This package contains model syllabi for both the face-to-face (SWK-S) and online (SWK-D) versions of the course. Use the version applicable to your teaching assignment, and be sure to delete the unused version and this cover page before distributing. Please direct any questions to your program director or coordinator.

SWK-S 685 Mental Health & Addictions Practice: Individuals & Families (3 cr.)

Course Information

Semester Year:	XXXXX	**Instructor:**	XXXXX XXXXXXXXX
Section Number:	XXXXX	**Office:**	XXXX
Location:	XXXXX	**Email:**	XXXX
Day:	XXXXX	**Phone:**	XXXX
Time:	XXXXX	**Office Hours:**	XXXX

Course Description

Students enrolled in this course develop knowledge, skills, and judgment necessary for competent application of selected evidence-informed practices for service with diverse clients, including children, youth, adults, and families affected by mental health issues, substance use disorders, and other behavioral addictions within the context of trauma responsive care. Students learn to discover, analyze, synthesize, and evaluate evidence of practice effectiveness and apply that knowledge in communication, strengths discovery and assessment, hypothesis formation, contracting, intervention and prevention planning, service delivery, and evaluation.

Course Competencies

- 6: Engage with Individuals and Families in Mental Health and Addictions settings.
- 7: Assess Individuals and Families in Mental Health and Addictions settings.
- 8: Intervene with Individuals and Families in Mental Health and Addictions settings.
- 9: Evaluate Practice with Individuals and Families in Mental Health and Addictions settings.

Course Objectives

1. Apply, synthesize, and evaluate evidence-informed practices within the context of trauma responsive care with individuals and families affected by mental health issues, substance use disorders, and other behavioral addictions.
2. Apply, synthesize, and evaluate diversity on behalf of individuals and families affected by mental health issues, substance use disorders, and other behavioral addictions.
3. Apply and interpret outcome measures to evaluate client progress and treatment efficacy with individuals and families at risk of or affected by mental health issues, substance use disorders, and other behavioral addictions. Required Textbooks

Required Texts

Barlow, David H. (Ed) (2014). *Clinical handbook of psychological disorders: A step-by-step treatment manual, 5th edition*. New York, NY: The Guilford Press. ISBN: 978-1-4625-1326-0 (hardcover).

Greenberger, D., & Padesky, C. A. (2015). *Mind over mood: Change how you feel by changing how you think (2nd Edition)*. New York, NY: The Guilford Press.

Required Readings

Rapp, C., A., & Goscha R. J. (2012). Chapter 5: Strengths assessment: Amplifying the well part of the individual. In book titled: *The Strengths Model: A Recovery Oriented Approach for Mental Health Services*. Oxford University Press, Oxford.

Mead, S. & Copeland, M. E. (2000). What recovery means to us: Consumers' perspectives. *Community Mental Health Journal, 36*(3), 315-328.

Kellogg, S. H., & Young, J. E. (2006). Schema therapy for borderline personality disorder. *Journal of Clinical Psychology. 62*(4), 445-458.

Barkley, R. A. (2002). Psychosocial treatments for attention deficit/hyperactivity disorder in children. *Journal of Clinical Psychiatry, 63*(12), 36-43.

Chronis, A. M., Chacko, A., Fabiano, G. A., Wymbs, B. T., & Pelham, W. E. (2004). Enhancements to the Behavioral parent training paradigm for families of children with ADHD: Review and future directions. *Clinical Child and Family Psychology Review, 7*(1), 1-27.

Wells, K.C. (2005). Family therapy for attention-deficit/hyperactivity disorder (ADHD). In J.L. Lebow (Ed). *Handbook of clinical family therapy.* (pp. 42-72). Hoboken, NJ: John Wiley & Sons, Inc.

Duncan, B. & Sparks, J. (2010). Chapter 4: Fighting the good fight: When clients seem "unheroic" or "impossible" (pp. 42-47). In book titled: *Heroic Clients, Heroic Agencies: Partners for Change (2nd edition)*. Nova Southeastern University (2001)

Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and commitment therapy as a unified model of behavioral change. *The Counseling Psychologist, 40*(7), 976-1002.

Recommended Readings

Substance Abuse and Mental Health Services Administration [SAMHSA] (2009): Illness Management and Recovery. Retrieve from store.samhsa.gov/shin/content//SMA09-4463/PractitionerGuidesandHandouts.pdf

Reisner, A. (2005). The common factors, empirically validated treatments, and recovery models of therapeutic change. The Psychological Record, 55, 377-399.

