

**School of Social Work  
University of Wisconsin-Madison  
1350 University Avenue  
Madison, WI 53706**

**SW835 (002): Advanced Social Work Practice in Mental Health  
Fall 2018 (Final 8.31.18)**

|                              |   |
|------------------------------|---|
| <b>Instructor:</b>           | Lynette Studer, Ph.D., MSW, LCSW, Clinical Assistant Professor                              |
| <b>Credits:</b>              | 2   |
| <b>Location:</b>             | 106 Social Work   |
| <b>Class Day &amp; Time:</b> | Thursdays, 1:20 p.m.—3:15 p.m.  |
| <b>Instructional Mode:</b>   | Face-to-Face  |
| <b>Canvas Course URL:</b>    | <a href="https://canvas.wisc.edu/courses/119823">https://canvas.wisc.edu/courses/119823</a> |
| <b>Office:</b>               | Social Work Building, Room 309  |
| <b>Office hours:</b>         | By appointment  |
| <b>Phone:</b>                | 763-402-2915 (text and voice)   |
| <b>E-mail:</b>               | <a href="mailto:lstuder@wisc.edu">lstuder@wisc.edu</a>                                      |

## **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. Course 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**

#### **Week 1 (9/6/18)**

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

**Discussion Post #1 will open @ 3:15 pm after class and remain available through 9/13/18 at 1:00 pm.**

**Discussion:** Overview of course content/syllabus/Expectations for reading  
What is clinical social work and the process?  
Using the art and science of clinical social work to engage with clients in therapy  
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.

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

Martinez-Brawley, E. E., & Mendez-Bonito Zorita, P. (1998). At the edge of the frame: Beyond science and art in social work. *British Journal of Social Work*, 28, 197-212.

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:

Ackerman, S. & Hilsenroth M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1-33.

Gold, S.H. & Hilsenroth, M.J. (2009). Effects of graduate clinicians' personal therapy on therapeutic alliance. *Clinical Psychology and Psychotherapy*, 16(3), 159-171.

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.

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

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 (9/13/18)**

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

**DUE to Canvas by 1:00 p.m. Discussion Post #1**

**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 and evaluating the therapeutic alliance in cultural context  
When do you address cultural differences in relational context?

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.

(Skim) de Haan, A. M., Boon, A. E., de Jong, J. T. V. M., & Vermeiren, R. R. J. (2018). A review of mental health treatment dropout by ethnic minority youth. *Transcultural Psychiatry*, 55(1), 3-30.

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

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>

Presley, S. & Day, S.X. (2018). Counseling dropout, retention, and ethnic/language match for Asian Americans. *Psychological Services*, 1-7. <http://dx.doi.org/10.1037/ser0000223>

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 (9/20/18)**

**Therapeutic Alliance and Use of Self in Therapy; Working with individuals with transgender issues**

**Guest Speaker: Dale Decker, MSSW, LCSW, SAC**

**DUE to Canvas by 1:00 p.m. Reflection Paper #1**

**Discussion Post #2 will open @ 3:15 pm after class and remain available through 9/27/18 at 1:00 pm.**

**Discussion:** Therapy considerations in working with trans individuals  
Affirmative practice and working with lesbian, gay, bisexual, and transgender persons  
Begin to discuss the use of self in therapy  
Issues around therapists' self-disclosure in engagement with clients

Required Reading:

Dee Watts-Jones, T. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, 49(3), 405-420.

Gibson, M. (2012). Opening up: Therapist self-disclosure in theory, research, and practice. *Clinical Social Work Journal*, 40, 287-296.

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

68.

Lee, E. (2014). A therapist's self-disclosure and its impact on the therapy process in cross-cultural encounters: Disclosure of personal self, professional self, and/or cultural self? *Families in Society: The Journal of Contemporary Social Services*, 95(1), 15-23.

Shipherd, J.C., Green, K.E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay and Lesbian Mental Health*, 14, 94-108.

