wells, M. T., &amp; Peterson, J. C. (2019). Interventions to Support Behavioral Self-Management of Chronic Diseases. <i>Annual Review of Public Health, 40</i>, 127-146.</p> <p>Dauvrin, M., Lorant, V., &amp; d'Hoore, W. (2015). Is the chronic care model integrated into research examining culturally competent interventions for ethnically diverse adults with type 2 diabetes mellitus? A review. <i>Evaluation and the Health Professions, 38</i>(4), 435–463. doi:10.1177/0163278715571004</p> <p>Lorig, K. (1996). Chronic Disease Self-Management. <i>American Behavioral Scientist, 39</i>(6), 676-683. [classic]</p> <p><b>Required Website</b></p> <p>Self-Management Resource Center. (2023). <a href="https://selfmanagementresource.com/programs/">https://selfmanagementresource.com/programs/</a></p>	
3	<p><b>Micro: Engage &amp; Intervene: Anxiety Related Disorders</b></p> <ul style="list-style-type: none"> <li>• Engagement, Diagnosis with DSM-5-TR &amp; Intervention</li> <li>• Evidence-based Treatment and Goodness-of-fit</li> <li>• Pharmacotherapy approaches</li> <li>• Neurobiology</li> <li>• Evidence-based Psychotherapy approaches</li> <li>• Skill development: MBSR &amp; Progressive Muscle Relaxation, CBT for Anxiety Disorders</li> <li>• top down/bottom up evidence-based interventions</li> </ul>	<p><b>Required</b></p> <p>Bhattacharya, S., &amp; Hofmann, S. G. (2023). Mindfulness-based interventions for anxiety and depression. <i>Clinics in Integrated Care, 16</i>, 100138.</p> <p>Hofmann, S. G., &amp; Otto, M. W. (2018). Characterizing social anxiety disorder. In <i>Cognitive behavioral therapy for social anxiety disorder: Evidence-based and disorder specific treatment techniques</i>, (pp. 1-23). New York, NY: Routledge.</p> <p><b>Recommended</b></p>	



Unit	Topic	Readings	Assignment Due Dates
	<ul style="list-style-type: none"> <li>team-based care</li> </ul>	<p>Anxiety and Depression Association of America. (2023). <a href="https://adaa.org/professionals">https://adaa.org/professionals</a></p> <p>University of Michigan. (2023). <i>Cognitive skills for anxiety</i>. <a href="https://medicine.umich.edu/sites/default/files/content/downloads/Cognitive-Skills-for-Anxiety.pdf">https://medicine.umich.edu/sites/default/files/content/downloads/Cognitive-Skills-for-Anxiety.pdf</a></p>	
4	<p>Micro: Engage and Intervene: Depressive Disorders</p> <ul style="list-style-type: none"> <li>Engagement, Diagnosis with DSM-5-TR &amp; Intervention</li> <li>Evidence-based Treatment and Goodness-of-fit</li> <li>Pharmacotherapy approaches</li> <li>Neurobiology</li> <li>Evidence-based Psychotherapy approaches</li> <li>Skill development: CBT for Depressive Disorders, Behavioral Activation</li> <li>top down/bottom up evidence-based interventions</li> <li>team-based care</li> </ul>	<p><b>Required</b></p> <p>Cuijpers, P., Noma, H., Karyotaki, E., Cipriani, A., &amp; Furukawa, T. A. (2019). Effectiveness and acceptability of cognitive behavior therapy delivery formats in adults with depression: a network meta-analysis. <i>JAMA Psychiatry</i>, 76(7), 700-707.</p> <p>Kanter, J. W., Santiago-Rivera, A. L., Santos, M. M., Nagy, G., López, M., Hurtado, G. D., &amp; West, P. (2015). A randomized hybrid efficacy and effectiveness trial of behavioral activation for Latinos with depression. <i>Behavior Therapy</i>, 46(2), 177-192.</p> <p>Webb, C. A., Beard, C., Kertz, S. J., Hsu, K. J., &amp; Björgvinsson, T. (2016). Differential role of CBT skills, DBT skills and psychological flexibility in predicting depressive versus anxiety symptom improvement. <i>Behaviour Research and Therapy</i>, 81, 12–20. <a href="https://doi.org/10.1016/j.brat.2016.03.006">https://doi.org/10.1016/j.brat.2016.03.006</a></p> <p>Wong, S. Y., Sun, Y. Y., Chan, A. T., Leung, M. K., Chao, D. V., Li, C. C., ... &amp; Yip, B. H. (2018). Treating subthreshold depression in primary care: A randomized controlled trial of behavioral activation with mindfulness. <i>The Annals of Family Medicine</i>, 16(2), 111-119.</p>	

