I. Catalogue Description
Focuses on the core practice theories, conceptual frameworks and intervention skills necessary for social work practice in mental health

II. Course Overview
Meeting the needs of people with mental health concerns and their families can be complex. Advanced social work practice in mental health requires specific knowledge and skills to negotiate the complex interplay of the dimensions of biology, culture, issues of oppression and access to resources, other social and environmental factors, and psychological/emotional/interpersonal factors. This course focuses on the development of a foundation of knowledge and skills necessary for culturally competent, recovery-oriented clinical social work practice across populations and practice settings. This course fulfills the Advanced Practice requirement for the Advanced Generalist Curriculum. The focus or context of for this Advanced Practice course is Mental Health.

III. Course Competencies and Practice Behaviors and Assignments
Social Work Education is framed by a competency-based approach to curriculum design. At the conclusion of their education, social work students are expected to be competent in 9 core areas. Competency is achieved through mastery of course content as measured through course activities, readings, assignments, and behaviors learned in field experiences, and which are derived from social work knowledge, values, skills, and cognitive and affective processes. The competencies addressed in this course can be found in Appendix A.

IV. Course Content

WEEK 1 (09/09): Introduction to class and frameworks for clinical social work practice
Topics:
Review syllabus
Establish frameworks for:
- Recovery oriented clinical practice
- Self-reflection and awareness
- Learning and receiving feedback
Required readings
Bertolino & O’Hanlon, Ch. 1


Suggested readings

**WEEK 2 (09/16): Creating Collaborative Relationships**

Topics:
- Collaborative and context driven practice
- Watch video on cultural humility, discussion on culturally responsive clinical practice
- ADDRESSING exercise, discussion on examining our beliefs and the impact of our personal experiences and affective reactions on the clinical relationship

Required Readings


Suggested readings
- Ch. 4 - Individuals: Coming out and identity development (pp. 91-112)
- Ch. 5 - Individuals: Disclosures (pp. 113-140)

**Week 3 (09/23): Creating Collaborative Relationships**

Topics:
- Research supported common factors of effective therapy

Skills:
- Active listening, pacing, using intentional language and forming the therapeutic alliance

Required Readings:
Bertolino & O’Hanlon, Ch. 2 & 3


Suggested Readings

WEEK 4 (09/30): Competency Based Conversations & Change
Topics:
  Assessing readiness for change
  Setting goals with diverse consumers; Recovery oriented/culturally responsive approach to the change process
Skills:
  Reframing “resistance”, working with ambivalence, enhancing motivation for change

Required readings
Bertolino, & O’Hanlon, Ch.4


Prochaska, J. (1999). How do people change and how can we change to help many more people?


WEEK 5 (10/7) Evidence informed models
Topics:
  Research informed mental health practices: outcomes and practice implications
  Assessing and matching clinical concerns with evidence based interventions for diverse consumers

Required Readings:

Bertolino & O’Hanlon Ch.3


Review website and watch short video: What is WRAP?
http://mentalhealthrecovery.com/
Suggested Readings:

Week 6 (10/14): Evidence informed models continued
Topics:
Research informed mental health practice
Assessing and matching clinical concerns with evidence based interventions for diverse consumers
Review of emerging evidence in culture centered practices

Required readings
Bertolino Ch 5, 6, 8 and 9


http://nrepp.samhsa.gov/landing.aspx: Review website and read about cultural practices

WEEK 7 (10/21): CBT
Topics:
Understanding the theory and practice of CBT
Review of research that supports efficacy of CBT model
Evaluating effectiveness with culturally diverse consumers
Skills:
Explaining and teaching CBT concepts and skills to consumers

Required reading

WEEK 8 (10/28): CBT
Skills:
Working with feelings & thoughts, session structure and homework

Required reading

Suggested Readings

WEEK 9 (11/4): Mindfulness/MBCT
Topics:
Foundations of Mindfulness and MBCT
A review of the evidence in support of this intervention
How can we use Mindfulness effectively with culturally diverse consumers?

Skills:
Bringing mindfulness into mental health practice

Required readings

WEEK 10 (11/11): Attachment theory & the impact of adverse childhood events; Historical trauma

Topics:
The impact of attachment on the self and in relationships,
Foundation for working with trauma
Power, privilege and re-traumatization in MH systems. Incorporating historical and racial trauma

Required readings


Suggested readings


WEEK 11 (11/18): Working with clients affected by trauma

Topics:
Research informed practices for working with trauma
Emerging somatic models: how has trauma practice been informing the research?

Skills:
Practicing assessment and intervention skills, creating a safe clinical space, teaching grounding skills to consumers

Required readings


Suggested readings


• Read Ch. 11, Biology and Psychopharmacology of Trauma

(11/25): No Class!

