I. Catalogue Description

“An advanced practice course that teaches evidence-based interventions used by clinical social workers in the treatment of serious mental illnesses.”

II. Course Overview

There is limited information known about the prevalence or severity of mental health problems in the U.S. The 2005 National Co-morbidity Survey Replication found that approximately 1 in 4 adults meet criteria for a mental disorder in any given year, with 22.3% of those cases classified as “serious” (i.e., near lethal suicide attempt, work disability/role impairment, psychosis, bipolar disorder, substance dependence or repeated serious violence, etc.). Another conclusion from the study was that “correlates of disorder were related largely to a relatively small proportion of the population made up of people with highly comorbid major depression.” Social workers provide more mental health services than all other disciplines combined, and are well equipped to meet the needs of individuals and families living with mental health impairments. People with serious mental health problems face numerous challenges that include social stigma, lack of access to best-practice treatment services, and greater likelihood of living in conditions of poverty. Service needs tend to be complex. The focus of this course will be on clinical social work practice with adults who have serious mental health symptoms due to anxiety, psychosis, mood disorders, posttraumatic stress related disorders, and personality disorders, and who also may have co-occurring substance use disorders. We will consider practice from a recovery-based frame that includes culturally competent practice, evidence-based treatment approaches, consumer empowerment, and advocacy at several levels of service delivery.

III. Course Competencies and Practice Behaviors

Successful completion of this course implies that students will have progressed towards achieving some of the core social work competencies by demonstrating the following practice behaviors:

<table>
<thead>
<tr>
<th>Competencies addressed in course</th>
<th>Practice behaviors addressed in course</th>
<th>Assignments measuring behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.2: Apply SW</td>
<td>*Evaluate ethical dilemmas related to problems and</td>
<td>#1</td>
</tr>
<tr>
<td>Task Description</td>
<td>Specific Task Details</td>
<td>Relevant Standards</td>
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<tr>
<td>-------------------------------------------------------------------------------</td>
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<tr>
<td>ethical principles to guide professional practice</td>
<td>*Weigh values, principles of ethical decision-making, &amp; the NASW code of ethics and, as appropriate, the International Federation of Social Workers Ethics in Social Work/Statement of Principles in order to address ethical dilemmas related to practice in mental health</td>
<td>#1, 4</td>
</tr>
<tr>
<td>2.1.3: Apply critical thinking to inform and communicate professional judgments</td>
<td>*Identify &amp; synthesize multiple sources of knowledge to understand policy/practice issues related to advanced practice; *Identify and evaluate models of assessment, prevention, intervention and evaluation that are appropriate to advanced practice *Use effective communication skills with diverse communities, constituencies, and multi- and interdisciplinary colleagues when dealing with issues related to mental health</td>
<td>#2, 3, 4</td>
</tr>
<tr>
<td>2.1.4: Engage diversity and difference in practice</td>
<td>*Demonstrate an understanding of how culture and values affect diverse conceptualizations and constructions of social problems and solutions in advanced practice *Demonstrate knowledge &amp; skills to practice without discrimination and with respect, towards people of diverse backgrounds *Actively engage diverse clients, groups, or organizations to promote solutions based on diverse conceptualizations of social problems in the mental health focus area</td>
<td>#1, 2, 3, 4</td>
</tr>
<tr>
<td>2.1.5: Advance human rights and social and economic justice</td>
<td>*Appraise how mechanisms of oppression and discrimination impact various groups and outcomes relevant to advanced practice</td>
<td>#1, 4</td>
</tr>
<tr>
<td>2.1.6: Engage in research-informed practice and practice-informed research</td>
<td>*Demonstrate ability to evaluate mental health practice *Critically evaluate and utilize theoretical and empirical research relevant to the problems and/or populations addressed in advanced practice</td>
<td>#1, 3, 4</td>
</tr>
<tr>
<td>2.1.7: Apply knowledge of human behavior and the social environment</td>
<td>*Evaluate and apply knowledge of human behavior &amp; the social environment to choose methods of assessment, intervention, and evaluation most appropriate to the problems in and populations served in the mental health focus area</td>
<td>#2, 4</td>
</tr>
<tr>
<td>2.1.9: Respond to contexts that shape practice</td>
<td>*Assess the impact of historical and contemporary contexts on practice and policy in advanced practice</td>
<td>#1, 4</td>
</tr>
<tr>
<td>2.1.10: Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, &amp; communities</td>
<td>*Employ diverse strategies to engage with individuals, families, groups, organizations, and communities related to mental health *Assess individuals, families, groups, organizations &amp; communities to determine a range of potentially effective and appropriate interventions to improve</td>
<td>#2, 4</td>
</tr>
</tbody>
</table>
IV. Course Content & Assignment Schedule