Unit	Topic	Readings	Assignment Due Dates
		<p><b>Recommended Websites</b></p> <p>American Psychological Association. (2023). <i>Treatment manuals</i>. <a href="https://www.apa.org/depression-guideline/resources/adults">https://www.apa.org/depression-guideline/resources/adults</a></p> <p>Anxiety and Depression Association of America. (2023). <a href="https://adaa.org/professionals">https://adaa.org/professionals</a></p>	
5	<p>Micro: Engage and Intervene: Bipolar and Related Disorders</p> <ul style="list-style-type: none"> <li>• Engagement, Diagnosis with DSM-5-TR &amp; Intervention</li> <li>• Evidence-based Treatment and Goodness-of-fit</li> <li>• Pharmacotherapy approaches</li> <li>• Evidence-based Psychotherapy approaches</li> <li>• Skill development: Dialectical Behavioral Therapy, Interpersonal Therapy</li> </ul>	<p><b>Required</b></p> <p>Eisner, L., Eddie, D., Harley, R., Jacobo, M., Nierenberg, A.A., &amp; Deckersbach T. (2017) Dialectical Behavior Therapy group skills training for bipolar disorder. <i>Behavior Therapy</i>, 48(4),557-566.</p> <p>Jones, B. D., Umer, M., Kittur, M. E., Finkelstein, O., Xue, S., Dimick, M. K., ... &amp; Husain, M. I. (2023). A systematic review on the effectiveness of dialectical behavior therapy for improving mood symptoms in bipolar disorders. <i>International Journal of Bipolar Disorders</i>, 11(1), 1-11.</p> <p>Oud, M., Mayo-Wilson, E., Braidwood, R., Schulte, P., Jones, S. H., Morriss, R., ... &amp; Kendall, T. (2016). Psychological interventions for adults with bipolar disorder: systematic review and meta-analysis. <i>The British Journal of Psychiatry</i>, 208(3), 213-222.</p> <p><b>Recommended Website</b></p> <p>National Institute of Mental Health. (2023) <i>Bipolar disorder</i>. <a href="https://www.nimh.nih.gov/health/topics/bipolar-disorder">https://www.nimh.nih.gov/health/topics/bipolar-disorder</a></p>	<p><b>Assignment 1: Chronic Disease Self-Management Paper</b></p>
6	Micro: Engage and Intervene: Trauma	<b>Required</b>	

