



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

## Course Information

**Semester Year:** XXXXX  
**Section Number:** XXXXX  
**Location:** XXXXX  
**Day:** XXXXX  
**Time:** XXXXX

**Instructor:** XXXXX XXXXXXXXXXXX  
**Office:** XXXX  
**Email:** XXXX  
**Phone:** xxxxxx  
**Office Hours:** xxxxxxxxxxxx

## 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

- S685-01** 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.
- S685-02** Apply, synthesize, and evaluate diversity on behalf of individuals and families affected by mental health issues, substance use disorders, and other behavioral addictions.
- S685-03** 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, 5<sup>th</sup> 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 (2<sup>nd</sup> 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](https://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.



## 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:

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

#### ASSIGNMENTS:

1. 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:

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

#### ASSIGNMENTS:

1. 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:**

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

**ASSIGNMENTS:**

- 1. 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:**

- 1. Barlow, Ch 7, p. 312-323
- 2. Kellogg & Young (2006)
- 3. Greenberger & Padesky, p. 117-291

**ASSIGNMENTS:**

- 1. 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
a. Due .....Classes 12 & 13
b. Final Grade Points .....20 points
4. Individual Practice Exercise
a. Due .....By assignment
b. Final Grade Points .....10 points
5. Final Exam
a. Due .....Final Exam Week
b. 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 4<sup>th</sup> 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

## Course Policies

Incompletes and make-up work: Make-up assignments will be given only in cases of extreme and verifiable hardship. An unauthorized incomplete will be deemed as a failure to complete the course work and a grade of “F” will be entered. Consult with the instructor in a timely manner if you are having problems impacting the likelihood of success in this course.

Class Attendance: Attendance and participation are fundamental aspect of professionalism and graduate level study. As such, students do not receive extra credit for these areas. However, students lose points for inconsistent attendance, non-participation, or unprofessional behavior. Missing class and/or late arrivals, of course, lead to grades of zero on the weekly small group assignments. Early departures lead to grade deductions. In participating, learners should reflect respect for other class members in ways that are congruent with traditional university values, civil discourse, and the ethical principles of the social work profession. Learners, of course, should recognize the potential effects of their behavior in the class on their personal and professional reputation. Students who cannot attend class need to write a four page paper to be submitted by the following class summarizing the readings in order to avoid an automatic grade reduction of **3 points**.

Finally, students are responsible for being prepared for each class session by having completed the assigned reading as listed for each class. Participation through asking questions and making thoughtful comments on course content is encouraged.