Week 12 (12/2): DBT and Borderline Personality Disorder

Topics:
Developing an understanding of BPD and roots in attachment
Looking at DBT outcomes and evidence to support this intervention

Skills:
Practice teaching emotional regulation skills

Required Reading


Week 13 (12/9): Substance use disorders

Topics:
Neurobiology of addiction
Review of research informed practices and evaluating outcomes of SUD interventions
**Skills:**
**Assessment and Engagement: Assessment of SUD’s, sharing concerns about substance use with consumers in mental health settings**

**Required readings**
Complete the following module from the Genetic Science Learning Center, sponsored by the National Institute on Drug Abuse: The reward pathway influences behavior-
http://learn.genetics.utah.edu/content/addiction/rewardbehavior/


**Suggested readings**

**Week 14 (12/16): Self care**
**Skills and Topics:**
Compassion fatigue vs secondary traumatization
Skills for self care
Advocacy

**Required Reading**


**V. Texts and Reading Materials for the Course**

**Required texts:**

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

GRADING SCALE & STANDARDS

Students’ final grades will be based on the following scale:

<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>
<tr>
<td>64-69</td>
<td>D</td>
<td>Below expectations in all areas.</td>
</tr>
<tr>
<td>&lt;64</td>
<td>F</td>
<td>Course failure.</td>
</tr>
</tbody>
</table>

ASSIGNMENTS & POINTS

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reflection paper #1</td>
<td>10</td>
</tr>
<tr>
<td>2. Video Role Play (15 points) &amp; Self-Assessment (15 points)</td>
<td>30</td>
</tr>
<tr>
<td>3. Reflection paper #2</td>
<td>15</td>
</tr>
<tr>
<td>4. Research paper</td>
<td>25</td>
</tr>
<tr>
<td>5. Teaching a skill/intervention</td>
<td>10</td>
</tr>
<tr>
<td>Participation points</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Role-Play & Self-Assessment

You will submit a video recording of a role-play demonstrating specific skills learned in SW 835. Each student must be in the role of the worker for the role-play. For the self-assessment, you will assess your performance as the worker in the role-play, noting both what you did well, and areas for continued practice. Appendix A contains detailed instructions about the role-play and self-assessment assignments. Readings and in-class discussions/practices will be most helpful in completing the role-plays and self-assessments. This will be due by 11:59pm on 10/28. Instructions and grading rubric are in Appendix A.

Reflection Papers

You are assigned two short reflection papers as noted in the class topic & schedule section. One is reflective and the other is practice-oriented. These are to be submitted by 11:59pm on their respective due dates in Canvas. They will be evaluated for evidence of critical thinking and clear writing. Instructions and a grading rubric for the reflection paper is in Appendix B.

Research Paper

You will write a 10-12 page paper (excluding title page, abstract and references) regarding evidence informed mental health practice.
Teaching a skill or intervention
In this assignment, you will get a chance to develop practice skills by teaching an intervention or coping skill. Students will work in pairs on teaching the skill or intervention, leading practice of it and getting feedback from the class on the experience. Instructions and grading rubric are in Appendix D.

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.

General student behavior policy
In order to meet the course objectives, students will need to attend all classes and read the assigned material thoughtfully and thoroughly, as well as participate in class discussions and experimental exercises. Students will also be asked to bring questions, concerns and direct practice experiences to help them understand applications of course material. Sharing of direct practice experiences must be done in a way that is respectful to the client and protects clients’ rights to confidentiality by refraining from using identifying information.

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 their colleagues. We each have a role in creating a class environment where everyone feels able to grow and learn.

In order to learn, we must be open to the views of people different than ourselves. Each and every voice in the classroom is important and brings with it a wealth of experiences, values, and beliefs. In this time we share together over the semester, please honor the uniqueness of fellow classmates, and appreciate the opportunity we have to learn from each other. It is of utmost importance to me that class feel safe for everyone. Please respect fellow students’ opinions and refrain from personal attacks or demeaning comments of any kind. Finally, remember to keep confidential all issues of a personal or professional nature discussed in class.

Professionalism
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. Sharing of direct practice experiences must be done in a way that is respectful to the client and protects clients’ rights to confidentiality.
Students with disabilities
If a student has a disability that may require accommodation to complete the course expectations, please discuss this with the instructor within the first two weeks of class. Verification from the McBurney Disability Center is required for accommodations. Students registered with the McBurney Disability Resource Center must give the instructor a copy of their VISA within the first two weeks of class. If issues or barriers that impede learning arise, students are expected to bring these to the attention of the instructor as soon as possible.

Recycling papers or prior work
Assignments submitted for other courses, in part or full, will not be accepted as fulfillment of assignments for this course.

Reading assignment policy
You are required to read all assigned readings prior to class, and to be prepared to discuss these readings in class.

Attendance & promptness policy
In order for you and your classmates to benefit from this course, class attendance and active participation are mandatory. Everyone will be given one excused absence with no questions asked. Any absence after the first will result in points taken off of your professionalism grade. Consistent tardiness, significantly late arrivals or early departures may be counted as an unexcused absence, which may result in a one-half letter grade drop. Attendance will be taken at every class. Be sure to sign in. It is your responsibility to sign the attendance roster.