Recommended Reading:

Diamond, G.M. & Shpigel, M.S. (2014). Attachment-based family therapy for lesbian and gay young adults and their persistently nonaccepting parents. *Professional Psychology: Research and Practice*, 45(4), 258-268.

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).

Kronner, H. (2013). Use of self-disclosure for the gay male therapist: The impact on gay males in therapy. *Journal of Social Service Research*, 39(1), 78-94.

Week 4 (9/27/18)

**Establishing, Maintaining and Evaluating the Working Alliance & (continue) Therapist Self-Disclosure**

**DUE to Canvas by 1:00 p.m. Discussion Post #2**

**DUE in class: Book Discussion**

**Discussion:** In-class book discussion on The Color of Hope  
What are core concepts of interpersonal process dimension 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.  
How is change conceptualized when considering various dimensions of diversity (and how a person's dimensions intersect)?  
Sense of self & self-disclosure (what is it and how to use it).  
What is the edge of awareness?  
Is there value in the therapist's failure?

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)

Vasquez, M. (2007). Cultural difference and the therapeutic alliance: An evidence-based analysis. *American Psychologist*, 62(8), 878-885.

Wosket, V. (2017). The Therapeutic Use of Self: Counselling practice, research and supervision. Classic edition. New York, NY: Routledge. **Chapters 2 (The counsellors edge of awareness) & 5 (the impaired therapist and the value of therapist failure).**

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>

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>

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

**Week 5 (10/4/18)**

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

**Discussion Post #3 will open @ 3:15 pm after class and remain available through 10/11/18 at 1:00 pm.**

**Discussion:** Review stages of change  
Assessing a client's stage of change and appropriate intervention application  
Identification of and honoring the client's resistance  
Understanding corrective emotional experiences (CEE's) in therapy  
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).

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

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

Required Viewing/Listening:

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

Recommended Reading/Viewing:

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.

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 6 (10/11/18)**

**Change Strategies: Internal Focus for Change (Finish) & Helping Clients with Feelings & Interlocking Theoretical Approaches with Treatment Focus**

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

**DUE to Canvas by 1:00 p.m. Discussion Post #3**

**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  
Engagement in cross-cultural practice  
Role of Attachment Theory and responding to clients' distress  
Use of touch and issues w/ dual relationships  
Boundaries that influence therapy (billing, time, "no shows")  
Group Presentations on Various Theoretical Approaches

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).

Wosket, V. (2017). The Therapeutic Use of Self: Counselling practice, research and supervision. Classic edition. New York, NY: Routledge. Pp.133-208. **Chapter 6 (Breaking the rules in counselling), Chapter 7 (Working at the boundaries of counselling) & Chapter 8 (The shadow side of the use of self in counselling).**

Required Viewing:

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

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.

(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.

**Week 7 (10/18/18)**

**Clarifying the Client's Problem, Familial & Developmental Factors for Consideration & Interlocking Theoretical Approaches with Treatment Focus**

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

**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  
Attachment styles and clinical presentation in adult treatment  
Role of parenting styles and conditions of worth  
Addressing unmet developmental needs  
Confronting motivation for change and unconscious contributions  
Group Presentations on Various Theoretical Approaches

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 6.

Recommended Reading:

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

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

Lieberman, A. Padrón, E., Van Horn, P., & Harris, W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal, 26*(6), 504-520.

Van der Kolk, B. (2005). Developmental trauma disorder: Toward a rational diagnosis for

children with complex trauma histories. *Psychiatric Annals*, 35(5).

### **Week 8 (10/25/18)**

#### **Clarifying the Client's Problem & Interpersonal Coping Strategies**

**DUE in Canvas by 1:00 p.m. Reflection Paper #2**

**Discussion Post #4 will open @ 3:15 pm after class and remain available through 11/1/18 at 1:00 pm.**

**Discussion:** Examining interpersonal coping strategies  
Intersection of spiritual and economic considerations

#### **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 7.

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

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.

Rapp, C. & Goscha, R. J. (2012). The strengths model: A recovery-oriented approach to mental health services, 3<sup>rd</sup> Ed. New York, NY: Oxford University Press. Chapter 5: Strengths assessment: Amplifying the well part of an individual. pp. 93-129.