Unit	Topic	Readings	Assignment Due Dates
	<p>and Stressor-related Disorders</p> <ul style="list-style-type: none"> <li>• Engagement, Diagnosis with DSM-5-TR &amp; Intervention</li> <li>• Evidence-based Treatment and Goodness-of-fit</li> <li>• Pharmacotherapy approaches</li> <li>• Neurobiology</li> <li>• Evidence-based Psychotherapy approaches</li> <li>• Overview of trauma interventions: CBT, Cognitive Processing Therapy, Cognitive Therapy, Prolonged Exposure Therapy (APA Clinical Practice Guidelines &amp; VA Guidelines), EMDR</li> <li>• Skill development: Cognitive Processing Therapy</li> <li>• top down/bottom up evidence-based interventions &amp; team-based care</li> </ul>	<p>Asmundson, G. J., Thorisdottir, A. S., Roden-Foreman, J. W., Baird, S. O., Witcraft, S. M., Stein, A. T., ... &amp; Powers, M. B. (2019). A meta-analytic review of cognitive processing therapy for adults with posttraumatic stress disorder. <i>Cognitive Behaviour Therapy, 48</i>(1), 1-14.</p> <p>Shear, M., &amp; Gribbin Bloom, K. (2017). Complicated Grief Treatment: An Evidence-Based Approach to Grief Therapy. <i>Journal of Rational-Emotive &amp; Cognitive-Behavior Therapy, 35</i>(1), 6-25.</p> <p>Substance Abuse and Mental Health Services Administration. (2014). <i>Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57</i>. HHS Publication No. (SMA) 13-4801. Rockville, MD.</p> <p>Watkins, L. E., Sprang, K. R., &amp; Rothbaum, B. O. (2018). Treating PTSD: A Review of Evidence-Based Psychotherapy Interventions. <i>Frontiers in Behavioral Neuroscience, 12</i>, 258. <a href="https://doi.org/10.3389/fnbeh.2018.00258">https://doi.org/10.3389/fnbeh.2018.00258</a></p> <p><b>Recommended Reading</b></p> <p>Marzillier, J. S. (2014). The trauma therapies. Chapter 4. New York, NY: Oxford University Press.</p> <p><b>Recommended Websites</b></p> <p>The Center for Prolonged Grief. (2023). <a href="https://prolongedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/">https://prolongedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/</a></p> <p>Veterans Health Administration. (2023). <i>National Center for PTSD</i>. <a href="https://www.ptsd.va.gov/index.asp">https://www.ptsd.va.gov/index.asp</a></p>	

Unit	Topic	Readings	Assignment Due Dates
7	<p>Micro/Mezzo: Grief, Loss, and Bereavement I</p> <ul style="list-style-type: none"> <li>• Uncomplicated grief &amp; bereavement V62.82 (Z63.4)</li> <li>• Types of grief</li> <li>• Grief theories</li> <li>• Grief and developmental stages in adulthood</li> <li>• Grief interventions</li> <li>• Skill development: Grief counseling for uncomplicated, normal grief</li> </ul>	<p><b>Required</b></p> <p>Worden, J. W. (2018). Attachment, loss, and the experience of grief. In <i>J.W. Worden (Ed.), Grief counseling and grief therapy: A handbook for the mental health practitioner</i> (5th ed.) (pp. 15-38). New York: Springer Publishing Company.</p> <p>Worden, J. W. (2018). Grief counseling: Facilitating uncomplicated grief. In <i>J.W. Worden (Ed.), Grief counseling and grief therapy: A handbook for the mental health practitioner</i> (5th ed.) (pp. 87-130). New York: Springer Publishing Company.</p> <p>Silverman, P.R., &amp; Nickman, S.L. (1996). Concluding thoughts. In <i>Klass, D., Silverman, P., &amp; Nickman, S. (Eds.), Continuing bonds: New understandings in grief</i> (pp. 349-355). Philadelphia, PA: Taylor and Francis. (classic)</p> <p><b>Recommended</b></p> <p>Walter, C., &amp; McCoyd, J. (2015). <i>Grief and loss across the lifespan: A biopsychosocial perspective(2nd ed)</i>. New York: Springer Publishing Company.</p>	
8	<p>Micro/Mezzo: Interventions for Grief, Loss, and Bereavement II</p> <ul style="list-style-type: none"> <li>• Complicated Grief</li> <li>• Prolonged Grief Disorder</li> <li>• Grief theories</li> <li>• Grief interventions</li> </ul>	<p><b>Required</b></p> <p>Schapiro, D., Briggs, A., Trottier, D. G., Hormadaly, M., Klingensmith, D., Gibbons, K., ... &amp; Dugan, K. (2017). <i>Complicated Grief, Attachment, and Art Therapy: Theory, Treatment, and 14 Ready-to-Use Protocols</i>. Jessica Kingsley Publishers.</p>	