Students are responsible for completing any class requirements and for obtaining from a fellow classmate any assignments, materials, and communications missed due to absence, late arrival, or early departure.

Students who must be absent due to inclement weather, illness, or other emergencies must contact the instructor prior to the start of class to be considered for an excused absence. It is up to the instructor to determine whether an absence will be excused.

Late assignment policy
Any requests for extensions on assignments must be made and approved in advance. Unapproved late assignments may be marked down 20% of the total points for that assignment for each day the assignment is late.

Canvas
All students are required to access Canvas for course content and assignments. Students are advised that Canvas 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 that may result in suspension from the University. Students are responsible for being familiar with this policy.
Use of technology in the classroom
In order to learn, you must be respectful to your fellow classmates and guest speakers by limiting the use technology in the classroom to what is necessary. Please do not use your cell phones and/or laptops in class unless you are doing so for taking notes or other work directly related to class.

Feedback to the instructor
At UW-Madison, we greatly appreciate student input regarding reactions to, suggestions, and/or concerns about the course. In person or written (anonymous or identified) comments are always welcome. There will also be opportunities to provide formal course and instructor feedback.

Appendix A

<table>
<thead>
<tr>
<th>Competency &amp; Description</th>
<th>Course Content relevant to Dimensions that Comprise the Competency*</th>
<th>Location in Syllabus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1.2 Engage Diversity and Difference in Practice</strong></td>
<td>Lecture, readings, and discussion related to dimensions of diversity and the delivery of mental health services. (K, V, S, C&amp;AP)</td>
<td>Weeks 2, 4, 6, 7, 8, 9, 10</td>
</tr>
<tr>
<td></td>
<td>In class assignment: Cultural Assessment with Addressing framework. (K, V)</td>
<td>Week 2</td>
</tr>
<tr>
<td></td>
<td>Assignment: Reflection papers #1 and #2 (K, V, S, C&amp;A)</td>
<td>Weeks 3 and 11 Appendix C p.18</td>
</tr>
<tr>
<td></td>
<td>Video and discussion on Cultural Humility (K, V, S, C&amp;AP)</td>
<td>Week 2</td>
</tr>
<tr>
<td></td>
<td>Assignment: Final Research Paper (K, S, C&amp;A)</td>
<td>Week 14; Appendix D p.21</td>
</tr>
<tr>
<td><strong>2.1.4 Engage in Practice-Informed Research and Research-Informed Practice</strong></td>
<td>Lecture, reading, videos and classroom discussions. Role</td>
<td>Weeks 5, 6, 7, 8, 9,</td>
</tr>
</tbody>
</table>
Advanced Generalist social workers understand and demonstrate that evidence informed practice derives from multi-disciplinary sources and multiple ways of knowing, demonstrate the processes for translating research findings into their focus area of practice.

<table>
<thead>
<tr>
<th>2.1.6 Engage with Individuals, Families, Groups, Organizations, and Communities</th>
<th>Lecture, readings, and discussion on developing a collaborative based relationship for mental health treatment; Developing self-awareness and examining beliefs; understanding, applying and critically evaluating theories and models of change; building the therapeutic alliance; Role plays to practice skills and interventions. (K, S, V, C&amp;A)</th>
<th>Weeks 2, 3, 4, 7, 8, 9, 11, 12 &amp; 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment: Reflection Paper #2 (K, S, V, C&amp;AP)</td>
<td>Week 11; Appendix C p.18</td>
<td></td>
</tr>
<tr>
<td>In class assignment: Teaching a skill or intervention (K, S, V, C&amp;AP)</td>
<td>Multiple Weeks; Appendix E p. 24</td>
<td></td>
</tr>
<tr>
<td>In class experiential CBT and Mindfulness exercises (K,S, C &amp; AP)</td>
<td>Weeks 7,8,9</td>
<td></td>
</tr>
<tr>
<td>Assignment: Final Research Paper (K, S, C&amp;A)</td>
<td>Week 14; Appendix D p.21</td>
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<tbody>
<tr>
<td>Advanced Generalist social workers understand and demonstrate that engagement is an ongoing component of the dynamic and interactive process of social work practice in the focus area with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They value the importance of human relationships. Advanced Generalist social workers understand and apply theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the focus area to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. They understand and demonstrate an array of strategies to engage diverse clients and constituencies to advance</td>
<td>plays to practice skills and interventions. (K, S, V, C&amp;AP)</td>
<td>11,12,13</td>
</tr>
<tr>
<td>Assignment: Reflection Paper #2 (K, S, V, C&amp;AP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In class assignment: Teaching a skill or intervention (K, S, V, C&amp;AP)</td>
<td></td>
<td>11,12,13</td>
</tr>
<tr>
<td>In class experiential CBT and Mindfulness exercises (K,S, C &amp; AP)</td>
<td></td>
<td>11,12,13</td>
</tr>
<tr>
<td>Assignment: Final Research Paper (K, S, C&amp;A)</td>
<td></td>
<td>11,12,13</td>
</tr>
</tbody>
</table>
practice effectiveness in the focus area. Advanced Generalist social workers demonstrate advanced understanding of how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies in the focus area. They value and employ principles of relationship building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals in the focus area.