The overall objective is to prepare students for clinical social work practice in mental health treatment settings that serve people with complex mental health treatment and social service needs. In meeting the CSWE competencies noted above,

1. Students will develop advanced practice knowledge and skills in clinical social work with adults with serious mental health problems, including assessment, diagnosis, and evidence-based treatment of serious mental health illnesses as well as advocacy, case management, and integration with other community resources.
2. Students will learn appropriate intervention strategies for individuals with multiple mental health needs that may include co-occurring traumatic stress and substance use disorders.
3. Students will explore ethical dilemmas that frequently arise in clinical social work practice.
4. Students will increase their understanding of the effects of culture on the manifestation, assessment, and treatment of DSM-5 mental disorders.

Through readings, demonstrations, engaging in exercises to enhance skill acquisition, class discussion, and class lecture, students will learn effective intervention strategies to facilitate and support recovery for adults with serious mental health impairments. We will discuss co-occurring substance use and traumatic stress disorders and integrating treatment approaches for individuals with complex service needs. As treatment is just one facet of a clinical social worker’s professional responsibilities, the course will also look at how clinical social workers collaborate with other service providers and advocate for consumers with serious mental health impairments at the service and policy levels.

In order to meet the course objectives, students will need to attend all classes, read the assigned material thoughtfully and thoroughly, and be prepared to contribute to class discussions by bringing questions, concerns and direct practice experiences to share in class.

CLASS TOPICS & ASSIGNMENT SCHEDULE

Assignment schedule at a glance (more details follow the table)

<table>
<thead>
<tr>
<th>Week</th>
<th>Readings</th>
<th>Written Assignments</th>
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</thead>
<tbody>
<tr>
<td>1/22</td>
<td>Orientation</td>
<td>Recommended: Fournier et al. (2010); Watters (2010); Whitaker (2010)</td>
</tr>
<tr>
<td>1/29</td>
<td>Major Depression (1)</td>
<td>Text: Barlow (2014) Ch. 8 &amp; 9</td>
</tr>
<tr>
<td>2/05</td>
<td>Major Depression (2)</td>
<td>Online: Wright et al. (2006); Wright et al. (2009). Optional:</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Text/Optional Text</td>
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<tr>
<td>2/12</td>
<td>Intensive Community Interventions</td>
<td>Online: Barrio; Morse &amp; McKassen; Murray-Swank &amp; Dixon. Optional: Bond &amp; Jones; Gringrich &amp; Mueser; Yang at al.</td>
</tr>
<tr>
<td>2/26</td>
<td>Cog. Tx of Psychotic Disorders (1)</td>
<td>Kingdon &amp; Turkinton pp. 1-82</td>
</tr>
<tr>
<td>3/12</td>
<td>Cog. Tx of Psychotic Disorders (3)</td>
<td>Kingdon &amp; Turkinton pp. 128-175</td>
</tr>
<tr>
<td>3/19</td>
<td>Anxiety Disorders</td>
<td>Text: Barlow (2014) Ch. 5 Optional: Barlow (2014) Ch. 1 &amp; 3</td>
</tr>
<tr>
<td>3/26</td>
<td>OCD</td>
<td>Text: Barlow (2014) Ch. 4</td>
</tr>
<tr>
<td>4/2</td>
<td>- No Class</td>
<td></td>
</tr>
<tr>
<td>4/9</td>
<td>Traumatic Stress Disorders (1)</td>
<td>Briere &amp; Scott pp. 7-78</td>
</tr>
<tr>
<td>4/16</td>
<td>Traumatic Stress Disorders (2)</td>
<td>Briere &amp; Scott pp. 79-170</td>
</tr>
<tr>
<td>4/23</td>
<td>Traumatic Stress Disorders (3)</td>
<td>Briere &amp; Scott pp. 171-224 Optional: Najavits Barlow (2014) Ch. 2; van der Kolk</td>
</tr>
<tr>
<td>4/30</td>
<td>Borderline Personality Disorder (BPD)</td>
<td>Text: Barlow (2014) Ch. 10</td>
</tr>
<tr>
<td>5/7</td>
<td>BPD (cont) Class wrap-up &amp; evaluation</td>
<td></td>
</tr>
</tbody>
</table>

