

**University of Wisconsin-Madison School of Social Work  
SW835: Advanced Social Work Practice in Mental Health  
Fall 2018 - Syllabus**

**Instructor:** Kacie Norlien, MSW, LICSW

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**Office Hours:** By appointment

**Class Location:** HSS 179

**Credits:** 2

**Class Time:** Saturday, 11:30 am to 1:30 pm

**Instructional Mode:** Face-to-Face

**Canvas Course URL:** <https://canvas.wisc.edu/courses/119826>

### **I. Course Description**

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

**Course designations and attributes:** This course counts toward the 50% graduate coursework requirement

**Course requisites:** Graduate or professional standing

**Credit hour statement:** This class meets for one 115-minute class period each week over the spring semester and carries the expectation that students will work on course learning activities (reading, writing, studying) for about 4 hours out of classroom each week. The syllabus includes additional information about meeting times and expectations for student work.

### **II. Course Overview**

The purpose of this course is to prepare students to understand how the interpersonal approach provides a foundation for clinical social work. Building on knowledge and skills identified in SW441: Generalist Practice with Individuals, Families & Groups and SW612: Generalist Psychopathology, this course moves to intervention planning, focusing on strategies that are effective and culturally appropriate, collaborative with the person seeking services, and based in the clinician's understanding of how change will be facilitated and evaluated across various treatment models. Engagement skills will be expanded to help students understand and observe interpersonal processes that contribute to positive therapeutic alliance and positive intervention outcomes. The course will discuss challenges based on multiple dimensions of diversity and the process of developing and maintaining an effective cross-cultural treatment alliance. Emphasis will also be placed on the development of self-knowledge and skills in self-reflective processes necessary to understand and address interpersonal process dynamics. This course meets the Advanced Practice requirement for the Advanced Generalist Curriculum. The focus or context for this Advanced Practice course is mental health. For non-mental health focus area students, this course may be taken as a free elective.

### **III. Learning Outcomes: Competency Description and Dimensions**

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**

Time: 1:20 to 3:15 p.m. Thursdays (Face-to-face).

#### **Week 1: September 8, 2018**

#### **Introductions; Framework for Clinical Social Work & Interpersonal Processes and Recovery Orientation**

**Discussion:** Overview of course content/syllabus  
What is clinical social work and the process?  
The art and science of clinical social work.  
How does one integrate clinical practice with a culturally sensitive approach?  
What does recovery or “getting better” mean? How might this change when taking into consideration the dimensions of diversity?

#### **Required Reading:**

Please read the entire syllabus prior to the start of class and come prepared with questions.

Cozolino, L. (2004). Part I. “Getting through Your First Sessions.” In the Making of a Therapist: A Practical Guide for the Inner Journey. New York, NY: Norton & Company, Intl.

(Skim) Lee, E. (2012). A working model of cross-cultural clinical practice (CCCP), *Clinical Social Work Journal*, 40, 23-36.

National Association of Social Workers (2005). NASW Standards for Clinical Social Work in Social Work Practice. Retrieved

from: <https://www.socialworkers.org/LinkClick.aspx?fileticket=Y0g4qdefLBE%3d&portalid=0>

#### **Required Viewing:**

What is Mental Health Recovery [2.18]. Retrieved at <https://youtu.be/pK0RBWixPNE>

#### **Recommended Reading/Viewing:**

Hill, C., Sullivan, C., Knox, S., & Schlosser, L.Z. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy Theory, Research, Practice, Training*, Volume 44, 4, 434-449.

Paniagua, F.A. & Yamada, A. (2013). Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations, 2<sup>nd</sup> edition. Chapter 1: The Study of Culture and Psychopathology: Fundamental Concepts and Historic Forces. pp. 3-18.

#### **Week 2: September 15, 2018**

#### **Therapeutic Alliance: Similar & Dissimilar Client-Therapist Dyads**

## **Canvas Discussion 1 Due by start of class**

**Discussion:** Working alliance & treatment outcomes in similar and dissimilar (dimensions of ethnicity, gender, age) client-therapist dyads?  
What characteristics and techniques positively impact engagement and the therapeutic alliance?  
Assessing the therapeutic alliance in cultural context.  
When do you address cultural differences in relational context?  
Setting up the therapy environment that is based on a collaborative approach.

### Required Reading:

Bhati, K. (2014). Effect of client-therapist gender match on the therapeutic relationship: An exploratory analysis. *Psychological Reports: Relationships & Communications*, 115 2, 565-583.

Cabral R., & Smith, T. (2011). Racial/Ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537-554.

Zhang, N. & Burkard, A. (2008). Client and counselor discussions of racial and ethnic differences in counseling: An exploratory investigation. *Journal of Multicultural Counseling & Development*, 36, 77-87.

### Recommended Reading/Viewing:

Behn, A., Davanzo, A., & Errázuriz, P. (2018). Client and therapist match on gender, age, and income: Does match within the therapeutic dyad predict early growth in the therapeutic alliance? *Journal of Clinical Psychology*, 1-9. <https://doi.org/10.1002/jclp.22616>

Hunter, S. & Hickerson, J.C. (2003). *Affirmative Practice. Understanding and working with lesbian, gay, bisexual, and transgender persons*. Washington, DC: NASW Press.

Chapter 4~ Individuals: Coming out and identity development (pp. 91-112)

Chapter 5~ Individuals: Disclosures (pp. 113-140).

Wintersteen, M. Mesinger, J., & Diamond, G. (2005). Do gender and racial differences between patient and therapist affect therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice*, 36(4), 400-408.

## **Week 3: September 22, 2018**

### **Establishing, Maintaining and Evaluating the Working Alliance**

#### **Reflection Paper #1 due by the start of class**

**Discussion:** What is interpersonal process?  
What are core concepts of interpersonal process interventions?  
Understanding and evaluating engagement and the therapeutic alliance from client and therapist perspectives.  
Understanding and evaluating engagement and the therapeutic alliance from multicultural perspectives.  
Identification of and honoring the client's resistance.  
Understanding corrective emotional experiences (CEE's) in therapy.