Unit	Topic	Readings	Assignment Due Dates
	<ul style="list-style-type: none"> <li>• Prolonged Grief Treatment</li> <li>• Skill development: Grief therapy for complicated grief</li> </ul>	<p>Shear, M., &amp; Gribbin Bloom, K. (2017). Complicated Grief Treatment: An Evidence-Based Approach to Grief Therapy. <i>Journal of Rational-Emotive &amp; Cognitive-Behavior Therapy</i>, 35(1), 6-25.</p> <p>Worden, J. W. (2018). Grief therapy: Resolving complicated mourning. In J.W. Worden (Ed.), <i>Grief counseling and grief therapy: A handbook for the mental health practitioner (5<sup>th</sup> ed)</i>. (pp. 159-182). New York: Springer Publishing Company.</p> <p><b>Recommended Website</b> The Center for Prolonged Grief. (2023). <a href="https://prolongedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/">https://prolongedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/</a></p>	
9	<p>Micro/Mezzo: Older Adults and Caregivers</p> <ul style="list-style-type: none"> <li>• Wellness and Aging in Place</li> <li>• Dementia, Depression &amp; Delirium</li> <li>• Engagement, Diagnosis with DSM-5-TR &amp; Intervention</li> <li>• Neurocognitive Disorders</li> <li>• Caregiver burden</li> <li>• Narrative Therapies</li> <li>• PEARLS program</li> <li>• Savvy Caregiver program</li> <li>• Long-term care planning</li> <li>• Diversity and caregiving</li> <li>• Skill development: Reminiscence therapy and</li> </ul>	<p><b>Required</b></p> <p>Brewster, G. S., Epps, F., Dye, C. E., Hepburn, K., Higgins, M. K., &amp; Parker, M. L. (2020). The effect of the “Great Village” on psychological outcomes, burden, and mastery in African American caregivers of persons living with dementia. <i>Journal of Applied Gerontology</i>, 39(10), 1059-1068.</p> <p>Jang, Y., Hepburn, K., Park, J., Haley, W. E., &amp; Kim, M. T. (2022). Cultural adaptation of the savvy caregiver program for Korean Americans with limited English proficiency: a feasibility and acceptability study. <i>BMC Geriatrics</i>, 22(1), 1-11.</p> <p>Joosten-Hagye, D. (2019). Long-term care planning. In <i>Social work practice with older adults: An evidence-based approach</i> (pp. 227-252). San Diego, CA: Cognella Academic Publishing.</p> <p>Kally, Z., Cote, S. D., Gonzalez, J., Villarruel, M., Cherry, D. L., Howland, S.,</p>	