**Week 1 01/22 Orientation.** Objectives: Introductions, review syllabus and course expectations, establish framework for class.

Recommended:


**Week 2  01/29**  **Interventions for People with Major Depression (1)**  
Objective: Increase your “tool box” for working with people who meet criteria for major depression. Interpersonal therapy (IPT) is an effective treatment model for people whose depression is related to grief and loss. IPT uses an approach that can also be very helpful in working with people who meet criteria for mental disorders other than depression who are struggling with grief and loss issues. The Behavioral Activation (BA) model is particularly useful with clients who have experienced depression over several years and whose withdrawal and “what’s the use?” thinking patterns have become entrenched.


**Week 3  02/05**  **Interventions for People with Major Depression (2)**  
Objective: Review cognitive therapy strategies for treatment of depression, with a look at working with maladaptive schemas and using CBT strategies to work with people who are struggling with suicidal ideation. **This week’s readings are available on Learn@UW.**


Optional:

**Week 4   02/12**  **Intensive Community Interventions for People with Serious Mental Illness.**  
Objectives: Examine fundamental features of the assertive community treatment model and its implementation. **This week’s readings are available on Learn@UW.**

**Guest Lecturer:**
Sara Schroeder, **LCSW, Clinical Team Leader: Journey Mental Health Center: Central Intake, Outpatient Engagement Services, and Resource Bridge**


Optional:


**Week 5 (02/19) Treating Bipolar Disorder in a Clinic Setting.** Objectives: This class will explore assessment and components of treatment for individuals with Bipolar Disorder who are served in outpatient mental health clinics.


Optional:


**Weeks 6, 7 & 8 (02/26, 03/05 & 03/12) Cognitive Therapy with People with Psychotic Disorders.** Objective: Learn strategies for using this much-studied treatment model with individuals who are bothered by hallucinations and delusions.

**Reading for Week 7**  Kingdon & Turkington, pp. 83-127.

**Reading for Week 8**  Kingdon & Turkington, pp. 128-175

**Week 9 (03/19)**  Interventions for People with Anxiety Disorders. Objectives: Learn assessment and intervention strategies for individuals with anxiety disorders.


Optional:


**Week 10 (03/26)**  Interventions for People with Obsessive Compulsive Disorder.

Objectives: Learn assessment and intervention strategies for individuals with obsessive compulsive disorder. As the authors of the reading state (p. 155), “The suffering involved with OCD can be extraordinary, and even imperfect attempts at therapy can relieve much of this suffering.”


**Week 11 (04/02)**  Spring Break – No Class

**Week 12 (04/9)**  Interventions for People with Traumatic Stress Disorders (Part 1)

Objectives: Learn trauma effects and assessment.


**Week 13 (04/16)**  Interventions for People with Traumatic Stress Disorders (Part 2)

Objectives: Explore issues related to trauma treatment (e.g., co-morbid treatment, EMDR, etc.).