#### **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.

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.

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 9 (11/1/18)**

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

**DUE to Canvas by 1:00 p.m. Discussion Post #4**

**DUE to Canvas by 11:59 p.m. the Theoretical Research Paper**

**Discussion:** Identifying the client's strengths and evaluating level of care needs  
Engaging the client in the creation of collaborative treatment plans

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 I: Land of Opportunity (pp. 1-33) & Section II: Getting Started: Assessment (pp. 37-75).

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 10 (11/8/18)**

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

**Discussion Post #5 will open @ 3:15 pm after class and remain available through 11/15/18 at 1:00 pm.**

**Discussion:** What is empathic curiosity & how to use to engage clients in goal setting  
Types of goals, respecting goals, and common problems  
Identification of therapists’ personal experiences and affective reactions  
Impact of personal biases on treatment planning

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.

### **Week 11 (11/15/18)**

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

**DUE to Canvas by 1:00 p.m. Discussion Post #5**

**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 12 (11/22/18)**

**No Class- Happy Thanksgiving**

### **Week 13 (11/29/18)**

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

**Discussion:** Assessing and identifying patterns to understand and change present difficulties  
Strategies for bringing client’s conflicts and beliefs (e.g. cultural or spirituality) 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.

Hook, J., Davis, D., Owen, Jesse, & DeBlaere, C. (2017). Cultural humility: Engaging diverse identities in therapy. Washington, DC. American Psychological Association. Chapter 6: Repairing the Relationship After Cultural Ruptures (p. 137-156) and Chapter 7: Navigating Value Differences and Conflicts (p. 157-178).

Yon, K., Malik, R., Mandin, P., & Midgley, N. (2018). Challenging core cultural beliefs and maintaining the therapeutic alliance: A qualitative study. *Journal of Family Therapy*, 40, 180-200.

#### **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.

McWilliams, Nancy (1994). Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process, Chapters 5 & 6: Defensive Processes, Guilford Press, New York: NY.

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 (12/6/18)**

**Getting Unstuck; Evaluating the Process, Working through and Termination; Wrap-up**  
**DUE to Canvas by 11:59 pm on 12/6/18 Person-centered Treatment Plan**

**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”  
Evaluating the treatment planning process (successful or not?)  
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).

Hook, J., Davis, D., Owen, Jesse, & DeBlaere, C. (2017). Cultural humility: Engaging diverse identities in therapy. Washington, DC. American Psychological Association. Chapter 8: Working

Within Your Limits (p. 179-198).

Westmacott, R. & Hunsley, J. (2010). Reasons for terminating psychotherapy: A general population study. *Journal of Clinical Psychology*, 66(9), 965-977.

#### Recommended Readings:

Chang, 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.

Owen, J., Adelson, J., Imel, Z., & Rodalfo, E. (2012). "No show": Therapist racial/ethnic disparities in client unilateral termination. *Journal of Counseling Psychology*, 59(2), 314-320.

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

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. Texts and Reading Materials for the Course**

### **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. (IBSN#978-0-231-15164-1)

Wosket, V. (2017). *The Therapeutic Use of Self: Counselling practice, research and supervision. Classic Edition.* New York: NY, Routledge Publishing. (ISBN # 978-0-415-83147-5)