Petr , C., G. & Walter, U., M. (2005). Best practice inquiry: A multidimensional, value-critical framework. Journal of Social Work Education, 41(2), 251-267.

Course Content

This course examines evidenced-based practices for working with diverse clients affected by mental health issues, substance use disorders, and other behavioral addictions. As a part of the course, students will examine values, ethics, and cultural/social diversity. A variety of teaching and learning activities will be used during class sessions. These include but are not limited to the following: lectures, class discussions and exercises, homework, and small group works.

The major evaluation of students' progress in accomplishing the learning objectives of this course is class attendance, participation in experiential practice exercises, presentations, quizzes and additional assignments.

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If

you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

Course Outline

Class 1: Introductions and overview of the course

Overview

A. Evidence-informed practice
B. Social work ethics
C. An integrative approach to Mental Health/Addictions Practice
D. What makes therapy work?
E. Common factors, clinical skills, and the therapeutic relationship

READINGS:

1. N/A

ASSIGNMENTS:

1. N/A

Class 2: Treatments for severe mental illness

Overview

A. Strengths- and recovery-based practices
B. Family-focused therapy

READINGS:

2. Barlow Ch 11 & 12
3. Rapp & Goscha (2012)
4. Mead & Copeland (2000)

ASSIGNMENTS:

5. Small group exercise based on readings

Class 3: Behavioral therapy for treating depression

Overview

A. Assumptions and aim of behavioral therapy
B. Activity monitoring and scheduling
C. Behavioral experiments
D. etc.

READINGS:

6. **Required**: Barlow Ch 9, p. 353-393.
7. Recommended: Barlow Ch 6

ASSIGNMENTS:

8. Small group exercise based on readings

Class 4: Cognitive therapy for treating depression/anxiety/substance use

Overview

A. Assumptions and aim of cognitive therapy
B. Conducting a case formulation
C. Identifying moods and thoughts
D. Cognitive distortions
E. Socratic questioning
F. Hypothesis testing
G. etc.

READINGS:

9. Barlow Ch 7, p. 275-312
10. Greenberger & Padesky, p. 1-116

ASSIGNMENTS:

11. Small group exercise based on readings

Class 5: Schema therapy for treating depression and personality disorders

Overview

A. Assumptions and aim of schema therapy
B. Early maladaptive schemas
C. Cognitive restructuring
D. Imagery
E. etc.

READINGS:

12. Barlow, Ch 7, p. 312-323
13. Kellogg & Young (2006)
14. Greenberger & Padesky, p. 117-291

ASSIGNMENTS:

15. Small group exercise based on readings

Class 6: Cognitive-behavioral and behavioral therapies for treating anxiety disorders

i.e., panic disorder/agoraphobia/social anxiety/OCD etc.

Overview

A. Assumptions and aim of CBT for Panic Disorder and related anxiety disorders
B. Psycho-education
C. Breathing retraining/applied relaxation
D. Cognitive restructuring
E. Exposure techniques

READINGS:

1. Barlow Ch 1, 3 & 4

ASSIGNMENTS:

1. Small group exercise based on readings

Class 7: Dialectic Behavioral Therapy for treating borderline personality disorder

Overview

A. Assumptions and aim of DBT
B. DBT Skills training
C. Stages of DBT treatment
D. etc.

READINGS:

1. Barlow Ch 10

ASSIGNMENTS:

1. Midterm exam due (hard copy in class)
2. Small group exercise based on readings

Class 8: Treatments for Posttraumatic Stress Disorder

Overview

A. Assumptions and aim of treatments for PTSD
B. Cognitive processing therapy strategies for treating PTSD
C. Exposure therapy strategies for treating PTSD
D. Additional therapy strategies for treating PTSD (e.g., EMDR, etc.)

READINGS:

1. Barlow Ch 2

ASSIGNMENTS:

1. Small group exercise based on readings

Class 9: Meet in small groups to prepare for Student Group Presentation

Overview

A. Students will work with their small groups in preparation for Student Group Presentation Assignment (See Assignment #3 below).