	<p>Caregiver interventions</p> <ul style="list-style-type: none"> <li>• team-based care</li> </ul>	<p>... &amp; Hepburn, K. (2014). The Savvy Caregiver Program: Impact of an evidence-based intervention on the well-being of ethnically diverse caregivers. <i>Journal of Gerontological Social Work</i>, 57(6-7), 681-693.</p> <p>Kittle, K. R., Lee, R., Pollock, K., Song, Y., Wharton, W., Anderson, J. G., ... &amp; Flatt, J. D. (2022). Feasibility of the Savvy Caregiver Program for LGBTQ+ caregivers of people living with Alzheimer's disease and related dementias. <i>International Journal of Environmental Research and Public Health</i>, 19(22), 15102.</p> <p><b>Recommended Reading &amp; Websites</b></p> <p>Family Caregiver Alliance. (2023). <i>Caregiver resources</i>.  <a href="https://www.caregiver.org/caregiver-resources/">https://www.caregiver.org/caregiver-resources/</a></p> <p>Family Caregiver Alliance. National Center on Caregiving. (2012). <i>Selected caregiver assessment measures: A Resource inventory for practitioners</i>. (2<sup>nd</sup> ed.)  <a href="https://www.caregiver.org/uploads/legacy/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf">https://www.caregiver.org/uploads/legacy/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf</a></p> <p>Friedman, E. M., &amp; Tong, P. K. (2020). <i>A framework for integrating family caregivers into the health care team</i>. Santa Monica, CA: Rand.</p> <p>National Alliance for Caregiving. (2023a). <i>Caregiver mental health</i>.  <a href="https://www.caregiving.org/caregiver-mental-health-pulse-check-campaign/">https://www.caregiving.org/caregiver-mental-health-pulse-check-campaign/</a></p> <p>National Alliance for Caregiving. (2023b). <i>Webinar: Caregiver assessment I: Why and what should we Assess? (Part 1)</i>.</p>	
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Unit	Topic	Readings	Assignment Due Dates
		<p><a href="https://www.caregiver.org/resource/caregiver-assessment-parts-i-ii/">https://www.caregiver.org/resource/caregiver-assessment-parts-i-ii/</a></p> <p>Savvy Caregiver. (2022). <a href="https://savvycaregiver.com/">https://savvycaregiver.com/</a></p> <p>U.S. Department of Veterans Affairs. (2023). <i>VA caregiver support program</i>. <a href="https://www.caregiver.va.gov/">https://www.caregiver.va.gov/</a></p>	
10	<p>Micro/Mezzo/Macro End-of-Life Ethics and Interventions</p> <ul style="list-style-type: none"> <li>• Bioethics &amp; Ethical dilemmas</li> <li>• Options in End-of-Life care</li> <li>• Advance Care Planning</li> <li>• Team-based Care</li> <li>• Family-centered Care</li> <li>• Advocacy in End-of-Life</li> <li>• Skill development: Advance Care Planning and Dignity Therapy</li> </ul>	<p><b>Required</b></p> <p>Arthur, D. P. (2015). Social work practice with LGBT elders at end of life: Developing practice evaluation and clinical skills through a cultural perspective. <i>Journal of Social Work in End-of-life &amp; Palliative Care</i>, 11(2), 178-201.</p> <p>Joosten-Hagye, D. (2019). Advance care planning and end-of-life issues. In <i>Social work practice with older adults: An evidence-based approach</i> (pp. 253-278). San Diego, CA: Cognella Academic Publishing.</p> <p>Montross, L., Winters, K. D., &amp; Irwin, S. A. (2011). Dignity therapy implementation in a community-based hospice setting. <i>Journal of Palliative Medicine</i>, 14(6), 729–734. doi:10.1089/jpm.2010.0449 (classic)</p> <p>Wiegand, D. L., MacMillan, J., dos Santos, M. R., &amp; Bouso, R. S. (2015). Palliative and end-of-life ethical dilemmas in the intensive care unit. <i>AACN Advanced Critical Care</i>, 26(2), 142-150.</p> <p><b>Recommended</b></p> <p>Klingler, C., in der Schmitzen, J., &amp; Marckmann, G. (2016). Does facilitated Advance Care Planning reduce the costs of care near the end of life? Systematic review and ethical</p>	<p><b>Assignment 2: Case Analysis</b></p>

Unit	Topic	Readings	Assignment Due Dates
		<p>considerations. <i>Palliative medicine</i>, 30(5), 423-433.</p> <p>National Association of Social Workers. (2004). NASW standards for palliative and end-of-life care. Available at: <a href="https://www.socialworkers.org/LinkClick.aspx?fileticket=xBMd58VwEhk%3D&amp;portalid=0">https://www.socialworkers.org/LinkClick.aspx?fileticket=xBMd58VwEhk%3D&amp;portalid=0</a></p> <p>National Hospice and Palliative Care Organization. (2017). Social work competencies. Available at: <a href="https://www.nhpco.org/social-work-competencies">https://www.nhpco.org/social-work-competencies</a></p>	
11	<p>Macro: Behavioral, Psychosocial and Ecological Aspects of Health and Mental Health I</p> <ul style="list-style-type: none"> <li>• Social Determinants of Health (SDOH) in Health, Mental Health and Wellness</li> <li>• Quality of Life</li> <li>• Health Disparities</li> <li>• Life Course Perspective &amp; Cumulative Risk: environmental and SDOH risk</li> <li>• Intersectionality: influence of race, gender identity, geography, ability, biological, genetic and epigenetic factors</li> <li>• Stress, coping and social support</li> </ul>	<p><b>Required</b></p> <p>Jones, N. L., Gilman, S. E., Cheng, T. L., Drury, S. S., Hill, C. V., &amp; Geronimus, A. T. (2019). Life Course Approaches to the Causes of Health Disparities. <i>American journal of public health</i>, 109(S1), S48–S55.  <a href="https://doi.org/10.2105/AJPH.2018.304738">https://doi.org/10.2105/AJPH.2018.304738</a></p> <p>Luk, J. W., Stangl, B. L., Schwandt, M. L., Gunawan, T., Joseph, P. V., Momenan, R., ... &amp; Ramchandani, V. A. (2023). A person-centered approach to capture health disparities and multidimensional impact of COVID-related stressors. <i>American Psychologist</i>, 78(3), 321.</p> <p>Moe, J., Perera, D. M., &amp; Rodgers, D. (2023). Promoting wellness at the intersections of gender, race and ethnicity, and sexual–affectional orientation identities. <i>Journal of Mental Health Counseling</i>, 45(3), 231-246.</p> <p>Sheperis, C. J., Cuff, P., &amp; Sheperis, D. (2023). Educating professional counselors about the social determinants of mental</p>	