### 2.1.7 Assess Individuals, Families, Groups, Organizations, and Communities

Advanced Generalist social workers independently engage and apply their understanding of theories of human behavior and the social environment in the ongoing assessment of diverse individuals, families, groups, organizations and communities in the focus area. They engage in inter-professional collaboration and utilize methods of assessment appropriate to their focus area to advance practice effectiveness. Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Play Recording with partner (K, S, C&amp;A)</td>
<td>Week 5; Appendix B p.15</td>
</tr>
<tr>
<td>In class assignment: Teaching a skill or intervention (K, S, V, C&amp;AP)</td>
<td>Multiple Weeks; Appendix E p.24</td>
</tr>
<tr>
<td>Small group activity/discussion on cultural assessment. (K, V, S, C&amp;AP)</td>
<td>Week 2</td>
</tr>
<tr>
<td>Lecture, readings, and discussion on ongoing mental health assessments within the bio-psycho-social model; assessment within specific treatment models; substance use disorder assessment; role play practice (K, S, C&amp;AP)</td>
<td>Weeks 2,3,4,5,6,7, 12, 13</td>
</tr>
<tr>
<td>Assignment: Reflection paper #2 (K, V, C&amp;AP)</td>
<td>Week 11; Appendix B p.15</td>
</tr>
<tr>
<td>Addressing activity in class (K, V, C&amp;AP)</td>
<td>Week 2</td>
</tr>
<tr>
<td>Assignment: Role Play with partner &amp; self-assessment (K, S, C&amp;AP)</td>
<td>Week 5; Appendix B p.15</td>
</tr>
</tbody>
</table>

### 2.1.8 Intervene with Individuals, Families, Groups, Organizations, and Communities

Advanced Generalist social workers recognize and understand intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They independently identify, analyze

| Lecture, readings, videos, and small/large group discussions on Evidence Based Interventions to treatment of mental illness & research on mental wellness; Role plays to practice skills and | 3,4,5,6,7,8, 9,11,12,13 |
and implement evidence-informed interventions to achieve the goals of clients and constituencies in the focus area. Advanced Generalist social workers incorporate their knowledge of theories of human behavior, the social environment when selecting, and implementing interventions in the focus area. They also engage in interdisciplinary, interprofessional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions.

<table>
<thead>
<tr>
<th>Assignments: Reflection papers #1 and #2 (K, V, C &amp; AP)</th>
<th>Appendix C p.18</th>
</tr>
</thead>
<tbody>
<tr>
<td>In class exercise: Teaching a skill or intervention (K, V, C &amp; AP)</td>
<td>Appendix E p.24</td>
</tr>
</tbody>
</table>

### 2.1.9 Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Advanced Generalist social workers recognize the importance of ongoing evaluation in the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They are knowledgeable about various methods of evaluating outcomes and practice effectiveness in the focus area and incorporate their knowledge of theories of human behavior and the social environment when evaluating outcomes. Advanced Generalist social workers employ qualitative and quantitative methods as appropriate for evaluating outcomes and practice effectiveness in the focus area.

<table>
<thead>
<tr>
<th>Lectures, readings, and class discussions in evaluating outcomes and practice effectiveness in mental health treatment and of interventions for individuals, groups, and families. (K, S)</th>
<th>Weeks 5, 6, 7, 9, 11, 12, 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>In class assignment: Teaching a skill or intervention (K, S, C&amp;A)</td>
<td>Multiple Weeks; Appendix E p.24</td>
</tr>
<tr>
<td>Assignment: Reflection paper #2 (K, S, V, C&amp;AP)</td>
<td>Week 11; Appendix C p.18</td>
</tr>
<tr>
<td>Assignment: Final Research Paper (K, S, C&amp;A)</td>
<td>Week 14; Appendix D p.21</td>
</tr>
</tbody>
</table>

*K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes*
Appendix B. Instructions and grading rubric for the role-play and self-assessment assignments

Purpose: The purpose of this assignment is to demonstrate that you are attaining mastery of social work practice skills learned in the first weeks of class, and to assess what you feel you did well and opportunities for continued practice.

Due Dates: The role-play and self-assessment is due 10/28 by 11:59pm.

Instructions for the role-play
You must choose students from your class as role-play partners. You may work in pairs or in a group of three. Do not use an actual client, friends, or family members for this assignment.

For your role-play, you will play the role of the social worker and record it in video format. It should be about 15 minutes (please stay within two minutes of 15, whether that is over or under). You will then write a 3-4 page self-assessment paper.

Do not read from scripts for this assignment. The purpose is not to demonstrate your acting ability but rather to demonstrate that you are learning to put into practice some of the basic skills and concepts of collaborative, competency-based counseling.

You are free to make up a completely fictitious scenario, or one based on an actual client case (be sure to not use any identifying information). Alternatively, you may use one of the scenarios described below.