READINGS:

1. N/A

ASSIGNMENTS:

1. N/A

Class 10: Treating substance use disorders and other behavioral addictions

Overview

A. Strategies for treating withdrawal, including detoxification
B. Strategies for addressing urges, triggers
C. Motivational interviewing
D. Strategies for addressing relapse

E. Etc.

READINGS:

1. Barlow Ch 12

ASSIGNMENTS:

1. Small group exercise based on readings

Class 11: Treatments for children and families [ADHD, ODD, Conduct disorder]

Overview

A. Family factors in the treatment of childhood disorders
B. Role of medications
C. Parent training strategies for addressing childhood disorders
D. Etc.

READINGS:

1. Barkley (2002)
2. Chronis (2004)
3. Wells (2005)

ASSIGNMENTS:

1. Small group exercise based on readings

Class 12: Student Group Presentations

READINGS:

1. Readings to be assigned presenters

ASSIGNMENTS:

1. N/A

Class 13: Student Group Presentations

READINGS:

1. Readings to be assigned presenters

ASSIGNMENTS:

1. N/A

Class 14: Acceptance and Commitment Therapy (ACT)

Overview

A. ACT as a "third wave" therapy
B. Underlying principles of ACT
C. Core processes of ACT (ie., acceptance, cognitive defusion, being present, self as context, values, committed action)

READINGS:

1. Hayes et al. (2012)
2. Additional reading to be determined

ASSIGNMENTS:

1. N/A

Class 15: Alternative treatment approaches/Strategies for evaluating practice

Overview

A. Strategies for evaluating client progress and treatment efficacy
B. (Below is a list of treatment options to be covered for Class 14)
C. Mindfulness and spiritually-integrated approaches
D. Psychoanalytic approaches
E. Etc.

READINGS:

1. Duncan & Sparks (2010)
2. Additional reading to be determined based on interest of the class

ASSIGNMENTS:

1. Final course exam due following Class 15 during Final Exam Week

Assignments and Grading

1. Weekly small group discussion exercises
   a. Due .....Classes 2-11
   b. Final Grade Points .....20 points
2. Mid-semester take-home exam
   a. Due .....Class 7
   b. Final Grade Points .....20 points
3. Student Group Presentation
   c. Due .....Classes 12 & 13
   d. Final Grade Points .....20 points
4. Individual Practice Exercise
   e. Due .....By assignment
   f. Final Grade Points .....10 points
5. Final Exam
   g. Due .....Final Exam Week
   h. Final Grade Points.....30 points

TOTAL .....100 points

Weekly small group discussion exercises

Throughout the course, each student will be responsible for completing all assigned readings for each week. This is especially essential for being able to participate fully in this graded assignment. During

classes 2 through 11 (see details on table above), students will complete in-class assignments within a small group (consisting of 2-4 students). The assignments will vary from week to week but will generally entail each group taking 15 to 20 minutes during class to discuss a set of questions, an exercise, or case scenario related to the readings. Through discussion within the small group, students will attempt to deepen their understanding of the readings. Next, each group will choose a representative to summarize highlights of their small group's discussion to the larger class. Each student will be graded based upon their level of participation. This includes attendance (participation necessitates being present in class), peer evaluation of level of participation, and instructor observation.

*Students who cannot attend class will miss 3 points for the exercise

*Points for weekly small group discussion exercises: 20Mid-semester take home exam

Students will complete a take-home mid-term exam that addresses knowledge and skills explored *up to that point* in the seminar. The exam covers required readings, lectures, slides, handouts, seminar discussions, demonstrations, videos, and presentations

The exam is prepared in such a way to provide students an opportunity to demonstrate progress toward achievement of the course learning objectives outlined in this syllabus. Exams may contain multiple-choice, short essay, and case scenario items.

Mid-term exam instructions will be provided during class time prior to exam.