### Required Reading:

(Text): Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. **Chapters 1-3**. \* Read Chapter 1; Skim Chapter 2; Read Chapter 3 pp. 69-84 and 102-109 (skim pp. 85-101 if time)

(Skim) Flückiger, C., Del Re, A.C., Wampold, B., & Horvath, A. (2018, May 24). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*. Advance online publication. <http://dx.doi.org/10.1037/pst0000172>

Moyers, T. & Rollnick, S. (2002). A motivational interviewing perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2), 185-193.

Required Viewing:

Bruce Wampold: What Makes Psychotherapy Work? The Humanistic Elements. [3.43] Obtained from <https://youtu.be/r47bvI4LxSk>

Recommended Readings/Viewings:

Establishing and Maintaining the Therapeutic Alliance [1.52]. Obtained from <https://youtu.be/N65OWrTbQNg>

Treating Trauma: Minimizing Re-traumatization in Interviewing and Assessment: Webinar by Dr. Patricia Shannon [1.00.46] obtained from <https://vimeo.com/158973693>

**Week 4: September 29, 2018**

**Change Strategies: Working through Resistance, Stages of Change & Internal Focus for Change (Begin).**

**Discussion:** Review stages of change  
Assessing a client's stage of change and appropriate intervention application  
How is change conceptualized when considering various dimensions of diversity (and how a person's dimensions intersect)?  
Engaging clients in constructing "solvable" problems and use of benchmarks

Required Reading:

(Text): Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. Chapter 4: An Internal Focus for Change (pp. 110-142).

Hazzard & Picot (2015). The Color of Hope: People of Color Mental Health Narratives, pp. Forward to pg. 14.

Leung, Pamela Piu-yu, Chang, Cecilia Lai-wan, Na, Sui-man, Lee, Mo-yee (2009). Towards Body-Mind-Spirit Integration: East Meets West in Clinical Social Work Practice, *Clinical Social Work Journal*, 37, 303-311.

(Skim) Miller, W. & Rose, G. (2009). Toward a theory of motivational interviewing, *American Psychologist*, 64(6), 527-537.

Required Viewing/Listening:

Prochaska: Stages of Change Model [11.41] from <https://youtu.be/eE2gw5eF4Ro>

Recommended Reading/Viewing:

Manchak, S., Skeem, J., & Rook, K. (2014). Care, control, or both? Characterizing major dimensions of the mandated treatment relationship. *Law and Human Behavior*, 38(1), 47-57.

Miller, W.R., & Rollnick, S. (2013). Ch. 2 & 3. Motivational Interviewing. Helping People Change, 3<sup>rd</sup> Ed. New York, NY: The Guilford Press, pp. 14-36.

The Social Work Podcast: The Arc of Therapy (Beginnings Part 1) [46.28]  
from <http://socialworkpodcast.blogspot.com/>

Working with Reluctant/Involuntary Clients by Dr. Ron Rooney [59.56] obtained  
from <https://vimeo.com/159808963>

**Week 5: October 6, 2018**

**Change Strategies: Internal Focus for Change (Finish) & Helping Clients with Feelings**

**Canvas Discussion #2 due by the start of class**

**Discussion:** Change Strategies considering the person's intersecting dimensions  
Helping clients focus inward and placing locus of change w/ clients  
Assessing and responding to clients' feelings  
Issues of countertransference & use of supervision  
Role of Attachment Theory and responding to clients' distress

Required Reading:

**(Text):** Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. Chapter 5: Helping Client with Their Feelings (pp. 143-180).

NASW. (2013). Best Practice Standards in Social Work Supervision. Retrieved  
from <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14Buw1%3D&portalid=0>

(Skim) Tsang, A.K., Bogo, M., Lee, E. (2011). Engagement in cross-cultural clinical practice: Narrative analysis of first sessions. *Clinical Social Work Journal*, 39, 79-90.

Required Viewing:

Attachment Theory- Understanding the Essential Bond [8.21] obtained from  
<https://youtu.be/kwxjfuPIArY>

What do I talk about in Clinical Supervision? Retrieved from <https://socialworkcoaching.com/clinical-supervision-topics/>

Recommended Readings:

Gaume, J., Bertholet, N. Faouzi, M., Gmel, G., & Daeppen, J.B. (2010). Counselor motivational interviewing skills and young adult change talk articulation during brief motivational interventions. *Journal of Substance Abuse Treatment*, 39, 272-281.

Gone, J.P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *The Counseling Psychologist*, 38, 166-235.

**Week 6: October 13, 2018**

**Clarifying the Client's Problem & Interlocking Theoretical Approaches with Treatment Focus**

### **DUE in Class: Theoretical Research & Presentations- Group 1**

**Discussion:** How to clarify the presenting problem (while staying attuned to the intersection of a person's various dimensions of diversity)  
How to use theory to guide problem clarification and choosing interventions  
Group Presentations on Various Theoretical Approaches

Required Reading:

Hazzard & Picot (2015). The Color of Hope: People of Color Mental Health Narratives, pp. 15-38.

**(Text):** Adams, N. & Grieder, D. (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health*. 2<sup>nd</sup> Ed., San Diego, CA: Elsevier/Academic Press. Section I: Land of Opportunity (pp. 1-33).

Recommended Reading:

Davis, T. (2009). Diversity practice in social work: Examining theory in practice. *Journal of Ethnic and Cultural Diversity in Social Work*, 18, 40-69.

### **Week 7: October 20, 2018**

#### **Clarifying the Client's Problem & Interlocking Theoretical Approaches with Treatment Focus**

### **DUE in Class: Theoretical Research & Presentations- Group 2**

**Discussion:** Group Presentations on Various Theoretical Approaches

Required Reading:

Hazzard & Picot (2015). The Color of Hope: People of Color Mental Health Narratives, pp. 39-68.

Leong, F.T.L., & Kalibatseva, Z. (2011). Effective psychotherapy for Asian Americans: From cultural accommodation to cultural congruence, *Clinical Psychology Science and Practice*, 16, 242-245.

Recommended Reading:

Bradshaw, W., Roseborough, D., Pahwa, R., & Jordan, J. (2011). Evaluation of psychodynamic psychotherapy in a community mental health center. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 39(1), 665-681.