You may use the School’s Video Lab to record your role-play. An orientation to the lab and the equipment will be provided during class time. Instructions for submitting your recording will be posted on Canvas. Please test and verify that your recording plays properly for the entire duration before submitting it.

Required Content:
Demonstrate how to work with clients in a collaborative fashion to set goals for your work together. The emphasis is on “collaborative.” Often, students are placed in field settings where the culture and practice of the agency is to be very directive. If this applies to you and you role-play a scenario that might occur in your field placement, this assignment will help you discover how collaboration can occur even in these settings. As we will discuss in class, goals are defined not just in terms of the absence of something (mood state, voices, problems in relationships, etc.) but also of the presence of something (e.g., if you were not as disturbed by voices, what would you be doing differently). Therefore, goals should include observable behaviors. This role play should include the following:

Introducing yourself or framing the session
Exploring the client’s concerns
Identifying what they want to change
Collaborative goal setting around 1 or 2 goals (goals should be specific vs. long term)
A discussion with the “client” about how the two of you might evaluate progress towards goals (i.e. goal scaling, input from others, reduction of symptoms, increase in skills)
Concluding the session with a summary
In addition to these elements, you will be expected to demonstrate how you are building the relationship with the client. This may be shown through the following elements:

**Conveying respect, non-judgement, and empathy**

**Non-verbal communication**

**Strengths-based**

**Active listening**

**Optional scenarios**

1. You are about to see a 29-year-old man who called last week for an appointment. You look into the waiting room and observe a large male, heavily tattooed, wearing a bandanna and other clothing suggesting that his primary mode of transportation is by motorcycle. He has a Spanish surname. On his intake form, he wrote a few sentences about feeling depressed, anxious, and angry a lot of the time. He also noted that he lives with his mother, who is in her 60s and in poor health. His form indicates that he has a 13-year-old son from a long term relationship which ended 5 years ago. The son does not live with him. For employment, he has listed that he works as a bouncer for live-music shows.

2. A 43-year-old woman comes to the clinic for her first appointment. She says that she was referred by her primary care physician, who told her that he believes that she is depressed. He has done medical workups to assess her symptoms that include fatigue, loss of appetite, a sense of physical “weakness” and feeling generally unwell, but has no findings that would explain her symptoms.

   She is an African-American woman with three sons, ranging in age from 13-17. She reports on her intake form that she has been separated for many years from her husband, who lives in Chicago. She reports that for most of her adult life, until two years ago, she was working as a unit clerk in a city hospital. She also had a side job as a retail clerk in a department store. Fatigue and weakness have prevented her from working and she is receiving SSDI as a source of income.

   She is very skeptical about being diagnosed with “depression” and has not had any previous experience with counseling, nor does she know anyone who has been told they are “crazy” (her words) and sought services for that.

3. A 17-year-old boy is coming to the clinic accompanied by his grandmother, with whom he lives. The intake form indicates that he has been more withdrawn for the last 2-3 months, spending much of his time online. His grandmother is concerned that he will not be able to do well in high school and one of her main concerns is that he will not be able to get into a “good college” if his grades plummet. When you look into the waiting room, you notice that the boy is sitting apart by several seats from a woman who looks like she could be his grandmother. You go out and greet him, ascertain that the woman is in fact his grandmother, and invite them both to meet with you. (For purposes of this practice, you can have an initial session with both of them, or one of them.)

**Instructions for the self-assessment**

Write a 3-4 page self-assessment paper for your role play commenting on your role as the social worker. Include 1) what you think you did well and 2) what you need to work on. Your critique should
reflect thoughtful evaluation of your work, including both “content” (the particular skills used) and “process” (how you used those skills, how you collaborated with your client, etc.)

**Formatting.** Papers must use APA-6 formatting throughout. The paper should be 12pt font (please use Arial or Times New Roman), 1-inch margins, and double-spaced. A title page and references section is required. Students are encouraged to make use of the University Writing Lab for this assignment and to have their peers proofread the paper.