**Guest Lecturer:**

Andrea Stein, LCSW – Psychotherapist, Coordinator, Violence Recovery Project: Howard Brown Health Center Chicago, IL
**Week 14 (04/23) Interventions for People with Traumatic Stress Disorders (Part 3)**

**Objectives:** Continue looking at trauma treatment.

<table>
<thead>
<tr>
<th>Videos and reflection papers due today</th>
</tr>
</thead>
</table>


(Strongly recommend reviewing Ch. 12 – Psychobiology & Psychopharmacology of Trauma)

**Optional:**


**Week 15 (04/30) Interventions for People with Borderline Personality Disorder**

**Objectives:** Examine the possible relationship between this disorder and complex posttraumatic stress disorder. Learn the foundations of Linehan’s Dialectical Behavior Therapy (DBT). This is a complex model. In this class, we will look most closely at the skills training component which helps consumers learn emotion regulation and crisis response skills. This particular component of DBT is also being used to help people who are struggling with “emotional dysregulation” but who don’t meet criteria for borderline personality disorder.


**Guest Lecturer:**

Michele Laux, *LPC, RYT – Private Practice Psychotherapist: Mindfulness-Based Healing. Registered Yoga Therapist*

**Week 16 (05/07) Interventions for People with Borderline Personality Disorder**

(continued)

**Wrap-up and class evaluation.**

**Paper and Consumer Info Due in class today**
V. Texts and Reading Materials

**Required:**


**Additional readings are posted on the course website, Learn@UW.**

**Other Helpful Resources:**


Linehan, Marsha M. *Cognitive Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press, 1993


VI. Evaluation of Competencies & Practice Behaviors: Assignments, Grading and Methods

**Grade Standards:**

<table>
<thead>
<tr>
<th>Points</th>
<th>Grade</th>
<th>What the point totals &amp; subsequent grade generally indicate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-100</td>
<td>A</td>
<td>Outstanding, excellent work in all areas.</td>
</tr>
<tr>
<td>88-93</td>
<td>AB</td>
<td>Outstanding, excellent work in many areas.</td>
</tr>
<tr>
<td>82-87</td>
<td>B</td>
<td>Meets expectations in all areas.</td>
</tr>
<tr>
<td>76-81</td>
<td>BC</td>
<td>Meets expectations in most areas; below in others.</td>
</tr>
<tr>
<td>70-75</td>
<td>C</td>
<td>Below expectations in most areas, not acceptable graduate work</td>
</tr>
</tbody>
</table>
List of Assignments & points:

1. Weekly notes/reflection/discussion question ........................................20 points
2. Role plays (video/audio) - 15 points each ........................................30 points
3. Self-assessment of role plays - 10 points each ..................................20 points
4. Final integrative paper/consumer information .....................................30 points

100 points

Assignments submitted for other courses will not be accepted as fulfillment of assignments for this course.

1. Weekly notes/reflection/discussion question (20%):
At the end of each class you will turn in a hard copy of your reflection notes (1-2 pages) from the readings with your name on it. The purpose of this assignment is to focus weekly readings and facilitate class discussion. Your notes can be in bullet-point format. This assignment must include:

1. Two things you learned of potential value or relevance to your own development as an effective practitioner.

2. One question the reading raised for you that you would like to consult, discuss, explore and/or learn more about. Questions regarding ethical issues are encouraged.

2. Two video role plays due April 23 (30%): Working in dyads, each student will do two role plays. Each student must play the part of the clinician, and the part of the client. Your grade for this assignment will be based on your role as clinician. The two role plays in which you play the part of a clinician will serve as the foundation for a reflection paper – see #3 below. This assignment gives you experience in using particular therapeutic strategies in a “live” situation. It is expected that you will discuss your intentions with your role play partner, but the “parts” should not be scripted. The role play client situation should be the same for both #1 and #2.

Acceptable media include USB drives (preferred), DVDs or CDs. Please make sure that the name of the person to whom the media are to be returned is clearly indicated.