*The completed exam is **due Class 7**

*Points for mid-term take-home examination: 20

Student GROUP presentation

Each group will give a **75 minute presentation** on a specific mental health/addictions practice approach targeting a particular problem type, population and/or diagnosis (e.g. PTSD for victims of sexual abuse; dialectical behavioral therapy [DBT] for borderline personality disorder; family systems therapy for adolescents with conduct disorder etc.). The presentation is expected to include the following:

Information about the chosen practice approach (what the worker does, what the client does, the various phases of intervention, homework that is assigned, research support etc…) [Approx 15 minutes]

A role-play of the chosen practice approach. Each group will create and conduct a role play illustrating their chosen practice approach. Your group gets to decide the number of students that will participate in the role play. For example, two students may conduct the role play for an individual therapy scenario, whereas four or five students may participate for a family therapy role play. All students are expected to make an equal contribution to the group presentation, however, whether performing in the role play or not. Before beginning the role play, each group will give background information about the case, explain which session you are at with the client (e.g. the 4th session), what was done during previous sessions with the client (hypothetically), and the specific techniques or strategies that you plan to employ during the role play etc. [Approx 15 minutes]

Following the role play, explicate to the class what components of the practice approach were illustrated in the role play, what components that were not addressed in the role play, and what might be done in future sessions if a practitioner was to continue using this approach with the client(s) in the role play. Also discuss your prognosis for the client(s) in the role play. As part of the presentation, each group will supply handouts to the class, including an outline of the practice approach, plus any homework assignments that might be given to clients. [Approx 10 minutes]

Each group will **conduct an exercise for your peers** that allows them to practice a component of the therapy approach (e.g. have students role play a certain skill in dyads and then discuss it afterward) [Approximately 20 minutes]

The final component of the presentation **will consist of allotting 15 minutes for your peers to ask questions and give feedback.** Peer feedback will include an evaluative component which will contribute to the grade for this assignment. Finally, students who are presenting will have a separate opportunity to rate the contributions of each their own group members to the group project.

*Presentations will take place during Classes 12 & 13

*Points for Student Group Presentation: 20

Individual PRACTICE EXERCISE

Students will be assigned one topic/module per course syllabus and develop and prepare a Practice Exercise for the class and lead this exercise per each class based on the evidence based interventions discussed that day during class. This will also include post discussion about the practice exercise. This should be 30 minutes long.

*Points for Individual Practice Exercise: 10

FINAL EXAM

During Final Exam Week (following Class 15), participants complete an examination that addresses knowledge and skills explored *throughout* the seminar. The exam covers required readings, lectures, slides, handouts, seminar discussions, demonstrations, videos, and presentations.

The course examination is prepared in such a way to provide students an opportunity to demonstrate progress toward achievement of the course learning objectives outlined in this syllabus. The exam may contain multiple-choice, short essay, and case scenario items.

*The final exam will take place during Final Exam Week

*Points for final course examination: 30

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that

is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

SWK-D685 Mental Health and Addictions Practice: Individuals and Families (3 cr.)

Course Information

Semester Year:	Term and year	**Instructor:**	XXXXX XXXXXXXXX
Section Number:	XXXXX	**Office:**	XXXX
Location:	XXXXX	**Email:**	XXXX
Day:	XXXXX	**Phone:**	xxxxx
Time:	XXXXX	**Office Hours:**	xxxxxxxxxx

Course Description

Students enrolled in this course develop knowledge, skills, and judgment necessary for competent application of selected evidence-informed practices for service with diverse clients, including children, youth, adults, and families affected by mental health issues, substance use disorders, and other behavioral addictions within the context of trauma responsive care. Students learn to discover, analyze, synthesize, and evaluate evidence of practice effectiveness and apply knowledge in communication, strengths discover and assessment, hypothesis formation, contracting, intervention and prevention planning, service delivery, and evaluation.

Course Objectives

1. Apply, synthesize, and evaluate evidence-informed practices within the context of trauma responsive care with individuals and families affected by mental health issues, substance use disorders, and other behavioral addictions.
2. Apply, synthesize, and evaluate diversity on behalf of individuals and families affected by mental health issues, substance use disorders, and other behavioral addictions.
3. Apply and interpret outcome measures to evaluate client progress and treatment efficacy with individuals and families at risk of or affected by mental health issues, substance use disorders, and other behavioral addictions.

Required Texts

Greenberger, D., & Padesky, C. A. (2015). *Mind over mood: Change how you feel by changing how you think* (2nd ed.). New York, NY: The Guilford Press.

Course Content

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

This course examines evidence-based practices for working with diverse clients affected by mental health issues, substance use disorders, and other behavioral addictions. As part of this course, students will examine values, ethics, and cultural/social diversity. A variety of teaching and learning activities will be used. These include, but are not limited to, class and small group discussions, small group work, and individual work.