**Selecting references and citations.** No specific number of references is required for this paper, but claims in your paper must be backed by citations. Read the following web site about incorporating sources in your paper: [http://writing.wisc.edu/Handbook/QuotingSources.html](http://writing.wisc.edu/Handbook/QuotingSources.html). When incorporating a reference, do no “go beyond” the findings of the source by making claims that were not supported. Use high quality references only. Some organizations such as NAMI have great informational websites that can help you with summary information. However, do not use these in place of literature from journals and books.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Exemplary (100% credit)</th>
<th>Satisfactory/Acceptable (70-99% credit)</th>
<th>Fair / Requires Improvement (40-69% credit)</th>
<th>Poor (&lt;40% credit)</th>
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<tbody>
<tr>
<td><strong>Role-play (15 points)</strong></td>
<td>Role-play was an appropriate length (~15 minutes), all instructions were followed, and video was submitted properly. Video demonstrates earnest attempts to apply knowledge and skills learned in class.</td>
<td>Role-play was an appropriate length (~15 minutes), most instructions were followed, and video was submitted properly. Video demonstrates attempts to apply knowledge and skills learned in class.</td>
<td>Role-play is too long or short, important instructions missed, OR video was not submitted properly. Video demonstrates some lack of preparedness in the application of knowledge and skills learned in class.</td>
<td>Video is not complete, significantly neglected instructions for the assignment, or very little application of knowledge and skills learned in class.</td>
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<tr>
<td><strong>Self-assessment (15 points)</strong></td>
<td>Role-play session is summarized concisely. <em>Thoughtfully reflects on strengths and articulates goals to work on in future sessions.</em></td>
<td>Role-play session is summarized concisely. <em>Identifies strengths and goals to work on in future with some thoughtful reflection.</em></td>
<td>Role-play session is summarized. <em>Strengths and goals are mentioned but critical aspects of the clinical interaction that were particularly strong or need improvement were not discussed.</em></td>
<td>Role-play session summary is not complete. Goals and strengths are not well articulated.</td>
</tr>
<tr>
<td><strong>Triangulation with course lecture and readings (3 points)</strong></td>
<td>Writing demonstrates proficiency in <em>all</em> course material that relates to the student’s paper.</td>
<td>Writing demonstrates proficiency in <em>most</em> of the material covered in lecture and readings that relates to the student’s paper, but some concepts or facts were not represented accurately.</td>
<td>Writing demonstrates proficiency in a most of the course material that relates to the student’s paper, but clear conflicts exist.</td>
<td>Writing demonstrates that the student did not understand critical aspects of the course material.</td>
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Appendix C. Instructions and grading rubric for the reflection papers

Purpose: The reflection papers give students the opportunity to think more deeply about course content that is particularly important for establishing a frame for clinical practice. The CBT/Mindfulness reflection gives students a way to experience a commonly used evidence based practice first hand, allowing for an increase in insight and understanding of the consumer experience.

Due Dates: The first reflection paper is due on 9/23 by 11:59pm. The second is due on 11/18 by 11:59pm.

1st Reflection paper: Please address the following prompts in a 3-4 page paper:
- Think back on a change you made in your life; Briefly describe the situation and share what helped you to be ready to make that change. Discuss whether or not you reached out for help to make that change and what went into that decision.
- Do you see it as a sign of strength or weakness when consumers reach out for help?
- Reflecting on you personally, if you sought out therapy or mental health support, would you consider that a strength or weakness? How comfortable would you feel doing so as a social worker and/or mental health provider? What kind of conditions would make it easier for you to ask for help?
- What do you think we can do as therapists to help consumers feel open to accessing support? How might we approach this from a cultural humility standpoint?

*Please be careful in choosing the situation that you want to reflect on so as not to go beyond your own boundaries of what feels safe. If you do not feel comfortable sharing about something very personal, you might choose something related to your career; making the choice to go to grad school, quitting a job, asking for a raise, a complex situation with a client, dealing with a mistake at work, etc. I would be happy to help you come up with a situation if you are unsure.

2nd Reflection paper: You will be asked to complete and track your progress with a CBT or Mindfulness intervention on yourself for 1 week. Forms will be available in class. Following completion of the intervention, please write a 3-4 page reflection on the following questions:

- What was your experience of doing this homework like?
- What, if anything, did you learn from your CBT “homework” or Mindfulness practice?
Based on what you experienced, what do you think the pros and cons are of asking consumers who have few resources and/or are under a great deal of stress to do similar homework?

How adaptable is your intervention to a culturally diverse consumer population?

**Formatting.** Papers are to be no more than 4 double-spaced pages excluding title page and references. Papers must use APA-6 formatting throughout. The paper should be 12pt font (please use Arial or Times New Roman), 1-inch margins, and double-spaced. A title page and references section is required. Students are encouraged to make use of the University Writing Lab for this assignment and to have their peers proofread the paper. You are allowed to use “I” statements in any place where you are sharing personal reflections.

**Selecting references and citations.** No references are required for the first reflection paper, however if you use concepts or ideas from course content you must cite and have a reference page. No specific number of references are required for the second paper, but claims in your paper must be backed by citations.

<table>
<thead>
<tr>
<th>Grading Rubric for the 1st reflection paper</th>
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<tr>
<td>Note: Student must meet all of the stated requirements within a category to score in the specified range</td>
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<tr>
<td>Categories</td>
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<tr>
<td>Reflection</td>
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<tr>
<td>Triangulation with course lecture and readings</td>
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<tr>
<td>Organization, spelling &amp; grammar</td>
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<tr>
<th>Grading Rubric for the CBT/Mindfulness reflection paper</th>
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<tr>
<td>Note: Student must meet all of the stated requirements within a category to score in the specified range</td>
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<tr>
<td>Categories</td>
</tr>
<tr>
<td>Reflection</td>
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<tr>
<td>CBT/Mindfulness Homework</td>
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<td>-------------------------</td>
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<tr>
<td>Reflection 5 points</td>
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<tr>
<td>Triangulation with course lecture and readings 3 points</td>
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<tr>
<td>Organization, spelling &amp; grammar 2 points</td>
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Appendix D. Instructions and grading rubric for the research paper