First role play: Conduct an abbreviated assessment that includes both obtaining information sufficient for diagnosis, and also determining the consumer’s goals for recovery in a collaborative, client-focused manner. Both the consumer and worker will have to be knowledgeable about the particular mental disorder(s) portrayed in the role play. The consumer will present with particular symptoms, and also have a sufficient “back story” in order to be able to arrive at goals for treatment. Goals need to include not only those that are “symptom-specific,” but the worker must be able to help the consumer explore what “recovery” would mean to him or her. The role play should close with the worker talking with the consumer about the worker’s diagnostic impression using jargon-free language, and how they can work together towards meeting those goals (introduce the evidence based treatment model and say a little about what treatment will entail). In actual practice, the client might not be receptive to
receiving a DSM-5 label, or there might be cultural issues that come into play. However, for purposes of this role play, so that you get practice in talking with clients about the meaning of a particular diagnosis, assume the client is interested in knowing what the DSM-5 diagnosis is.

Suggested length: 30-40 minutes.

**Second role play:** The second role play will be a demonstration of an intervention appropriate for the problems being caused to the consumer by the mental disorder and consumer’s goals put forth in the first role play. The worker needs to present the rationale for the intervention to the consumer. The intervention should be demonstrated. The role play should end with the worker eliciting feedback from the consumer about the intervention, and a proposal about how they will proceed in the future.

Suggested length: 15-20 minutes.

**If you want to combine these two role plays into one, you may, but please be sure that you address all the elements of the assignment. I will be grading your work and giving you feedback using the rubric below:**

**Role Play 1**

**Final Grade = ___/15 points (15% of total grade)**

**Evidence of a collaborative brief clinical assessment, which garners sufficient information for a diagnosis **

<table>
<thead>
<tr>
<th>0-2</th>
<th>3-4-5</th>
<th>5</th>
</tr>
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<tbody>
<tr>
<td>Inadequate assessment; poor pacing of questions, interview style is abrupt, questions are vague and do not elicit clinical information.</td>
<td>Adequate assessment; appropriate pacing of questions, interview style fluctuates; questions are clear and elicit some clinical information.</td>
<td>Strong assessment; excellent pacing of questions, interview style is consistent; questions are clear and elicit clinical information.</td>
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Comments: ______________________________________________________________

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____________________________________________________________________________

**Evidence of exploration of the client’s views and understanding of recovery**

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<th>3-4-5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate exploration of how the client views and understands recovery.</td>
<td>Adequate exploration of how the client views and understands recovery.</td>
<td>Thorough exploration of how the client views and understands recovery.</td>
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</tbody>
</table>

Comments: ______________________________________________________________

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____________________________________________________________________________
Evidence of providing the client diagnostic impression and orientation to treatment model. Note this should be congruent with the chosen treatment model.  

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<tr>
<th>0-2</th>
<th>3-4-5</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic impressions are not provided or are poorly explained. Introduction to treatment model and explanation of treatment is not evident or is done poorly. Client understanding of the diagnosis is not assessed. Client feedback is not elicited. Language is full of jargon.</td>
<td>Diagnostic impressions are provided and adequately explained. Introduction to treatment model and explanation of treatment is somewhat evident. Client understanding is somewhat assessed. Client feedback is elicited. Language is somewhat jargon free.</td>
<td>Diagnostic impressions are clearly provided and thoroughly explained. Introduction to treatment model and explanation of treatment are clearly evident. Client understanding, including any concerns about the diagnosis, is fully assessed. Language is jargon free.</td>
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Comments: ________________________________________________________________
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Role Play 2  Final Grade = ___/15 points (15% of total grade)

A clear rationale for the intervention is presented to the client.  