**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:

|    | Assignments*  | Due Date   | Points                      |
|----|---|--|-----------------------------|
| 1  | Canvas Discussion #1                                      | 9/13/18 @ 1:00 p.m.  | 3 points                    |
| 2a | Reflection Papers #1 and #2                               | By 9/20/18 @ 1:00 pm & 10/25/18 @ 1:00 p.m.  | (10 pts. each)<br>20 points |
|    | <b>OR</b>   |  | <b>OR</b>                   |
| 2b | Teaching a Skill or Brief Intervention                    | Ongoing throughout semester  | 20 points                   |
| 3  | Book Discussion on The Color of Hope Narrative            | Questions submitted by Monday 9/24/18 @ 11:59 p.m.<br>Discussion on 9/27/18 in class | 10 points                   |
|    | Canvas Discussion #2                                      | 9/27/18 @ 1:00 p.m.  | 3 points                    |
|    | Canvas Discussion #3                                      | 10/11/18 @ 1:00 p.m.   | 3 points                    |
| 4  | Small Group Theoretical Research & Presentation and Paper | Presentations on 10/11/18 & 10/18/18<br>Paper due on 11/1/18 @ 11:59 p.m.            | 25 points                   |
|    | Canvas Discussion #4                                      | 11/1/18 @ 1:00 p.m.  | 3 points                    |
|    | Canvas Discussion #5                                      | 11/15/18 @ 1:00 p.m.   | 3 points                    |
| 5  | Person-centered Treatment Plan                            | 12/6/18 at 11:59 p.m.  | 30 points                   |
|    | Participation/Professionalism                             | Ongoing  | 6 points                    |
|    | Total Points  |  | <b>100 points</b>           |

\* All assignments due electronically into Canvas unless otherwise announced

## ASSIGNMENTS

### Assignment #1 Canvas On-line Discussions:

Due: 9/13/18; 9/27/18; 10/11/18; 11/1/18; and 11/15/18; must post on 3 out of 5 discussions

Value: 3 points each for total of 9 points

Throughout the semester you will complete three of five Canvas online discussions. The purpose of this assignment is to give you a chance to demonstrate that you are keeping up with the course material and integrating it into your thinking about advanced practices in mental health. Additionally, it will allow you to have a discussion with your peers on information we may only touch upon in class or readings/topics that you would like to continue exploring. The Canvas discussion will allow us to dive more deeply into topics that are of interest to you or that you wish to extend the class discussion on.

For this assignment, you will participate in an online discussion with your fellow classmates on the Canvas platform. I will start the discussion by posting some comments/questions/or relevant topic related to that week's material (or something that came up in class). You will need to respond to at least three discussion posts (your choice) in the following ways in order to receive full credit. First, you must respond initially to the posted question/discussion (assuming approximately no less than one paragraph). This response should not only answer the question(s) posed, but provide a significant response back, along with another question for the group's discussion. Second, in addition to answering the posed discussion question(s) from me and posting your own original question, you must reply to one of your fellow classmates' posts (to the original question(s)) in a meaningful and thoughtful way. 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 and any disrespectful discourse will result in a "0" for this assignment.

Each Canvas Discussion will be graded with the following rubric:

|   |                 |
|---|-----------------|
| Respond initially to the posted question/discussion. The response is thoughtful and engaging to other readers and substantial enough to highlight the author's point of view. | 1 point         |
| Another relevant and/or thoughtful question is posed to the online discussion (this may include other resources the author wishes for us to view or consider).                | 1 point         |
| Replied to a fellow classmates' post at least once in a meaningful and thoughtful way   | 1 point         |
| <b>Total Points</b>   | <b>3 points</b> |

**Assignment #2:**

For Assignment #2, the student gets to choose **between 2 options** (either Assignment 2a or Assignment 2b). Each assignment is described below. The due date for deciding which assignment you are choosing will be Week 2 (9/13/18; and a handout will be distributed in class for signing up).

**Assignment #2a: Reflection Papers (2 in total)**

Due: 9/20/18 & 10/25/18 @ 1:00 pm

Value: 2 papers at 10 points each (20 points total)

In this assignment, you are asked to write specifically on the topic of your anxieties or insecurities as a social work therapist-in-training. In the first reflection paper, 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. In the second reflection paper, you will be asked to write about a situation in your clinical practice/internship in which you were aware of a difference (e.g. age, race, gender, religion, sexual orientation, incarceration status, etc.) between you and a client, and how you handled/addressed the difference (or did not) with the client. What power or privilege did you hold and how did that make you feel? Further, what strategy did you employ to move forward with positively engaging in a therapeutic alliance with the person? **In each paper 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.**

Detailed instructions for each paper will be handed out in class and posted on Canvas.