Unit	Topic	Readings	Assignment Due Dates
		<p>health. <i>Journal of Counseling &amp; Development</i>, 101(4), 429-439.</p> <p><b>Recommended Website</b></p> <p>CDC. (2023). What is health equity? <a href="https://www.cdc.gov/healthequity/whatis/index.html">https://www.cdc.gov/healthequity/whatis/index.html</a></p>	
12	<p>Macro: Behavioral, Psychosocial and Ecological Aspects of Health and Mental Health II</p> <ul style="list-style-type: none"> <li>• Addressing barriers to access and utilization, environmental justice, social injustice, oppression and racism</li> <li>• Advancing human rights and social, cultural, economic, and environmental justice</li> <li>• Policy practice and Advocacy Skills to support environmental justice and sustainability</li> <li>• Skills: Preparing a Policy Issue Brief, Lobbying, Coalition Building to Address Cumulative Risk</li> </ul>	<p><b>Required</b></p> <p>Chowkwanyun, M. (2023). Environmental Justice: Where It Has Been, and Where It Might Be Going. <i>Annual Review of Public Health</i>, 44, 93-111.</p> <p>Ezell, J. M., &amp; Chase, E. C. (2022). Forming a critical race theory of environmental disaster: Understanding social meanings and health threat perception in the flint water crisis. <i>Journal of Environmental Management</i>, 320, 115886</p> <p>Gabel, S. G., &amp; Mapp, S. C. (2021). Calling all social workers: Step up, give voice, and educate. <i>Journal of Human Rights and Social Work</i>, 6(3), 171–172.</p> <p><b>Recommended Website</b></p> <p>NASW. (2023). Environmental justice and climate change. <a href="https://www.socialworkers.org/Advocacy/Social-Justice/Environmental-Justice-and-Climate-Change">https://www.socialworkers.org/Advocacy/Social-Justice/Environmental-Justice-and-Climate-Change</a></p> <p>United Nations. (2023a). <i>United Nations sustainable development goals</i>. <a href="https://sdgs.un.org/goals">https://sdgs.un.org/goals</a></p>	

Unit	Topic	Readings	Assignment Due Dates
		United Nations. (2023b). <i>Universal declaration of human rights</i> . <a href="https://www.un.org/en/about-us/universal-declaration-of-human-rights">https://www.un.org/en/about-us/universal-declaration-of-human-rights</a>	
13	Micro: Treatment of Substance-related and Addictive Disorders <ul style="list-style-type: none"> <li>• Engagement, Diagnosis, and Treatment</li> <li>• Evidence-based Treatment and Goodness-of-fit</li> <li>• Evidence-based Psychotherapy approaches: CBT, Contingency Management Interventions/Motivational Incentives, Motivational Enhancement Therapy, Solution Focused Therapy, SF Family Therapy, MAT</li> <li>• Skill development: Individual and group relapse prevention strategies</li> <li>• establishing a goodness-of-fit for client and treatment</li> <li>• top down/bottom up evidence-based interventions &amp;</li> <li>• team-based care</li> </ul>	<p><b>Required</b></p> <p>Bien, T., Miller, W. R., &amp; Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. <i>Addiction</i>, 88(3), 315–336. (Classic)</p> <p>Mullet, N., Zielinski, M., Jordan, S. S., &amp; Brown, C. C. (2018). Solution-focused brief therapy for families: When a loved one struggles with substance abuse. <i>Journal of Systemic Therapies</i>, 37(3), 15-28.</p> <p>NIDA. (2018). Principles of Drug Addiction Treatment: A Research-based Guide (3rd edition). Evidence-Based Approaches to Drug Addiction Treatment. Retrieved from <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment</a></p> <p>Volkow, N. D., Frieden, T. R., Hyde, P. S., &amp; S. S. (2014). Medication-assisted therapies—tackling the opioid-overdose epidemic. <i>New England Journal of Medicine</i>, 370(22), 2063-2066.</p> <p><b>Recommended</b></p> <p>Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., &amp; Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. <i>American Journal of Public Health</i>, 105(1), 205–211.</p> <p>Substance Abuse and Mental Health</p>	