Shannon, P.J., Wieling, L., Becher, E., Simmelink-McCleary, J. (2014). Exploring the mental health effects of political trauma with newly arrived refugees. *Qualitative Health Research*, Published online first: Sept. 2

### **Week 8: October 27, 2018**

#### **In Class Book Discussion on The Color of Hope Narratives**

### **Week 9: November 3, 2018**

#### **Familial & Developmental Factors for Consideration & Interpersonal Coping Strategies; Intersectionality Considerations in Therapy**

**Discussion:** Attachment styles and clinical presentation in adult treatment  
Role of parenting styles and conditions of worth  
Addressing unmet developmental needs

Examining interpersonal coping strategies  
Intersection of spiritual and economic considerations

Required Readings:

(Text): Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. Chapters 6-7.

Cross, T. (2002). Spirituality and mental health: A Native American perspective, *Focal Point*, 16(1), 22-24.

Recommended Reading:

Fierros, M. & Smith, C. (2006). The relevance of Hispanic culture to the treatment of a patient with post-traumatic stress disorder (PTSD), *Psychiatry (Edgmont)*, 3(10), 49-56.

Van der Kolk, B. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5).

**Week 10: November 10, 2018**

**Developing Treatment Focus: Collaborative Assessment and Interpretive Summary/Case Formulation**

**Canvas Discussion #3 due by the start of class**

**Discussion:** Identifying the client's strengths and evaluating level of care needs  
Engaging the client in the creation of collaborative treatment plans  
Confronting motivation for change and unconscious contributions  
Finding balance between collecting data and building a healing partnership  
Understanding and integration of all information gathered

Required Reading:

(Text): Adams & Grieder (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health* (2<sup>nd</sup> ed.). San Diego, CA: Academic Press of Elsevier Publishing. Section II: Getting Started: Assessment (pp. 37-75).

Custers, R. & Aarts, H. (2010). The unconscious will: How the pursuit of goals operates outside of conscious awareness. *Science*, 329, 47-50.

Malawista, K.L., Adelman, A.J., & Anderson, C.L. (2011). "Graham Crackers" and "In My Eyes." Chapters 13-14 in Wearing My Tutu to Analysis and Other Stories: Learning Psychodynamic Concepts from Life. New York, NY: Columbia University Press. pp. 103-123.

Recommended Readings:

Fukui, S., Starino, V., Susana, M., Davidson, L., Cook, K., Rapp, C., & Gowdy, E. (2011). Effect of Wellness Recovery Action Plan Participation on Psychiatric Symptoms, Sense of Hope, and Recovery. *Psychiatric Rehabilitation Journal*, 34(3), 214-222.

Wasow, Mona (2001). Strengths versus deficits, or musician versus schizophrenic. *Psychiatric Services*, 52(10), 1306-1307.

**Week 11: November 17, 2018**

**Person-Centered Treatment Planning: Writing an Interpretive Summary/Case Formulation &**

## Goal Creation

**Discussion:** What is empathic curiosity & how to use to engage clients in goal setting  
Types of goals, respecting goals, and common problems

### Required Reading:

**(Text):** Adams & Grieder (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health (2<sup>nd</sup> ed.)*. San Diego, CA: Academic Press of Elsevier Publishing. Section II: Getting Started: Understanding Needs: Chapter 3, The Integrated Summary (pp. 77-101) & Section III: On the Road, Chapter 4, Setting Goals (pp. 107-132).

McEvoy, R., Baker, D., Plant, R., Hylton, K., & Mansell, W. (2013). Empathic curiosity: Resolving goal conflicts that generate emotional distress. *Journal of Psychiatric and Mental Health Nursing*, 20, 273-278.

### Recommended Readings/Videos:

Sterling, E., Esenwein, Silke, Tucker, Sherry, Fricks, Larry, & Druss, Benjamin (2010). Integrating Wellness, Recovery, and Self-management for Mental Health Consumers. *Community Mental Health Journal* 46, 130-138.

## **November 24, 2018**

**Thanksgiving Break (No Class)**

## **Week 12: December 1, 2018**

**Person-Centered Treatment Planning: Interventions & Objective Writing**

**Canvas Discussion #4 due by the start of class**

**Discussion:** What is the difference between objectives and interventions?  
Goal development utilizing SMART goal writing language  
Strengths-based approach and avoiding the “dead man” standard  
Risk versus choice  
Specifying the: what, who, when, where, and why  
Role of shared-decision making and inclusion of natural supports

### Required Reading:

**(Text):** Adams & Grieder (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health (2<sup>nd</sup> ed.)*. San Diego, CA: Academic Press of Elsevier Publishing. Section III: On the Road: Chapter 5, Focusing on Change: Identifying Barriers and Specifying Objectives (pp. 133-113) & Chapter 6, Interventions (pp. 155-184).

## **Week 13: December 8, 2018**

**Understanding Relational Dynamics/Themes and Reparative Experiences in the Interpersonal Process**

**Reflection Paper #2 due by the start of class**

**Discussion:** Assessing and identifying patterns to understand and change present difficulties  
Strategies for bringing client’s conflicts and beliefs into the therapeutic process  
Working within the Process Dimension  
Addressing conflicts in process, working with transference

## Identifying, understanding and processing a corrective experience

### Required Reading:

(Text): Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. Chapter 8-9.

### Required Videos:

How Childhood Trauma Affects Health Across a Lifetime by Dr. Nadine Burke Harris [16.02] obtained at <https://youtu.be/95ovIJ3dsNk>

### Recommended Readings:

Atwood, George E., (2012). “The Tragedy of Self-Destruction”, The Abyss of Madness, New York, NY: Routledge, 133-160.

Cheng, C., Wang, F., Golden, D. (2011) Unpacking cultural differences in interpersonal flexibility: Role of culture-related personality and situational factors, *Journal of Cross-Cultural Psychology*, 42(3), 425-444.

Malawista, K.L., Adelman, A.J., & Anderson, C.L. (2011). “How to Save a Life”, Chapter 15 in Wearing My Tutu to Analysis and Other Stories, Columbia University Press, New York, NY: pp. 124-134.

Williams, K.E., Ciarrochi, J., Heaven, P. (2012). Inflexible parents, inflexible kids: A 6-year longitudinal study of parenting style and the development of psychological flexibility in adolescents, *Journal of Youth and Adolescence*, 41, 1053-1066.