**Purpose:**
In order to practice ethically and with competence, social work clinicians must continuously evaluate research related to practice, as well as pay attention to emerging models so that practice, in turn, informs research. This assignment is designed to give you the opportunity for an in-depth evaluation and exploration into models of clinical social work practice. You are to write 8-10 pages (excluding the title page, abstract, & references) on a model or intervention, noting the evidence base, critically evaluating its adaptability for culturally diverse populations, its accessibility and usefulness in social work settings, and how further research and/or program development could enhance the effectiveness of the program or practice(s).

Please choose from one of the following models, programs and interventions:

1. Assertive Community Treatment (ACT) model for adults with severe & persistent mental illness (in Wisconsin, this is carried out through Community Support Programs)
2. Mental health practice with children, youth and/or families. You can focus on models for community treatment of children with serious emotional disturbance (sometimes known as “wrap around” programs), or other models/programs that target certain presenting issues or present an evidence-informed theoretical treatment paradigm.
3. Culturally specific MH programs including LGBT specific
4. Traditional evidence informed talk therapy models: CBT, Mindfulness based therapy, ACT, (other EIP’s may be accepted)
5. Models for integrated treatment of people (adults or children and adolescents) who meet criteria for a substance use disorder and another mental health disorder.
6. Peer service programs designed to facilitate recovery for individuals with severe and persistent mental illness.
7. Body-based therapy for trauma such as EMDR, Yoga Therapy or Somatic Experiencing

**How to organize your paper** (for the sake of brevity the programs/interventions/models you might choose will be referred to as “models”)

1. **Title page**
2. **Target Population** (1-2 pages)
   What is the target population you will be looking at? Please share some demographic and/or historical information to establish a context. This might include discussing the emergence of the target population, or the emergence of the special problems that the target population faces, if appropriate. What tend to be the needs of this population? Why is this particular model a good fit for this population as opposed to others?

3. **Description of the mental health services provided** (about 5 pages)
   **Introduction:** Summarize the model you will be looking at. Share the history of your model, and give a brief overview (this should be a few paragraphs).
   **Model components:** What specific services/components are included in the model to address the need of the target population? For what reasons are the specific services included? Are specific services of the model designed to meet specific needs? You may choose to find and discuss an example of an actual program, including specific information about how it works.
   **Outcomes:** What did you learn from the research? What does the research say about how effective this model is for the target population? You may choose to include outcome data for a specific program within your model. Are there aspects of the model that show benefit? That do not help or make things
worse? As you discuss the research you find, please critically evaluate the strengths and weaknesses of the sources themselves. You may discuss both outcomes the model has been proven to improve in research, and outcomes it might theoretically improve, but please make a distinction between the two.

4. Critical Evaluation (3-4 pages)
Recovery values: Does the model incorporate and align with recovery values? Why or why not? Please use specific examples
Cultural Responsiveness: Does the model align with cultural humility principles? Is it adaptable to culturally diverse populations? Is there any research on using it for cultural diverse populations? Did you find any examples of culturally based programs that have adapted this model?
Social Work Settings: In clinical social work we are often working with chronically stressed, marginalized, isolated populations. Based on what you learned from the research, how well do you think this model would do with this population? Could it be adapted? How?

5. Suggestions for future research and program development (1-2 pages)
Based on the evidence you found, what recommendations do you have for future research and program development? Please be specific and clear about what in your research, or the lack of what, leads you to these conclusions.

6. References
Use the American Psychological Association’s Publication Manual (6th edition) as a guide in preparing your reference list and citing resource material in the text of your paper. Citing the DOI is not necessary, but all other aspects of APA 6 must be followed. Guidelines for the APA citation standard can be found on the Writing Center’s website:


Formatting
Papers must use APA-6 formatting throughout. The paper should be 12pt font (please use Arial or Times New Roman), 1-inch margins, and double-spaced. A title page and references section is required. Students are encouraged to make use of the University Writing Lab for this assignment and to have their peers proofread the paper.

Selecting references and citations
Read the following web site about incorporating sources in your paper:
http://writing.wisc.edu/Handbook/QuotingSources.html. Claims in your paper must be backed by citations. When incorporating a reference, do no “go beyond” the findings of the source by making claims that were not supported. You should incorporate at least 10 citations (there is no maximum limit) and any single citation should not be used repeatedly. Use high quality references only. Some organizations such as NAMI have great informational websites that can help you with summary information. However, do not use these in place of literature from journals and books.