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<tbody>
<tr>
<td>The rationale for the intervention is not clearly presented. The intervention does not seem to address the client’s concerns, the client appears ambivalent, and the ambivalence is not addressed by the worker.</td>
<td>The rationale is presented fairly clearly in language that the client understands. The worker addresses any client ambivalence.</td>
<td>The intervention is clearly and explicitly related to the intervention model and the client’s concerns. Any ambivalence is fully explored and any client concerns are fully addressed</td>
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Comments: __________________________________________________________________
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The intervention is well constructed & collaborative, and client responses during the intervention are responded to appropriately  

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<tr>
<th>0-2</th>
<th>3-4-5</th>
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</thead>
<tbody>
<tr>
<td>Inadequate intervention – the clinician appears very unsure about how to proceed &amp; does not engage in collaborative process.</td>
<td>In using the particular intervention, the clinician demonstrates adequate collaboration and attention to the client response.</td>
<td>The intervention is constructed in such a way that it demonstrates good understanding of the client’s way of being. The worker is collaborative throughout the intervention.</td>
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Comments: __________________________________________________________________
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___________________________________________________________________________
The client's feedback is elicited, and the worker proposes “next steps.” _____/5 points

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<th>0-2</th>
<th>3-4-5</th>
<th>5</th>
</tr>
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<tbody>
<tr>
<td>Feedback is not elicited, or if it is elicited, the worker does not respond collaboratively to the client’s feedback. “Next steps” do not appear to take client feedback into account, or are not clearly linked to the treatment goals.</td>
<td></td>
<td></td>
<td>Feedback is elicited and the worker demonstrates both verbally and non verbally that he/she understands the client’s experience with the intervention. “Next steps” are offered in a collaborative &amp; positive manner.</td>
</tr>
<tr>
<td>Feedback is elicited, however the clinician is not entirely responsive to what the client has to say. “Next steps” are presented without addressing any client ambivalence regarding the demonstrated intervention.</td>
<td></td>
<td></td>
<td>Feedback is elicited, however the worker does not respond collaboratively to the client’s feedback. “Next steps” do not appear to take client feedback into account, or are not clearly linked to the treatment goals.</td>
</tr>
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Comments: _________________________________________________________________
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3. Two brief (3-5 pages) reflection papers on the role play assignment due April 23 (20%): In the role play demonstration assignment above, each student will have had the opportunity to role play a consumer and a professional social worker. Write one paper about your experience as a consumer in both role plays, and one paper about your experience as the worker in both role plays. What did you notice about how the client was responding? What went well and why? What could have gone better, why and how? In each paper, reflect on what you will take from the role play experience into your work as a professional social worker. Turn in hard copies along with your role play media.

4. Final Integrative Paper due May 7 (20%): This two-part assignment is designed to give you the opportunity for greater in-depth exploration into an area of clinical social work intervention with a mental disorder that is of most interest to you. Both parts of this assignment are to be printed and turned in at the beginning of class (May 7).

The first part of this assignment (30%) is to write a 11-13 page paper (not including the title page or list of references) on one of the following (or propose an idea if it is not outlined below):

Choose a particular intervention strategy/model that you would like to learn more about. Address the theoretical underpinning and provide a summary of research findings regarding effectiveness and limitations of the model. Describe how the intervention/model is actualized in treatment (i.e., the nuts and bolts). Discuss the applicability of the strategy/model across diverse groups (i.e., ability status, culture, ethnicity, gender, religion/spirituality, socioeconomic status, sexual orientation, gender identification, etc.). If there is little or nothing in the literature about this, are there limitations of the model that concern you? What modifications for diverse populations might prove to be useful? Discuss these and other questions you would like researchers to address regarding the strategy/model.

OR

Choose a particular DSM-5 diagnosis that you would like to explore more deeply. Discuss the historical background of the disorder & the current diagnostic criteria. Provide a summary of research findings regarding effective treatment for the disorder, and explanation of how treatment should be best applied (i.e., the nuts and bolts). Discuss how diversity variables (i.e.,
ability status, culture/ethnicity, gender, religion/spirituality, socioeconomic status, sexual orientation, gender identification, etc.) may affect assessment, manifestation of the disorder, and treatment. Discuss what questions you would like researchers to address further.