### Week 14: December 15, 2018

**Getting Unstuck; Evaluating the Process, Working through and Termination; Wrap-up**  
**Person Centered Treatment Plan due by the start of class**

**Discussion:**

- Resistance as trying to cope with familiar patterns
- Use of motivational interviewing to engage clients and address resistance/competing goals
- Addressing/assisting willingness to work, new learning
- Use of supervision to address “stuckness” and re-evaluate/assess variables related to “stuckness”
- Review and reconsideration (evaluating performance).
- Wrap-Up
- Class evaluations

### Required Reading:

(Text): Teyber, E. & Holmes Teyber, F. (2017). Interpersonal process in therapy: An integrative model. (7<sup>th</sup> Edition), Boston, MA: Cengage Learning. Chapter 10.

(Text): Adams & Grieder (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health (2<sup>nd</sup> ed.)*. San Diego, CA: Academic Press of Elsevier Publishing. Section IV: Journey’s End: The Destination: Chapter 7, Evaluating the Process. (pp. 187-233).

Safran, J. (2000). Resolving therapeutic ruptures: Diversity and integration, *Journal of Clinical Psychology*, 56,2, 233.

**Recommended Readings:**

Change, D., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Counseling Psychology*, Vol 56(4), 521-536.

Giacco, D., Matanov, A., Priebe, S. (2014). Providing Mental Health Care to Immigrants: Current Challenges and New Strategies. *Current Opinion Psychiatry* 27(4), 282-288.

Werges, Daniel. (2007). The other dual diagnosis: Intellectual disability & mental illness. *NADD Bulletin*, 10(5), Article 2. <http://thenadd.org/modal/bulletins/v10n5a2~.htm>

**V. Text and Reading Materials**

**Required Texts**

Adams, N. & Grieder, D. (2014). *Treatment Planning for Person-Centered Care: Shared Decision Making for Whole Health (2<sup>nd</sup> ed.)*. San Diego, CA: Academic Press of Elsevier Publishing. (ISBN# 978-0-12-394448-1)

Hazzard, V. & Picot, I. (2015). *The Color of Hope: People of Color Mental Health Narratives*, 1<sup>st</sup> Ed. Middletown, DE. (ISBN# 1514273489 or 978-1514273487)

Teyber, E. & Holmes Teyber, F. (2017). *Interpersonal Process in Therapy: An Integrative Model*, 7<sup>th</sup> Ed. Boston, MA: Cengage Learning. (IBSN# 978-1-305-27153-1)

**Optional Texts and Readings**

Malawista, K.L., Adelman, A.J., & Anderson, C.L. (2011). *Wearing my Tutu to Analysis and Other Stories: Learning Psychodynamic Concepts from Life*. New York, NY: Columbia University Press. (ISBN#978-0-231-15164-1)

**Additional Readings, both required and optional, will be made available on the Canvas site.**

**VI. Evaluation: Assignments, Grading and Methods**

**Grade Standards:**

**Students will earn points toward their final grade as noted below:**

Points	Grade	What the point totals & subsequent grad generally indicate
94-100	A	Outstanding, excellent work in all areas
88-93	AB	Outstanding, excellent work in many areas
82-87	B	Meets expectations in all areas
76-81	BC	Meets expectations in most areas; below in others
70-75	C	Below expectations in most areas; not acceptable graduate work
64-69	D	Below expectations in all areas
<64	F	Course failure

**Due Dates at a Glance:**

Assignment*	Due Date	Points
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Canvas Discussion #1	9/15/18 by 11:30 am	3 points
Reflection Paper #1	9/22/18 by 11:30 am	10 points
Canvas Discussion #2	10/6/18 by 11:30 am	3 points
Small Group Theoretical Research & Presentation	10/13/18 or 10/20/18 (will sign up for date)	25 points
Book Discussion on The Color of Hope Narrative	10/27/18 in class	15 points
Canvas Discussion #3	11/10/18 by 11:30 am	3 points
Canvas Discussion #4	12/1/18 by 11:30 am	3 points
Reflection Paper #2	12/8/18 by 11:30 am	10 points
Person Centered Treatment Plan	12/15/18 by 11:30 am	20 points
Participation/Professionalism	Ongoing	8 points
<b>Total Points</b>		<b>100 points</b>

\* All assignments due electronically into Canvas unless otherwise announced

## ASSIGNMENTS

### Canvas Discussions:

Due: as indicated in course schedule

Value: 3 points each

Throughout the semester you will be asked to complete four canvas discussions. In this assignment you will be asked to start a discussion thread, a minimum of one paragraph, reflecting on something you have read or viewed in the required reading or viewings from the since the last canvas discussion.

Additionally, you will need to respond with additional reflection to at least one discussion thread presented by your classmates during each canvas discussion period. You are able to respond to a thread that others have already responded to. You are also able to respond to responses already made on a thread.

To achieve extra credit, you are able to either start an additional discussion thread or respond to a discussion thread citing and reflection on the suggested readings and/or viewings during the canvas discussion period. You are able to submit up to two extra credit options (for two extra credit points) per canvas discussion.

Remember, the same classroom etiquette that is expected when in person is to be followed for your online presence. I will be monitoring all discussion boards.

Each Canvas Discussion will be graded with the following rubric:

Initiated discussion thread: A response/reflection to the required readings	1 point
Responded to discussion thread: A response/reflection to a classmates' response/reflection to the required readings	1 point
Content of discussion thread: Demonstrates thoughtful reflection, content, and application	1 point
<b>Total Points</b>	<b>3 points</b>
Extra credit	Up to 2 points

### Reflection Paper #1:

Due: 9/22/18  
Value: 10 points

In this assignment, you are asked to write specifically on the topic of your anxieties or insecurities as a social work therapist-in-training. You will address how you recognize your anxiety/insecurities especially around issues of difference and diversity, avoid countertransference issues, and manage these anxieties and affective reactions to effectively engage with your clients. **I will be looking for content that reflects critical thinking, self-awareness and consideration of how your own beliefs and feelings impact your interaction with clients.**

Further detailed instructions will be handed out in class and posted on Canvas. Reflection Paper #1 is to be submitted to the Canvas course site by 9/22/18 by 11:30 am. This assignment will be graded according to the following rubric:

Answers each questioned posed	1 point
Reflects thoughtfully and critically on the questions posed and demonstrates an exploration of one's own thoughts and feelings (self-awareness) about their clinical social work practice (e.g. connects the reflection to their practice).	3 points
Illustrates a depth to the self-reflection (e.g. does not just point out the superficial or obvious, but analyzes specific feelings/thoughts/behaviors more deeply) and presents further insights and ideas	3 points
Demonstrate proficient understanding of how your own beliefs and feelings of diversity and difference may impact your social work practice	2 points
Organization/Grammar/Clarity/Spelling	1 point
<b>Total</b>	<b>10 points</b>

### **Small Group Theoretical Research & Presentations**

Due: 10/13/18 and 10/20/18 (sign-up sheet will be routed for dates of presentations)

Value: 25 points

Advanced social work practice in mental health requires social workers to have a full range of theoretical approaches that drive treatment decisions and interventions (Turner, 2017). The purpose of this assignment is to introduce you to a broad array of theoretical approaches, each of which highlight a different aspect of the human condition, and assist you in critically evaluating one approach. By having knowledge of broader-based theoretical approaches for your social work practice, it may assist you in not becoming overly identified with one narrow focus that limits understanding of diverse clients and their contexts.

**This assignment is worth 25 points and presentations will be held in class on either October 13 or 20, 2018.** (A sign-up sheet will be provided in class to schedule dates for pairs to present their theoretical approach in class).

The following are the steps for this assignment:

Step 1: Choose a partner for the assignment.

**Step 2:** With your partner, choose a theoretical approach you will research and present to the class. I will supply the class with a list of theoretical approaches you may choose from or you may also offer up a theoretical approach you are interested in (and not on the list).

**Step 3:** Conduct a literature search and gather information on your chosen theoretical approach. Make sure that the information is from reputable sources (e.g. texts, credible websites, peer-reviewed journals). Between you and your partner, you should have no less than 5 resources. You will be asked to highlight one reading/resource to assign to the class that informs them in some way on your theoretical approach.

**Step 4:** Prepare to present your findings to the class. Specifically, be ready to:

- a) Briefly summarize the theoretical approach
- b) Provide the main tenets or components of the approach
- c) Identify some positive outcomes of the approach (e.g. who gets better, under what circumstances? Are there also other implications of using this approach?)
- d) Identify the theoretical approach's limitations (e.g. what are the criticisms of the approach?)
- e) Highlight any pertinent information on the theoretical approach's use with a diverse population and **critically analyze the approach's applicability to a diverse population** (e.g. does the literature talk about the approach specific to various diverse populations (age? Race? Ethnicity? gender? Is it hard to tell?))
- f) Summarize if you feel you will end up using this approach in your social work practice and why/why not.

**Step 5:** Present the theoretical approach to the class (guidelines for the class presentations will be determined after students have had the opportunity to collaboratively choose the format of the presentations). The presentations will provide the opportunity for students to gain knowledge on multiple theoretical approaches and to analyze if the presented approach may be one that they adopt within their own social work practice.

**Step 6:** Write-up your findings in a paper using the delineated talking points in Step 4 above. This paper should be between 7-10 pages and cover all the points of your presentation. Papers must be typed, double-spaced, use 1-inch margins, be in 12 pt. Times New Roman font and have proper APA citations and formatting (use APA style with in-text parenthetical references as well as a reference list). *Remember that material that is not correctly cited will be considered plagiarized.* Pages should be numbered. This assignment should be checked thoroughly for correct spelling and grammar.

**Papers will be due into Canvas no later than the start of class on the day of your presentation (10/13/18 by 11:30 am or 10/20/18 by 11:30 am).**

Grading Rubric for Small Group Theoretical Approach Research & Presentation Assignment

Presentation (7 points) and Paper (18 points)

<b>Presentation (7 points)</b>	
Effectively summarizes the theoretical approach in an engaging and clear way	2 points
Provided a clear discussion of the positive outcomes of the approach	1 point
Identified the limitations and/or criticisms of the theoretical approach	1 point
Shared relevant information on the approach's applicability across a diverse client population	1 point
Professional presentation demonstrating preparation, clarity, and delivery	1 point
Provision of one relevant and meaningful resource (e.g. reading)	1 point
<b>Total Presentation Points</b>	<b>7 points</b>
<b>Paper (18 points)</b>	

Effectively summarizes the theoretical approach	5 points
Analyzes the theoretical approach (both positive outcomes and limitations)	4 points
Addresses issues of the theoretical approach's use with diverse populations	4 points
Provides rationale for if you will use this theoretical approach in your work and why/why not	2 points
Organization/Grammar/Clarity/Spelling/APA citations and formatting	3 points
<b>Total Paper Points</b>	<b>18 points</b>
<b>Total Presentation and Paper Points</b>	<b>25 points</b>

**The Color of Hope in Class Discussion**

Due: 10/27/18 in class

Value: 15 points

The class will be divided in 3 groups to conduct a thoughtful discussion regarding the Color of Hope. The scoring will be done based off of the average of the lecturer's, self, and other group participants. Each group participant will score each participant in the group for the quality and contribution to the group discussion. The following rubric will be provided for all to evaluate on and submit for scoring.

Actively participated	Not Met Met Minimally Met Fully	3 points
Presented new content (perspective, reflection) to the discussion	Not Met Met Minimally Met Fully	3 points
Provided an example of application seen or could see in practice	Not Met Met Minimally Met Fully	3 points
Responded to others content presented	Not Met Met Minimally Met Fully	3 points
Linked to Social Work Code of Ethics	Not Met Met Minimally Met Fully	3 points
<b>Total:</b>		<b>15 points</b>

**Reflection Paper #2**

Due: 12/8/18

Value: 10 points

In this assignment, you are asked to write specifically on the topic of yourself growth throughout the semester and identifies at least one area of continued development needed with a plan to do so. You will address how you have grown in your anxiety/insecurities especially around issues of difference and diversity, avoided countertransference issues, and managed these anxieties and affective reactions to effectively engage with your clients. Additionally, you will identify one area of need for continued improvement and your plan to do so. **I will be looking for content that reflects critical thinking and self-awareness.**

Further detailed instructions will be handed out in class and posted on Canvas. Reflection Paper #2 is to

be submitted to the Canvas course site by 12/8/18 by 11:30 am. This assignment will be graded according to the following rubric:

Answers each questioned posed	1 point
Reflects thoughtfully and critically on the questions posed and demonstrates an exploration of one’s own thoughts and feelings (self-awareness) about their clinical social work practice (e.g. connects the reflection to their practice).	3 points
Illustrates a depth to the self-reflection (e.g. does not just point out the superficial or obvious, but analyzes specific feelings/thoughts/behaviors more deeply) and presents further insights and ideas	3 points
Demonstrate proficient understanding of how your own beliefs and feelings of diversity and difference may impact your social work practice	2 points
Organization/Grammar/Clarity/Spelling	1 point
<b>Total</b>	<b>10 points</b>

**Person Centered Treatment Plan**

Due: 12/15/18 @ 11:30 am

Value: 25 points

While it is important to have a fundamental knowledge of multiple theoretical approaches that professionals may use with individuals with mental health concerns, it is equally important to understand how treatment interventions are chosen via different theoretical lenses fit in to a person-centered treatment plan. Extending from the mid-term assignment of identifying and analyzing various theoretical approaches, the final person-centered treatment plan will require you to demonstrate the application of a theoretical approach to a client’s treatment interventions. The purpose of this assignment is to help you gain skills in the creation of a person-centered treatment plan complete with goals, objectives, and treatment interventions (aligning with theoretical approach(es)) focused on person centered treatment planning.

**Instructions:** The following are the steps for this assignment:

**Step 1:** Provide context for a client you are working with, or a fictional client. Do NOT provide real names and make sure that in your description you protect the person’s confidentiality. Do provide enough information that I can understand the clinical picture (e.g. demographics, diagnosis, presenting issues, reason for seeking services, etc. Think of it as you are a clinician and you are going on vacation and passing on just the pertinent information to a colleague who will cover for you in your absence). I need to be able to understand what the presenting issue(s) is/are, and what the client’s goals are.

**Step 2:** Create a person-centered treatment plan for the client identified in Step 1. Be sure to include: strengths, barriers, cultural considerations, medical necessity, a minimum of one goal, a minimum of three objectives, and a minimum of three interventions for each objective.

**Step 3:** Create a follow-up person-centered treatment plan for the client identified in Step 1. Be sure to include: strengths, barriers, cultural considerations, analysis of what has happened since the last treatment plan, medical

necessity, a minimum of one goal, a minimum of three objectives, and a minimum of three interventions for each objective.

Step 4: Write a brief reflection on why you choose the interventions indicated to treat the presenting need.

The person-centered treatment planning assignment will be graded on the following rubric:

Provides a comprehensive and clinically clear picture of the individual receiving services	2 points
Identifies the individual's strengths	2 points
Identifies the individual's barriers	2 points
Delineates clear and measurable client goals and objectives	2 points
Utilizes clinically appropriate interventions	2 points
Interventions are clear and specific	2 points
Provides a person centered clinically relevant overview since the last treatment plan	2 points
Goals, objectives, and interventions have adapted in the second treatment plan based on the overview presented	2 points
Treatment Plans are strength-based, clear, and practical for the individual served	3 points
Organization/Grammar/Clarity/Spelling/APA citations and formatting/following paper guidelines	2 points
Treatment plans demonstrate clinical necessity	2 points
Written summary provides clinically appropriate rationale for interventions identified	2 points
<b>Total</b>	<b>25 points</b>

### **Participation/Professionalism**

Due: ongoing

Value: 10 points

**Participation is REQUIRED.** Effective participation consists of having completed readings and other assignments, the ability to integrate social work concepts with field and other experiences, AND the ability to fully engage in problem solving and other exercises (presenting social work issues or other perspectives for discussion as well as responding to other students who present issues). It also includes arriving to class on time. You are required to be an alert, attentive and active participant in this class. This includes attentive non-verbal behavior and offering comments relevant to course dialogue. Participation can be challenging for some students. Please see instructor EARLY in the semester if you need any assistance in this or any other areas, as students will be expected to actively participate in each class. As part of your participation grade, a self-reflection and rating of your own participation will be required at the end of the semester.

## **VII. Course Policies**

### **Classroom Climate:**

Classroom climate, or the way a classroom space feels to everyone in the room based on communication, norms, values and processes, impacts participation, motivation and learning. Meeting course objectives requires that the instructor and students actively work to create a learning environment that is respectful and safe so that ideas can be examined honestly, diverse viewpoints shared, and in-class activities approached with maximum curiosity and enthusiasm. In order to learn, we must be open to the views of people different from ourselves. Diversity in beliefs, ideas and lived experiences are highly valued here. Each student has knowledge and experience that will enhance the learning of their colleagues and each voice is important. In our time together over the semester, please honor the uniqueness of your fellow classmates, and appreciate the opportunity we have to learn from

each other. Because the class will represent diverse individual beliefs, backgrounds, and experiences, every member of this class must show respect for every other member of this class. We will share the challenges of upholding our community guidelines and responding to moments when we fail to abide by them. Students will be held accountable for what they are expressing verbally and nonverbally. Students are expected to keep confidential all issues of a personal or professional nature discussed in class.

I am firmly committed to diversity and equality in all areas of campus life and building an inclusive classroom space where everyone feels safe and welcome. I recognize that we all have biases. Discrimination can be direct or indirect and take place at both institutional and personal levels. I believe that such discrimination is unacceptable and I am committed to providing equality of opportunity for all by eliminating any discrimination, harassment, bullying, or victimization. I invite you to bring any concerns in this regard to my attention.

### **Student Wellness**

As a student you may experience a range of issues that can cause barriers to learning. These might include strained relationships, anxiety, high levels of stress, alcohol/drug problems, racism, feeling down, and/or loss of motivation. **University Health Services (UHS)** can help with these or other issues you may be experiencing. You can learn about the free, confidential mental health services available on campus by calling (608)265-5600 or visiting [www.uhs.wisc.edu](http://www.uhs.wisc.edu). Help is always available.

Other student support services and programs include:

- Multicultural Student Center <https://msc.wisc.edu/>
- LGBT Campus Center <https://lgbt.wisc.edu/>
- Dean of Students Office <https://www.students.wisc.edu/doso/>

Below are resources for reporting and responding to incidences of bias and hate on campus.