This paper will be due 12/17 at 11:59pm via Canvas.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Exemplary (100% credit)</th>
<th>Satisfactory/Acceptable (70-99% credit)</th>
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<th>Fair / Requires Improvement (40-69% credit)</th>
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<tbody>
<tr>
<td>Fulfillment of required sections 10 points</td>
<td>Writing demonstrates student <em>skillfully</em> executed a structured written evaluation of the model. The population, program, usual care, and outcomes are well defined, the most important services described, &amp; suggestions for future development, research, and implementation <em>thoughtful &amp; innovative.</em></td>
<td>Writing demonstrates student <em>adequately</em> executed the structured written evaluation of the model. The population, program, usual care, and outcomes were described, the most important services were described, and suggestions for future development, research, and implementation are accurate.</td>
<td>The student completed all components of the structured evaluation. However, the paper is not of sufficient quality. For instance, information may have been out of date, conveyed in a way that is difficult to understand, not conveyed accurately, or critical aspects of the program were missed.</td>
<td>The student did not complete all requested components of the structured evaluation or completed them incorrectly.</td>
</tr>
<tr>
<td>Triangulation with course lectures and readings 10 points</td>
<td>Writing demonstrates proficiency in <em>all</em> course material that relates to the student’s paper.</td>
<td>Writing demonstrates proficiency in <em>most</em> of the material covered in lecture and readings that relates to the student’s paper, but some concepts or facts were not represented accurately.</td>
<td>Writing demonstrates proficiency in a most of the course material that relates to the student’s paper, but clear conflicts with the material exist.</td>
<td>Writing demonstrates that the student did not understand critical aspects of the course material.</td>
</tr>
<tr>
<td>Identification of outside scientific literature, books, and other sources 5 points</td>
<td>Includes and properly cites findings from original research reports published in scholarly peerreviewed journals that are distinctly relevant and add substance to the writing. Quality books are cited, and other sources incorporated as necessary. Student articulates a deep understanding and thoughtful analysis and evaluation of selected ideas/issues from this material that specifically relate to the topic.</td>
<td>Includes and properly cites findings from original research reports that are published in scholarly peerreviewed journals that relate to and add substance to the writing. Articulates a basic understanding and analysis and evaluation of appropriate ideas or issues from this material, which relate to the topic.</td>
<td>Includes and properly cites findings from original research reports that are published in scholarly peerreviewed journals that relate to and add substance to the writing. Writing mentions some general ideas or issues from this research, but the material is loosely connected to the writing.</td>
<td>Not enough incorporation of quality literature, sources are misrepresented, or are unrelated to the topic.</td>
</tr>
<tr>
<td>Organization, spelling &amp; grammar 5 points</td>
<td>All paragraphs are coherent and organized. Paper is easy to read, no awkward sentences, no spelling or grammatical errors. No deviations form formatting or APA-6 style.</td>
<td><em>Almost all</em> paragraphs are coherent and organized, contain at most a few awkward sentences or few spelling and grammar errors. Neglected few formatting or APA-6 instructions.</td>
<td>Parts are difficult to understand, incomplete sentences, or more than a few spelling and grammar errors. Neglected several formatting or APA-6 instructions.</td>
<td>Major errors in writing, difficult to understand, neglected many formatting or APA-6 instructions.</td>
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Appendix E Teaching a skill or intervention

**Purpose:** To gain practice teaching a coping skill or short intervention to consumers; to get feedback on practice in order to increase clinical skills; to learn a variety of skills and interventions from other students; to be able to experience what it is like to be in the role of client

Due date: TBD

**Description:** Students will work in pairs to teach a coping skill or intervention to the class. You are expected to work together to explain and teach the skill. You may choose to each teach a small skill that complement each other (such as 2 kinds of grounding exercises for trauma) or you may choose to work together to teach a more involved skill (explaining and then demonstrating how to use passive vs assertive communication). You may choose to have a small discussion be part of your teaching (Asking your group what kind of negative self-talk comes up for them?) The presentation should be 10-15 minutes with up to 5 minutes for feedback and processing with the group.

**Rubric**

<table>
<thead>
<tr>
<th>Categories</th>
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<th>Fair / Requires Improvement (40-69% credit)</th>
<th>Poor (&lt;40% credit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching skill/intervention</td>
<td>Instructions are clear and well-paced. Intervention is an appropriate length (~15 minutes). Demonstrates earnest attempts to apply knowledge and skills learned in class.</td>
<td>Intervention is an appropriate length (~15 minutes). Instructions are mostly clear and well-paced, demonstrates attempts to apply knowledge and skills learned in class.</td>
<td>Intervention is too long or short, important instructions missed, OR not clearly communicated or paced. Presentation demonstrates some lack of preparedness in the application of knowledge and skills learned in class to a clinical situation.</td>
<td>Intervention is too long or too short, instructions are very confusing or poorly paced. Presentation demonstrates little preparation and very little application of knowledge and skills learned in class</td>
</tr>
<tr>
<td>Leading a group</td>
<td>Is consistently clear, attentive, responsive and engaging with group.</td>
<td>Is mostly clear, attentive, responsive and engaging with group, but not consistently</td>
<td>Has a difficult time being clear, attentive, responsive and engaging with group.</td>
<td></td>
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</tbody>
</table>