The major evaluation of students' progress in accomplishing the learning objectives of this course is participation in experiential practice exercises, presentations, quizzes, and additional assignments.

Resources

- Canvas email will also be used a way to communicate between instructor and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).

Course Outline

Module 1: Evidence-Based Practice and Intervention with Individuals: An Intro to CBT

Weeks 1, 2

Overview

This module introduces basic concepts and beginning techniques of CBT.

Assignments

Readings

1) Padesky, C. A., & Greenberger, D. (2016), Chapters 1, 2, 3, and 4 from required text.

Individual Assignments

2) Quick Check Activity: Case Conceptualization
3) Quick Check Activity: More About Developing Problem Lists
4) Quick Check Activity: Agenda Setting

Module 2: CBT Competencies: Identifying Maladaptive Thoughts and Beliefs

Weeks 3, 4

Overview

This module addresses the importance of clients identifying maladaptive thoughts and core beliefs, including various techniques and methods used toward identifying and challenging them.

Assignments

Readings

1) Padesky, C. A., & Greenberger, D. (2016). Chapters 5, 6, and 7 from required text.

Individual Assignments

2) Quick Check Activity: Maladaptive Thoughts (cont.)
3) Quick Check Activity: More About Core Beliefs and the Downward Arrow Technique

4) Quick Check Activity: Thought Record Technique
5) Quick Check Activity: Looking at the Evidence
6) Individual Application: Identifying Automatic Thoughts

Module 3: Identifying Client Progress and Treatment Efficacy: Behavioral Activation, Action Plans, and Ending Treatment

Week 5

Overview

This module explains how to help clients develop evidence that supports/does not support a client's automatic thoughts and provides information on strategies for ending CBT treatment.

Assignments

Readings

1) Bollini, P., Tibaldi, G., Testa, C., & Munizza, C. (2004). Understanding treatment adherence in affective disorders: A qualitative study. *Journal of Psychiatric and Mental Health Nursing, 11*, 668-674. (Canvas)
2) Bryan, C. J., Gartner, A. M., Rudd, M. D., Wertenberger, E., Delanao, K. A., Wilkinson, E., Brietgback, J., & Bruce, T. O. (2010). Defining treatment completion according to patient competency: A case example using brief cognitive behavioral therapy (BCBT) for suicidal patients. *Professional Psychology: Research and Practice, 43*(2), 130-136. (Canvas)
3) Hays, P. (2009). Integrating evidence-based practice, cognitive behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*(4), 354-360. (Canvas)
4) Hope, D. A., Burns, J. A., Hayes, S. A., Herbert, J. D., & Warner, M. D. (2010). Automatic thoughts and cognitive restructuring in cognitive behavioral group therapy for social anxiety disorder. *Cognitive Therapy and Research, 34*, 1-12. (Canvas)
5) Lam, D., & Cheng, L. (1998). Cognitive behavior therapy approach to disputing automatic thoughts: A two-stage model. *Journal of Advanced Nursing, 27*, 1143-1150. (Canvas)
6) Padesky, C. A., & Mooney, K. (2012). Strengths-based cognitive behavioural therapy: A four-step model to build resilience. *Clinical Psychology and Psychotherapy, 19*, 283-290. (Canvas)
7) Price, J. (2013). Behavioural activation: An alternative to cognitive behavioral therapy. *Mental Health Practice, 17*(2), 27-33. (Canvas)

Individual Assignments

8) Quick Check Activity: Behavioral Activation and the Activity Scheduling Technique
9) Individual Application: Behavioral Activation, Understanding Depression

Module 4: Working with Individuals and Families

Weeks 6, 7

Overview

This module examines how intervention strategies and techniques are applied in a variety of clinical contexts for individuals and families (e.g., disruptive behavior in children, grief work, anxiety in youth).