Reflection Paper #1 is to be submitted to the Canvas course site by **9/20/18 @ 1:00 pm** and Reflection Paper #2 is to be submitted to the Canvas course site by **10/25/18 @ 1:00 pm**. These assignments will be graded according to the following rubric:

|   |     |
|---|-----|
| Thoroughly answers each question posed  | /1  |
| 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  |
| 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  |
| Demonstrate proficient understanding of how your own beliefs and feelings of diversity and difference may impact your social work practice  | /2  |
| Organization/Grammar/Clarity/Spelling   | /1  |
| Total   | /10 |

**Assignment #2b: Teaching a Skill or Brief Intervention**

Due: Ongoing during class time throughout the semester (students will sign up for presentation times in Week 3 (9/20/18)). All presentations will be completed no later than 11/29/18.

Value: 20 points

The purpose of this assignment is to give you the opportunity to gain practice teaching a coping skill, a core therapeutic skill, or short intervention for consumers to the rest of the class. This assignment allows students to get feedback on practice in order to increase your clinical skills and to learn a variety of skills and/or interventions from other students.

Students will work in pairs (of your choosing) 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?). In another example, if you are teaching the skill of mindfulness, you may want to lead the class through a brief mindfulness experience and ask them to share what the experience was like and discuss what sort of clients they think may also benefit from this skill. Other examples of core skills to choose from may be: identifying a presenting problem, building a rapport with motivational interviewing skills, identifying distorted thinking patterns, strategies for creating safe spaces, or techniques used with specialized populations (e.g. older adults, young children). You may talk with me about other possibilities or use your peers to brainstorm.

The presentation should be 10-15 minutes with up to 5 minutes for feedback and processing with the group.

Detailed instructions for this assignment will be handed out in class and posted on Canvas.

These class presentations will be graded according to the following rubric:

|   |            |
|---|------------|
| Instructions are clear and well-paced. Intervention is of an appropriate length (~ 15 minutes). | /2         |
| Demonstrates <i>earnest</i> attempts to apply knowledge and skills learned in class.            | /3         |
| Consistently clear, attentive, responsive and engaging with the group                           | /5         |
| <b>Total</b>  | <b>/10</b> |

**Assignment #3: Book Discussion on “The Color of Hope: People of Color Mental Health Narratives”**

Students will be divided into groups of 5-7 (randomly assigned) and participate in a book discussion reviewing The Color of Hope: People of Color Mental Health Narratives by Vanessa Hazzard & Iresha Picot. This book discussion will occur during 1 hour of class time on 9/27/18. Students will be asked to generate 3 questions stemming from the reading and submit them ahead of time (Monday, 9/24/18 @ 11:59 p.m. via email to the professor). I will choose one question from each participant that will form the basis of our discussion.

You will be graded by (1) submitting, on-time, three questions that each demonstrate critical thinking about some part of the narratives from the book The Color of Hope: People of Color Mental Health Narratives; (2) actively participating in the book discussion with peers which includes engaging at a moderate or high-level with students during the group discussion; (3) illustrating via the contributions they make to the overall discussion that they are familiar with the book; (4) listening thoughtfully, and modeling professional and behavior, including the use of person-first language throughout the discussion. The grading rubric for this assignment is outlined below:

|  | Comments | Points |
|--|----------|--------|
| All 3 questions were submitted via email on time   |          | /1     |
| Each question demonstrated critical thinking about some part of one narrative  |          | /1     |
| Student <u>actively</u> participates in the book discussion with peers; Engages at a moderate or high-level with students during the group discussion; thoughtfully listens and replies to others. |          | /5     |
| Based on participation, there is indication the student is familiar with the material in the book  |          | /1     |
| Student is professional, respectful, and uses person-first language throughout the discussion  |          | /2     |
| Total  |          | /10    |

I will divide my time among all the groups in order to assign you a grade. The purpose of this assignment is for students to engage in discussion and dialog around different ways mental health intersects with various identities and read first-person accounts of people of color living with mental illnesses. Additionally, it is my hope that rather than having you write individual papers, that we can utilize the synergy of group discussion to be exposed to different viewpoints and opinions that enhances everyone's learning around the topics of race and mental health treatment.