Unit	Topic	Readings	Assignment Due Dates
		<p>Services Administration. (2012). <i>Brief interventions and brief therapies for substance abuse</i>. Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12-3952. Rockville, MD: Author. Retrieved from <a href="http://www.ncbi.nlm.nih.gov/books/NBK6947/pdf/Bookshelf_NBK64947.pdf">http://www.ncbi.nlm.nih.gov/books/NBK6947/pdf/Bookshelf_NBK64947.pdf</a></p>	
14	<p>Micro: Treatment of Co-Occurring Disorders</p> <ul style="list-style-type: none"> <li>• Psychiatric comorbidity</li> <li>• Trauma and substance abuse</li> <li>• Pharmacotherapy</li> <li>• Psychotherapy approaches: Integrated Care, CBT, Motivational Interviewing, individual and group self-management &amp; relapse prevention, Seeking Safety, holistic approaches</li> <li>• Skill development: Seeking Safety</li> </ul>	<p><b>Required</b></p> <p>Giordano, A. L., Prosek, E. A., Stamman, J., Callahan, M. M., Loseu, S., Bevely, C. M., &amp; Chadwell, K. (2016). Addressing trauma in substance abuse treatment. <i>Journal of Alcohol and Drug Education, 60</i>(2), 55-71.</p> <p>Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M. C., ... &amp; Herron, A. (2015). Combining seeking safety with sertraline for PTSD and alcohol use disorders: A randomized controlled trial. <i>Journal of Consulting and Clinical Psychology, 83</i>(2), 359-369.</p> <p>Moore, M., Flamez, B., &amp; Szirony, G. M. (2018). Motivational interviewing and dual diagnosis clients: Enhancing self-efficacy and treatment completion. <i>Journal of Substance Use, 23</i>(3), 247-253.</p> <p><b>Recommended</b></p> <p>Gamble, J., &amp; O'Lawrence, H. (2016). An overview of the efficacy of the 12-step group therapy for substance abuse treatment. <i>Journal of Health and Human Services Administration, 39</i>(1), 142.</p> <p>Lenz, A. S., Henesy, R., &amp; Callender, K. (2016). Effectiveness of seeking safety for co-occurring posttraumatic stress disorder and substance use. <i>Journal of Counseling &amp; Development, 94</i>(1), 51-61.</p> <p>Najavits, L. M., &amp; Hien, D. (2013). Helping</p>	

Unit	Topic	Readings	Assignment Due Dates
		vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. <i>Journal of Clinical Psychology</i> , 69(5), 433-479.	
15	Putting it all Together <ul style="list-style-type: none"> <li>• Micro, Mezzo, Macro Practice</li> <li>• Introduction to Neurodivergence Informed Therapy</li> <li>• Course Wrap-up</li> </ul>	<b>Required</b> Chapman, R., & Botha, M. (2023). Neurodivergence-informed therapy. <i>Developmental Medicine &amp; Child Neurology</i> , 65(3), 310-317.	<b>Assignment 3: Policy Issue Brief &amp; Presentation</b>
	<b>Exam Week – NO CLASS</b>		

## **XXI. 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 Services:

USC offers a variety of mental health services and resources. Students who have opted to pay the student health fee (SHF) can access short-term counseling services, as well as other mental health services, through the USC Counseling & Mental Health Center by calling 213-740-9355 (WELL) or visiting the website at <https://sites.usc.edu/counselingandmentalhealth/>.

Students who elected not to pay the student health fee, or who live out-of-state, can visit <https://studenthealth.usc.edu/for-online-students/> for mental health information and resources or contact the Student Wellness Coordinator at [sdp.adc@usc.edu](mailto:sdp.adc@usc.edu) for additional support with access to services.

### 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!