Assignments

Readings

10) Gavita, O., Joyce, M., & David, D. (2011). Cognitive behavioral parent programs for the treatment of child disruptive behavior. *Journal of Cognitive Psychotherapy: An International Quarterly, 25*(4), 240-256. (Canvas)
11) Gibson, J. (2012). How cognitive behavior therapy can alleviate older people's grief. *Mental Health Practice, 15*(6). (Canvas)
12) Lee, C. M., Horvath, C., & Hunsley, J. (2013). Does it work in the real world? The effectiveness of treatments for psychological problems in children and adolescents. *Professional Psychology: Research and Practice, 44*(2), 81-88. (Canvas)
13) Podell, J. et al. (2013). Therapist factors and outcomes in CBT for anxiety in youth. *Professional Psychology: Research and Practice, 44*(2), 89-98.
14) Price, J. (2012). Cognitive behavior therapy: A case study. *Mental Health Practice, 15*(9), 26-31. (Canvas)
15) Rey, Y., Marin, C., & Silverman, W. K. (2011). Failures in cognitive-behavior therapy for children. *Journal of Clinical Psychology: In Session, 67*(11), 1140-1150. (Canvas)
16) Resick, P. A., Monson, C. M., & Rizvi, S. L. (2008). Post traumatic syndrome disorders. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual (*pp. 65-122). New York, NY: Guilford Press. (Canvas)
17) Young, J. E., Rygh, J. L., Weinberger, A. D., & Beck, A. T. (2008). Cognitive therapy for depression. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 250-305). New York, NY: Guilford Press. (Canvas)

Individual Assignment

18) M4 Quick Check Activity: Applying CBT to PTSD

Group Assignment

19) Discussion: Applying CBT to PTSD

Module 5: Working with Client Resistance

Week 8

Overview

This module provides information on how to deal with client resistance, particularly through understanding why people often resist change.

Assignments

Readings

1) Patterson, J., Williams, L., Grauf-Grounds, C., & Chamow, L. (1998). *Essential skills in family therapy: From the first interview to termination*. New York, NY: The Guilford Press. Chapter 10: Getting Unstuck in Therapy. (Canvas)

Individual Assignment

2) Quick Check Application: The DBT Perspective on Working with Client Resistance

Group Assignment

3) Discussion: Working with Client Resistance

Module 6: Working with Families

Weeks 9, 10

Overview

This module examines some of the strategies and techniques that are useful when working with troubled families.

Assignments

Readings

4) Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press. Chapter 3. (Canvas)
5) Nichols, M. (2008). *Family therapy: Concepts and methods* (8th ed.). New York, NY: Allyn & Bacon. Chapter 3. (Canvas)

Individual Assignment

6) Quick Check Activity: Working with Families: Guidelines and Techniques

Group Assignments

7) Group Application: Case Analysis Using MIGS
8) Discussion: Session Guidelines

Module 7: Working with Families: Structural and Strategic Family Therapies

Weeks 11, 12

Overview

This module takes a closer look at intervention strategies used for working with families.

Assignments

Readings

1) Stein, S. J., Mozdzierz, A. B., & Mozdzierz, G. (1998). The kinship of Adlerian family counseling and Minuchin's structural family therapy. *The Journal of Individual Psychology, 54*(1), 90-107. (Canvas)

2) Vetere, A. (2001). Structural family therapy. *Child Psychology and Psychiatry Review, 6(*3), 133-139. (Canvas)
3) Olson, D. H. (2000). Empirical approaches to family assessment. *The Journal of Family Therapy, 22(*2), 121-127. (Canvas)

Individual Assignments

4) Quick Check Activity: Structural Family Theory Boundary Concepts
5) Quick Check: Structural Family Therapy
6) Individual Application: Applying Structural Family Therapy Through Assessment and Treatment Planning

Module 8: Mental Health Practice for Adolescents and Youth: Suicide

Week 13

Overview

This module provides some key facts and information on suicide, with particular focus on adolescents and youth.