OR

Choose a client from your field practicum who meets criteria for one (or more) of the mental disorders covered this semester and whose treatment involves a particular evidence-based treatment model or strategy. Write a brief summary of the client’s presenting concerns and recovery plan, and a description of the treatment model you are using that includes a brief discussion about evidence of its effectiveness. Provide a rationale for why you chose this particular treatment approach with this particular client. Then describe how you have applied the particular model of intervention and the outcome of treatment. How faithful were you to the intervention model? What informed your decisions if you deviated from the model? How was the treatment congruent with the client’s values, beliefs and traditions? What challenges arose in your application of the treatment model? What questions do you have that further research could help answer? You must take every step to ensure the confidentiality of your client.

The second part of this assignment (10%) is to prepare a 3-4 page handout of information for consumers and their families about your topic (whether your topic is a particular mental disorder or a particular treatment model). Think about how you might make your material pertinent to different groups of consumers/families (consider language, cultural norms, distribution points, etc). This material is to be written & produced BY YOU, not already disseminated by agencies or organizations.

VII. Course Policies
Meeting course objectives requires that the instructor and students actively work to create a learning environment that is respectful and safe so that practice challenges can be examined honestly, diverse viewpoints shared, and role plays and the like approached with maximum curiosity and enthusiasm and ever-decreasing “performance anxiety.” Each student has knowledge and experience that will enhance the learning of his/her colleagues.

Accommodations
If a student has a disability that may require accommodation to complete the course expectations, please discuss this with the instructor as soon as possible. Students registered with the McBurney Disability Resource Center must give the instructor a copy of their VISA within the first two weeks of class.

Attendance Policy
Students are expected to attend all scheduled classes, and to arrive on time.

• Attendance will be taken at each class. Students who must be absent due to inclement weather, illness, religious observance (notify me within the first two weeks of class of the specific days or dates) or other emergencies must contact the instructor prior to the start of class to be considered for an excused absence.
• Unexcused absences will result in a 1 point deduction from the final point total for the course for the first absence and a 2 point deduction from the final point total for the course for every subsequent unexcused absence.
• Additional graded make-up work appropriate for the content missed may be assigned for excused absences. Depending on the content of the class, make-up may take the form of role play practice (e.g., in class and/or with the instructor and reflection papers focusing on particular questions that cover assigned readings). Students are responsible for contacting the instructor to determine make-up requirements.
• Students are responsible for completing any class requirements for the day missed, and for obtaining from a fellow classmate any assignments, materials, and communications missed due to absence, late arrival, or early departure.

**Late assignment policy**
If you are not able to be in class the day an assignment is due, you are still responsible for turning in your assignment on the due date. If a student a) communicates with me prior to the due date, b) provides me with a reasonable justification for an extension, and c) we come to an agreement about a revised deadline, the assignment handed in by the new date will be considered “on time.” Unapproved late assignments will be marked down 10% of the total points for that assignment for each day the assignment is late.

**Learn@ UW**
All students are required to access Learn@UW for course content and assignments. Students are advised that Learn@UW can provide the instructor with information regarding students’ use of the course website.

**Plagiarism & academic integrity**
Plagiarism involves presenting someone else’s work or ideas as your own without appropriate citation and acknowledgment, and is an extremely serious form of academic misconduct. Plagiarism and cheating in any form will result in a grade of “F” for the course, and may also result in suspension from the University. Please review the information found here: [http://writing.wisc.edu/Handbook/QPA_plagiarism.html](http://writing.wisc.edu/Handbook/QPA_plagiarism.html)

**Professional behavior policy**
Professionalism means showing up both physically and mentally, and actively working with the instructor to create a respectful and stimulating environment for learning. It means coming to class on time, having read & thought about all of the assigned material.

Professionalism includes bringing questions, concerns and direct practice experiences to aid in understanding applications of course material. Be mindful of your questions and discussion during class. Consider the timing, merit and integrity of what you would like to share, the purpose (e.g., whether it is used to create conflict), your audience and the tone of your voice.

Sharing of direct practice experiences must be done in a way that is respectful to the client and protects clients’ rights to confidentiality; students should also keep confidential all issues of a personal nature shared in class. As professionals, during class you are expected to use electronic devices only for note taking.