

Candace Ziglor, LMSW

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Location TBA

Office hours by Appointment 3798 SSWB

Course Description

This course offers students the opportunity to practice the assessment, engagement, intervention and evaluation skills essential to interpersonal practice with children, youth and their families while considering the community, organizational, and policy contexts in which social workers practice. The student's field experience and future practice methods courses will build upon the skills rehearsed in this basic course. Throughout this course, students examine social work values and ethics as well as issues of race, ethnicity, gender, sexual orientation, religion, and ability as these relate to interpersonal practice.

Course Objectives & Practice Behavior

Upon completion of this course, students will be able to:

- 1) Describe ecological-systems, bio-psycho-social, problem solving, structural, and pathology versus strengths-based frameworks in practice with individuals, families, and small groups AND critique the strengths and weakness of these various frameworks.
- 2) Recognize the impact of race, gender, ethnicity, social class, sexual orientation, power and privilege on interpersonal practice by:
 - a. demonstrating self-awareness about how their attributes and life experiences impact on their capacity to relate to others with different personal attributes and life experiences.
 - b. describe how others who are very different may perceive them and how status and power issues impact professional relationships with clients, colleagues, and other professions.
- 3) Carry out the roles of advocate, broker, counselor/therapist, group facilitator, and resource developer and assess the appropriateness of these roles in context.
- 4) Demonstrate basic interpersonal practice skills including active listening, empathic responding, critical thinking, case recording, and contracting.
- 5) Conduct culturally sensitive interpersonal practice by:
 - a. engaging diverse client systems
 - b. employing assessment protocols of PIE, ecomaps, genograms, network maps, and group composition

- c. articulating treatment and prevention goals, developing measurable treatment and prevention objectives, and employing measurement tools to monitor and evaluate practice while maintaining sensitivity to the special needs of clients.
 - d. implementing treatment protocols consistent with treatment plans and sensitive to clients' situations
 - e. recognizing basic termination issues that pertain to interpersonal practice.
- 6) Operationalize the NASW code of ethics and recognize value dilemmas that emerge in interpersonal practice.

Course Relation to Competency Practice Behaviors & Ethics/Values

Relationship to SW Ethics and Values will be addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics will be used to give students direction about these ethical issues. In particular, this course will focus on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, interruption of services, and termination.

Competency #3 - Apply critical thinking to inform and communicate professional judgments. Social workers distinguish, appraise, and integrate multiple sources of knowledge, including research based knowledge and practice wisdom; analyze models of assessment, prevention, intervention, and evaluation; demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.

Competency #4 - Engage diversity and difference in practice. Social workers recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups, recognize and communicate their understanding of the importance of difference in shaping life experiences view themselves as learners, and engage those with whom they work as informants.

Competency #6 - Engage in research-informed practice and practice-informed research. Social workers use practice experience to inform scientific inquiry and use research evidence to inform practice.

Competency #7 - Apply knowledge of human behavior and the social environment. Social workers use conceptual frameworks to guide the processes of assessment, intervention, and evaluation critique and apply knowledge to understand person and environment.

Competency #10 (a)–(d) - Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities. Social workers collect, organize, and interpret client data; assess client strengths and limitations; develop mutually agreed-on intervention goals and objectives; select appropriate intervention

RELATIONSHIP OF THE COURSE TO FOUR CURRICULAR THEMES

- (1) Multiculturalism and Diversity will be concentrated in the topics of relationship building, communication, assessment, intervention, termination and evaluation. These topics will explore how the differences between worker and client impact and shape these critical dimensions of social work practice. Critical consciousness about power imbalances between children and their broader systems, children/client and interventionist and between client and agency will also be explored.
- (2) Social Justice and Social Change will be central to the topic of various roles assumed by social workers and in clienthood. The focus of the course is on small system change (individual, families, and groups) but the larger social context and implications for change will be embedded in person in the environment (PIE), ecological assessment, and in the experience of applicants as they enter social agencies. These themes will be integrated into this course through the use of case examples and case scenarios that will be selected by the instructor to exemplify skills in practice.
- (3) Promotion, Prevention, Treatment, and Rehabilitation will be themes reflected in various purposes and models of contemporary social work practice. In addition, this course will emphasize skills that can be implemented with promotion, prevention, treatment, and rehabilitation as practice goals and outcomes.
- (4) Behavioral and Social Science Research will be presented in this course to support practice methods, skills and assessment procedures. Planning, decision-making and intervention procedures will be directly borrowed from the behavioral and social sciences.