Assignments

Readings

1) Curtain, S. C., Warner, M., & Hedegaard, H. (2016). *Suicide rates for females and males by race and ethnicity: United States 1999 and 2014*. NCHS Health E-Stat. National Center for Health Statistics. (Canvas)
2) Gordon, M., & Glenn, M. (2014). Risk assessment and initial management of suicidal adolescents. *Australian Family Physician, 43*(6), 367-372. (Canvas)
3) Grandclerc, S., De Labrouche, D., Spodenkiewicz, M., Lachal, J., & Moro, M-R. (2016). Relations between nonsuicidal self-injury and suicidal behavior in adolescence: A systematic review. *PLoS ONE, 11*(4), 1-15. (Canvas)
4) Harris, K. M., Syu, J-J., Lello, O. D., Chew, Y. L. E., Willcox, C. H., & Ho, R. H. M. (2015). The ABC's of suicide risk assessment. *PLoS ONE, 10*(6), 1-21. (Canvas)
5) King, C., Berona, J., Czyz, E., Horwitz, A., & Gipson, P. (2015). Identifying adolescents at highly elevated risk for suicidal behavior in the emergency department. *Journal of Child and Adolescent Psychopharmacology, 25*(2), 100-108. (Canvas)
6) King, C. A., Gipson, P. Y., Horwitz, M. S., & Opperman, M. A. (2015). Teen options for change: An intervention for young emergency patients who screen positive for suicide risk. *Psychiatric Services, 66*(1), 97-100. (Canvas)
7) McManama, K. H., & Almeida, J. *Safety planning and brief interventions*. SW 464: Understanding Suicide. (Canvas)
8) Winsler, A., Deutsch, A., Vorona, R. D., Abramczyk Payne, P., & Szklo-Coxe, M. (2015). Sleepless in Fairfax: The difference one more hour of sleep can make for teen

hopelessness, suicidal ideation, and substance use. *J Youth Adolescence, 44*, 362-378. (Canvas)

Individual Assignment

9) Individual Application: Suicidal Screening Case Assessment

Group Assignment

10) Discussion: Suicide Statistics

Module 9: Mental Health and Addictions Practice and Intervention with Larger Systems

Weeks 14, 15

Overview

This module provides macrosystemic concepts and ideas to inform ongoing individual and family work, as well as intervention in the macrosystem.

Assignments

Readings

1) Boverie, P. E. (1991). Human systems consultant: Using family therapy in organizations. *Family Therapy, 18*(1), 61-71. (Canvas)
2) Meenaghan, T. M., & Gibbons, W. E. (2000). *Generalist practice in larger settings: Knowledge and skill concepts*. Chicago, IL: Lyceum Books, Inc. Chapter 3: Working with Organizations. (Canvas)
3) Reder, P. (1986). Multi-agency family systems. *Journal of Family Therapy, 8*, 139-152. (Canvas)
4) Schwartzman, H. B., & Kneifel, A. W. (1985). Familiar institutions: How the child care system replicates family patterns. In J. Schwartzman (Ed.), *Families and other systems* (pp. 87-107). New York, NY: The Guilford Press. (Canvas)

Group Assignments

5) Discussion: Assessing the Involvement of External Systems
6) Discussion: Defining the Problem
7) Discussion: Assessing Relationship Patterns

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be produced on a wordprocessor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

Assignments

6. Quick Check Activity: Case Conceptualization (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
7. Quick Check Activity: More About Developing Problem Lists (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
8. Quick Check Activity: Agenda Setting (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
9. Quick Check Activity: Maladaptive Thoughts (cont.) (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
10. Quick Check Activity: More About Core Beliefs and the Downward Arrow Technique (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
11. Quick Check Activity: Thought Record Technique (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
12. Quick Check Activity: Looking at the Evidence (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
13. Individual Application: Identifying Automatic Thoughts (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 10%
14. Quick Check Activity: Behavioral Activation and the Activity Scheduling Technique (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
15. Individual Application: Behavioral Activation: Understanding Depression (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 10%
16. Discussion: Applying CBT to PTSD (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%
17. M4 Quick Check: Readings Review (Individual Assessment)
    a. DUE: .....TBD

b. Final Grade Percentage: 0.75%

18. Quick Check Activity: The DBT Perspective on Working with Client Resistance (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
19. Discussion: Working with Client Resistance (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%
20. Quick Check Activity: Working with Families: Guidelines and Techniques (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
21. Discussion: Session Guidelines (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%
22. Group Application: Case Analysis Using MIGS (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%
23. Quick Check Activity: Structural Family Theory Boundary Concepts (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
24. Quick Check Activity: Structural Family Therapy (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 0.75%
25. Individual Application: Applying Structural Family Therapy Through Assessment and Treatment Planning
    a. DUE: .....TBD
    b. Final Grade Percentage: 10%
26. Discussion: Suicide Statistics (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%
27. Individual Application: Suicidal Screening Case Assessment (Individual Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 10%
28. Discussion: Assessing the Involvement of External Systems (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage 5%
29. Discussion: Defining the Problem (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%

30. Discussion: Assessing Relationship Patterns (Group Assignment)
    a. DUE: .....TBD
    b. Final Grade Percentage: 5%

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

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