**Assignment #4: Small Group Theoretical Research & Presentations**

Due: Presentations: 10/11/18 and 10/18/18; Paper due: 11/1/18 @ 11:59 p.m. to Canvas

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 11 or 18<sup>th</sup>, 2018 and papers due on November 1, 2018 at 11:59 p.m.**

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 (this to be turned into me via email no later than the day of the presentation).

**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) List what an intervention from this theoretical orientation may look like.
- g) Summarize if you feel you will end up using this approach in your social work practice and why/why not.

**Step 5:** Create a 1-2-page handout that you can provide to your classmates on the above information during the day of your presentation.

**Step 6:** Present the theoretical approach to the class (guidelines for the class presentations will be discussed in class but will resemble a "speed dating" format). 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.

**Reminder: Papers due into Canvas on 11/1/18 by 11:59 pm.**

Grading Rubric for Small Group Theoretical Approach Research & Presentation Assignment

Presentation (8 points) and Paper (17 points)

| <b>Presentation (8 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 points |
| Identified the limitations and/or criticisms of the theoretical approach                       | 1 points |
| Shared relevant information on the approach's applicability across a diverse client population | 1 points |

|   |                  |
|---|------------------|
| Professional presentation demonstrating preparation, clarity, and delivery                    | 1 points         |
| Provision of one relevant and meaningful resource (e.g. reading)                              | 1 point          |
| Creation and distribution of a 1-2-page handout that supports the presentation                | 1 point          |
| <b>Total Presentation Points</b>  | <b>8 points</b>  |
| <b>Paper (17 points)</b>  |                  |
| Effectively summarizes the theoretical approach   | 4 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>17 points</b> |
| <b>Total Presentation and Paper Points</b>  | <b>25 points</b> |

### **Assignment #5: Person-Centered Treatment Plan Creation**

Due: 12/2/18 @ 11:59 pm to Canvas

Value: 30 points

One of the most important skills you will repeatedly use as a clinical social worker, in any setting, will be to partner with your client to create the steps to achieve (self-defined) recovery. While that sounds easy, creating the roadmap to how that will be accomplished takes great skill, especially if creating a person-centered, strengths-based treatment plan (and not all agencies do this). According to Adams & Grieder (2012), this means “achieving shared understanding and establishing common ground” early on (p. xiii).

The purpose of this assignment is to give you practice and guidance on the creation of a person-centered treatment plan. This assignment will help you apply knowledge gained from lecture and class materials and integrate it with experience obtained from working with clients in your internship.

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

**Step 1:** Provide context for a client you are working with, or a fictional client (realize the assignment will have more practical value if you choose a person you are currently working with). 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 person's goals are. If you have already completed an integrated summary (and in real practice this step would come before the treatment planning creation) feel free to submit that as part of the assignment (again, making sure all information is redacted, protecting the person's confidentiality). Be sure to include any cultural considerations that will factor into treatment considerations.

Step 2: List out all of the person’s goals.

Step 3: List the person’s strengths.

Step 4: List any barriers to achieving the goals you identify (in conjunction with the person and/or his/her/their natural support or family systems).

Step 5: Choosing one of the above listed goals (if more than 1), begin to create a person-centered treatment plan for the client identified in Step 1. This will include the following:

- (a) a minimum of one goal that is what the client wants to achieve;
- (b) a minimum of three objectives that support achieving the outlined goal in (a);
- (c) a minimum of three interventions for each objective listed in (b) above.

Step 6: Write a brief reflection on why you chose the interventions indicated to treat the presenting need.

Step 7: Write a brief assessment on what barriers (1-2 paragraphs) you feel may present and corresponding strategies for assisting the client to get around these barriers.

Step 8: Write a brief assessment (1 -2 paragraphs) on how you used any of the client’s strengths to inform the interventions you chose.