- Report: <https://students.wisc.edu/doso/services/bias-reporting-process>
- Bias Response and Advocacy Coordinator email: [reportbias@wisc.edu](mailto:reportbias@wisc.edu)
- UW-Madison Police Department: [uwpd.wisc.edu](http://uwpd.wisc.edu)
- Office of Equity and Diversity: [www.oed.wisc.edu/](http://www.oed.wisc.edu/)

You may also report incidents in-person to the [Dean of Students Office](#), 70 Bascom Hall, during normal business hours. Reportable incidents include crimes such as vandalism or physical assault, as well as non-academic misconduct, slurs, and intimidation. Anyone who files a report will have the opportunity to meet with the Bias Response and Advocacy Coordinator, so that we can meet their needs and ensure their safety.

### **Support for Survivors of Sexual Violence**

If a student comes to me to discuss or disclose an instance of sexual assault, sex discrimination, sexual harassment, dating violence, domestic violence or stalking, or if I otherwise observe or become aware of such an allegation, I will keep the information as private as I can. However, Chapter 36.11 (22), Wisconsin Statutes, requires “any person employed at [UW-Madison] who witnesses a sexual assault on campus or receives a report from a student enrolled in the institution that the student has been sexually assaulted shall report to the dean of students of the institution. The dean of students shall compile reports for the purpose of disseminating statistical information.” As a faculty member, I am therefore required to report to the dean of students.

For further information about rights and resources: [http://uwpd.wisc.edu/content/uploads/2014/12/CSA-Resorces-Handout-Victim-RightsResources-2014-VAWA.Clery\\_.pdf](http://uwpd.wisc.edu/content/uploads/2014/12/CSA-Resorces-Handout-Victim-RightsResources-2014-VAWA.Clery_.pdf)

### **Out-of-Class Contact with Instructor**

I encourage students to meet with me outside of class to discuss concerns, answer questions and provide comments and feedback. I am usually available to meet briefly right before class, during break and right after class ends. Rather than holding office hours, I prefer to meet with students by appointment. Please email me with a request to arrange a time to meet. I am happy to meet students in the Social Work Library or the Wisconsin Institutes for Discovery coffee shop if this is a more comfortable and welcoming space for you.

### **Electronics:**

To minimize disruptions to class process all devices must be turned off during the class period unless the instructor gives instructions to utilize electronic devices for a class activity. If you have an urgent reason for leaving your phone on, please inform the instructor *prior to the class beginning*. If there is a medical or other serious need for these devices, please speak to the instructor before class. Audio recording of classes will be allowed only after full disclosure to the class that an audio recorder is operating.

### **Note on Accommodation of Student Disability:**

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students requiring accommodation, as approved by the McBurney Center, are expected to provide the instructor with a copy of their Faculty Notification Letter by the second week of the semester, or as soon as possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at [mcburney@odos.wisc.edu](mailto:mcburney@odos.wisc.edu); Phone at 608-263-2741; Text messaging at 608-225-7956; or by FAX at 608-265-2998, 711 (Via relay); 702 W. Johnson St., #2104, Madison, WI.

I will work directly with you and in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA. If you require accommodations to obtain equal access to this class or to any assignments, please contact me as soon as possible.

### **Attendance Policy:**

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

- Promptness

Prompt arrival to all classes is required. Repeated tardiness will impact your grade. I will consider a late arrival or early departure of more than 20 minutes an absence.

- Absence

If you must miss class you are required to inform me via email in advance. 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. Students who must be absent due to inclement weather or other emergencies must contact me prior to the start of class. Students who are absent three or more times in the semester will be required to schedule a meeting with the instructor to discuss their performance and continuation in the course. Three or more absences may lead to a student receiving a failing grade.

### **Religious Holidays:**

I recognize that students' choices to observe religious holidays that occur during periods when classes are scheduled. Students are encouraged to arrange with their instructor to make-up work missed as a result of

religious observance, and instructors are asked to make every reasonable effort to accommodate such requests.

### **Reading and Media Assignments:**

You are expected to have read, viewed and listened to all assigned material prior to the class date under which the readings are listed above. Reading and critically evaluating what you have read is necessary so that you can learn, actively participate in class discussions, and successfully complete written assignments.

### **Canvas**

All students are required to access Canvas for course content and assignments. If you have difficulty with Canvas, you should contact the DoIT helpdesk.

### **Late assignment policy**

Assignments are due on the date and time specified. If you are not able to be in class the day a written assignment is due, you are still responsible for turning in your assignment on the due date. If a student a) communicates with me at least 48 hours *prior* to the due date, b) provides 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 1 point *for each day the assignment is late*.

### **Written Assignment Policy:**

1. All written assignments are to be completed in Microsoft Word, without exception. The instructor will not review assignments submitted in another format.
2. Always include a cover sheet (not counted as one of the required pages) with the title of the paper, your name, the date turned into the instructor, course number, and course title (do not put this information on the first page of your paper).
3. Students must format assignments using **one-inch margins, double-spacing, and a Times New Roman 12-point font** unless indicated otherwise.
4. You must use correct APA format for citations. Consult the UW writing center’s guide for APA formatting (<http://writing.wisc.edu/Handbook/DocAPA.html>).
5. Reference pages must be on a separate sheet from the paper (not counted as one of the required pages). When required to use references, you must use peer-reviewed journals. **Websites may only be used with prior approval from the instructor.**
6. Papers should be placed in the Canvas by due date and time. You will receive a confirmation e-mail when your paper is successfully downloaded to the Canvas. It is your responsibility to be sure your paper has been downloaded properly. I will adhere to the policy on late assignments if an assignment is not received in Canvas by the time it is due.

### **Criteria for Assignments**

Specific attention should be given to organization, paragraph and sentence structure, clarity, flow and correct citation using APA format. Before turning in any assignment, consider if the following criteria are met:

1. Validity, relevance, support of main points, ability to consider other perspectives.
2. Sources, quotes, and paraphrases appropriately identified; clear connection to course ideas/readings. Own thinking comes through.
3. Organization, clarity, logical flow, completed as required.
4. Has an introduction and conclusion, unless otherwise stated.
5. Paragraphs should have topic sentences that reflect the content of the paragraph and should have a smooth flow from one paragraph to the next.
6. Has **depth**, includes critical evaluation, is integrative-looks at the whole.