Step 9: Make the argument for medical necessity of your services.

Step 10: Reflect on the process of writing a person-centered plan. How did you approach and engage the person to find out what their goals were? What were the challenges in this, if any? What came easily to you? What did you have more difficulty with? Why do you think that was? How may your own personal experiences (and/or biases) or affective reactions to the client influence the assessment and treatment planning process? What insights did you gain from the assignment?

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 |
| DSM-V Diagnoses are clear and written correctly   | 1 point  |
| Identifies the individual’s goals, including writing the goal in a measurable way   | 3 points |
| Identifies the individual’s strengths   | 3 points |
| Identifies the individual’s barriers  | 1 point  |
| Delineates three objectives that support achieving the outlined goal and are written utilizing the SMART criterion                              | 4 points |
| Delineates three clinically appropriate interventions that are written utilizing the SMART criterion  | 4 points |
| Provides a brief rationale for interventions, including how they will support achieving the goal  | 2 points |
| Provides a brief reflection on what barriers may arise and corresponding strategies for assisting the client to get around the stated barriers. | 2 points |
| The plan utilizes client strengths to inform at least one intervention.   | 2 points |
| At least one intervention or objective includes the person’s natural supports or family/friends   | 1 point  |
| The overall treatment plan is strengths-based, and person-centered  | 1 point  |
| Clear and convincing link to medical necessity is established.  | 1 point  |

|  |                  |
|--|------------------|
| Reflects on the process of creating a person-centered treatment plan. This reflection includes depth and a critical self-analysis. | 2 points         |
| Organization/Grammar/Clarity/Spelling/Following paper guidelines   | 1 point          |
| <b>Total</b>   | <b>30 points</b> |

### **Participation/Professionalism**

Due: 12/7/18

Value: 6 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.

### **Extra Credit Opportunity**

A student may earn up to 2 extra credit points by posting on an additional Discussion Post (you are required to do 3 but may post on a 4<sup>th</sup> one). You may only earn the 2 extra credit points once. All outlined criteria for the discussion posts and grading rubric can be found on pages 14-15. You must post on the discussion during the week it is activated (no going back at the end of the semester and posting on the first online discussion).

## **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 professor 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. The professor reserves the right to ask you to leave if your use of electronics is distracting to her or other students.

### **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 professor 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 in this syllabus. 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 24 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 or in a header).
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 uploaded in Canvas by the specified 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, quotations, 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 provide 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

| Competency and Description  | Course Content relevant to Dimensions that Comprise the Competency*  | Location in syllabus  |
|---|--|---|
| <p><b>2.1.2 Engage Diversity and Difference in Practice</b></p> <p>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 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>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 of client/therapist matching (gender, race, age)</p> <p>Discussion on gaining rapport &amp; therapeutic alliance with a diverse LGBTQ population</p> <p>Video on minimizing re-traumatization by Dr. Shannon</p> <p>Discussion of engaging in cross-cultural practice</p> <p>Discussion of setting client goals and using strengths to inform interventions</p> <p>Discussion on navigating value differences and conflicts and cultural ruptures</p> <p style="text-align: center;"><u>Assignments:</u></p> <p>Book Discussion of <u>The Color of Hope: People of Color Mental Health Narratives</u> (K, V, C/AP)</p> <p>Reflection Paper #1 (K, V, S, C/AP)<br/>Reflection Paper #2 (K, V, S, C/AP)</p> <p>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Canvas on-line discussions (K, V, S, C/AP)</p> <p>Person-centered Treatment Plan Creation</p> | <p>Weeks 1, 2, 3, 4, 6, 7, 8, 13, and 14</p> <p>Week 1</p> <p>Week 2</p> <p>Week 3</p> <p>Week 4</p> <p>Week 6</p> <p>Week 9</p> <p>Week 13</p> <p>Weeks 2-4 p. 17-18</p> <p>Week 3<br/>Week 8<br/>p. 15-16</p> <p>Weeks 6-7<br/>p. 18-20</p> <p>Weeks 2, 4, 7, 9, &amp; 11<br/>p. 14-15</p> <p>Week 14</p> |

|   | (K, V, S, C/AP)   | p. 20-22   |
|---|---|--|
| <p><b>2.1.4: Engage in Practice-Informed Research and Research-Informed Practice</b><br/>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><br/>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Teaching a Skill or Brief Intervention Paper (K, S, C/AP)</p>  | <p>Weeks 1, 2, 3, 4, 5, 7, 8, 13 and 14</p> <p>Week 13</p> <p>Weeks 6-7<br/>p. 18-20</p> <p>Variable date<br/>p. 16-17</p>   |
| <p><b>2.1.6: Engage with Individuals, Families, Groups, Organizations, and Communities</b><br/>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 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>Lecture, readings, videos, discussion on gaining therapeutic alliance and engaging individuals in mental health culturally humble clinical practice (K, S, C/AP)</p> <p><u>Assignments:</u><br/>Reflection Paper #1 (K, V, S, C/AP)<br/>Reflection Paper #2 (K, V, S, C/AP)</p> <p>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Teaching a Skill or Brief Intervention Assignment (K, S)</p> <p>Person-Centered Treatment Plan Creation (K, V, S, C/AP)</p> | <p>Weeks 1, 2, 3, 4, 5, 6, 7, 8, 9 &amp; 14</p> <p>Week 3<br/>Week 8<br/>p. 15-16</p> <p>Weeks 6-7<br/>p.18-20</p> <p>Variable date<br/>p. 16-17</p> <p>Week 14<br/>p. 20-22</p> |

|   |   |  |
|---|---|--|
| <p><b>2.1.7 Assess Individuals, Families, Groups</b><br/>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><u>Assignments:</u><br/>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Canvas On-line Discussions (K, V, C/AP)</p> <p>Person-Centered Treatment Plan Creation (K, V, S, C/AP)</p> <p>Reflection Paper #1<br/>Reflection Paper #2 (K, V, C/AP)</p> <p>Book Discussion of <u>The Color of Hope: People of Color Mental Health Narratives</u> (K, V, S, C/AP)</p> | <p>Weeks 3, 4, 6, 7, 8, 10, &amp; 13</p> <p>Weeks 6-7<br/>p. 18-20</p> <p>Weeks 2, 4, 6, 9 &amp; 11<br/>p. 14-15</p> <p>Week 14<br/>p. 20-22</p> <p>Week 3<br/>Week 8<br/>p. 15-16</p> <p>Weeks 2-4<br/>p. 17-18</p> |
| <p><b>2.1.8 Intervene with Individuals, Families, Groups</b><br/>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, V, S, C/AP)</p> <p>Video &amp; Discussion on Attachment Theory</p> <p><u>Assignments:</u><br/>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Person-Centered Treatment Plan Creation (K, V, S)</p> <p>Teaching a Skill or Brief Intervention Assignment (K, V, S)</p>   | <p>Weeks 3, 5, 7, 8 &amp; 11</p> <p>Week 5</p> <p>Weeks 6-7<br/>p. 18-20</p> <p>Week 14<br/>p. 20-22</p> <p>Variable dates<br/>p. 16-17</p>  |

|   |   |  |
|---|---|--|
| <p><b>2.1.9 Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b></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>Lecture, reading, videos, and small/large group discussions focused on evaluating outcomes and practice effectiveness within the therapeutic alliance as well as with treatment outcomes (K, V, S, C/AP)</p> <p><u>Assignments:</u></p> <p>Small Group Theoretical Approach Research &amp; Presentation Assignment (K, V, C/AP)</p> <p>Person-Centered Treatment Plan Creation (K, V, S)</p> | <p>Weeks 2, 4 &amp; 14</p> <p>Weeks 6-7 p. 18-20</p> <p>Week 14 p. 20-22</p> |
|---|---|--|

\*K=Knowledge; V=Values; S=Skills; C/AP= Cognitive and Affective Processes