7. Appropriate grammar, spelling, format, etc.

**Appealing a Grade:**

Your goal for this and other courses should be to make the most of your learning experience, and not to simply “get an A.” Grade expectations should NOT be based on what you have received in other courses—this is never a legitimate argument for appealing a grade. If you have an issue with a grade that you receive in this course, please document the reasons for your appeal in writing and provide this to me. Your reasons for your appeal should include a discussion of (1) the extent to which you responded to assignment objectives, (2) the quality of your writing (to include grammar and spelling, organization, flow and clarity), and (3) your ability to demonstrate depth and critical thinking. If there is something about an assignment that is unclear to you, it is your job to bring this to my attention in advance of the due date. Students wishing to appeal a grade must me with the information requested no later than two weeks after the assignment has been returned to students. If you receive a grade and wish to appeal parts of that grade, I require a 24-hour time frame from the time you receive the grade until I will respond to information about the grade.

**Code of Ethics, Student Rights and Responsibilities & Plagiarism**

BSW and incoming MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the Student Rights and Responsibilities. In doing so, they agreed that while in the BSW or MSW Program they would honor the NASW Code of Ethics and Student’s Rights and Responsibilities, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. BSW and MSW students are expected to adhere to these policies in the classroom, in the field and in the preparation of course assignments.

**Grade Appeals/Grievance Policy:**

The process for appeal a final grade is set forth in the School of Social Work’s Student Rights and Responsibilities Handbook.

<http://socwork.wisc.edu/files/StudentRightsResponsibilities.pdf>

**Appendix A**

<b>Competency and Description</b>	<b>Course Content relevant to Dimensions that Comprise the Competency*</b>	<b>Location in syllabus</b>
<p><b>2.1.2 Engage Diversity and Difference in Practice</b> Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign</p>	<p>Lecture, reading, videos and discussion related to dimensions of diversity and the delivery of services (K, S, C/AP)</p> <p>Discussion on meaning of recovery across dimensions of diversity</p> <p>Discussion on gaining rapport &amp; therapeutic alliance with a diverse population</p> <p>Video on minimizing re-traumatization by Dr. Shannon</p>	<p>Weeks 1, 3, 4, 5, 6, 7, 8, 9, and 14</p> <p>Week 1</p> <p>Week 3</p> <p>Week 3</p>

<p>status. Advanced practice social workers recognize that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice. They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<p>Reading book &amp; discussion of <u>The Color of Hope: People of Color Mental Health Narratives</u></p> <p><u>Assignments:</u>            Reflection Paper #1 (K, V, S, C/AP)            Reflection Paper #2 (K, V, S, C/AP)            Canvas Discussions (K, S)            Small Group Theoretical Approach            Research &amp; Presentation Assignment (K, V, C/AP)</p>	<p>Weeks 4-7</p> <p>p.11-12 p. 14-15 p. 11 p. 12-14</p>
<p><b>2.1.4: Engage in Practice-Informed Research and Research-Informed Practice</b>            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.</p>	<p>Lecture, reading, videos and discussion related practice-informed research and research-informed practice (K, S, C/AP)</p> <p>Videos on adverse childhood effects and evidence-based practices</p> <p><u>Assignments:</u>            Canvas Discussions (K, S)            Small Group Theoretical Approach            Research &amp; Presentation Assignment (K, V, C/AP)            Person Centered Treatment Plan (K, V, S)</p>	<p>Weeks 1, 4, 6, 7, 9, 10, 11, 12, and 14</p> <p>Weeks 11, 13, &amp; 14</p> <p>p. 11 p. 12-14</p> <p>p. 15-16</p>
<p><b>2.1.6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>            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 practice</p>	<p>Lecture, readings, videos, discussion on gaining therapeutic alliance and engaging individuals in mental health culturally humble clinical practice (K, S, C/AP)</p> <p>Small group discussion and exercise on Wellness Recovery Action Plans (WRAP)</p> <p><u>Assignments:</u>            Reflection Paper #1 (K, V, S, C/AP)            Reflection Paper #2 (K, V, S, C/AP)            Small Group Theoretical Approach            Research &amp; Presentation Assignment (K, V, C/AP)</p>	<p>Weeks 3, 4, &amp; 10</p> <p>Week 10</p> <p>p.11-12 p. 14-15</p> <p>p. 12-14</p>

<p>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.</p>		
<p><b>2.1.7 Assess Individuals, Families, Groups</b> 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 a focus area. They engage in inter-professional collaboration and utilize methods of assessment appropriate to a 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.</p>	<p>Lecture, readings, videos, discussion on assessment of individuals and how personal experiences/biases influence assessment and treatment in mental health practice (K, V, S, C/AP)</p> <p>Discussion on use of supervision</p> <p><u>Assignments:</u> Canvas Discussions (K, S) Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP) Person Centered Treatment Plan (K, V, S)</p>	<p>Weeks 3, 4, 5, &amp; 11</p> <p>Week 14</p> <p>p. 11</p> <p>p. 12-14</p> <p>p. 15-16</p>
<p><b>2.1.8 Intervene with Individuals, Families, Groups</b> 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 and implement evidence-informed interventions to achieve the goals of clients and constituencies in a focus area. Advanced Generalist social workers incorporate their knowledge of theories of human behavior and the social environment when selecting and implementing interventions in a focus area. They also engage in interdisciplinary, inter-professional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions.</p>	<p>Lecture, reading, videos, and small/large group discussions focused on evidence-based therapy and interventions (K, S, V, C/AP)</p> <p>Video &amp; Discussion on Attachment Theory</p> <p><u>Assignments:</u> Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP) Person Centered Treatment Plan (K, V, S)</p>	<p>Weeks 3, 4, 5, 6, 7, 10, 12 &amp; 14</p> <p>Week 5</p> <p>p. 12-14</p> <p>p. 15-16</p>
<p><b>2.1.9 Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b></p>	<p>Lecture, reading, videos, and small/large group discussions focused on evaluating outcomes and practice effectiveness within</p>	<p>Weeks 2, 3, 6, 7, &amp; 10</p>

<p>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.</p>	<p>the therapeutic alliance as well as with treatment outcomes (K, S, V, C/AP)</p> <p style="text-align: center;"><u>Assignments:</u> Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP) Person Centered Treatment Plan (K, V, S)</p>	<p>p. 12-14 p. 15-16</p>
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\*K=Knowledge; V=Values; S=Skills; C/AP= Cognitive and Affective Processes