RELATIONSHIP OF THE COURSE TO ETHICS AND VALUES

Social work ethics and values will be addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics will be used to give students direction about these ethical issues. In particular, this course will focus on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, interruption of services, and termination. In addition, issues that arise when working with colleagues, such as referral, consultation, dispute resolution, and mediation will be addressed.

ACCOMMODATIONS

If you need or desire an accommodation for a disability, please let me know as soon as possible. Many aspects of this course, the assignments, the in-class activities and the way that the course is taught can be modified to facilitate your participation and progress throughout the semester. The earlier that you make me aware of your needs, the more effectively we will be able to use the resources available such as the services for Students with Disabilities (SSD) (734)763-3000 and the Adaptive Technology Computing Site. SSD typically recommends accommodations through a Verified Individualized Services and Accommodations (VISA) form. If you decide to disclose information regarding a disability, any information provided will be treated as private and confidential, and I will (to the extent permitted by law) treat that information as private and confidential.

Also, please notify me if religious observances conflict with class attendance or due dates for assignments so that we can make appropriate arrangements.

INSTRUCTOR EXPECTATIONS

Please review the syllabus and expectations in its entirety prior to committing to complete this course under my instruction. The syllabus is considered a working document and may be changed or altered at the discretion of the instructor.

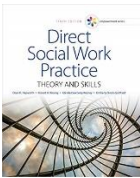
CLASSROOM CONDUCT

Students should plan to attend each class prepared to participate. If students are unable to attend or participate in the scheduled session, an email to the instructor is requested. If more than two absences occur, the student will not receive 50 % of the credit for points earned throughout the course of the semester. Students are expected to respect others' opinions and comments and be prepared to learn and educate in a respectful manner. Students that are unable to participate in respectful dialogue will be asked to exit the classroom and will not receive points for attendance or participation. Students are allowed to utilize electronic devices during sessions if utilized to support their work and success in the course. As professionals, it is understood that students will remain engaged in the session.

INSTRUCTOR CONTACT

Students needing to contact the instructor are asked to do so via email at cziglor@umich.edu. Students will need to communicate utilizing professional standards and include their name, course number and if they are requesting a response. Communications requesting a response will be addressed within 72 business hours during the semester. Students that wish to meet with the instructor should email with the preferred date and time frame (before or after class)

REQUIRED TEXT



Required Text: Hepworth, D. H., Rooney, R., Rooney, G. and Strom-Gottfried, K. (2017). Direct social work practice: Theory and skills (10th ed.). Pacific Grove, CA: Brooks/Cole.

All other readings will be available on CANVAS or through other electronic access.

COURSE DESIGN

In this course all phases of the IP treatment and prevention process (i.e. engagement, assessment, planning, intervention, evaluation, and termination) will be taught and rehearsed, with attention to how they are applied to work with individuals, families, and small groups. Students will learn and practice specific skills, such as empathic inquiry and collaborative exploration to assess problems in clients' lives that relate to attributes of the client (e.g. age, race, ethnicity, gender, sexual orientation, ability) as well as the historical, political, situational, environmental and psychological factors relevant to the client's functioning. Students will practice the use of specific assessment tools, such as biopsychosocial assessment, genograms, ecomaps, and family sculpting to discern patterns of functioning, to assess strengths and vulnerabilities, and to plan, implement and monitor process of growth or change strategies. Students will practice methods of intervention specific to three modalities of intervention, such as CBT, Motivational Interviewing and Psychodynamic Psychotherapy. Additionally, students will learn strategies of self-regulation in order to stay cognitively and emotionally able to effectively intervene in therapeutic relationships. Students will practice methods of evaluating change based on situational effectiveness and on whether their implementation enhances the client's capacity for self-determination and the system's capacity for justice.

This course will use various methods such as individual exercises, simulations, class discussion, and small group work to examine and practice the material presented.

COURSE REQUIREMENTS

COURSE ASSIGNMENTS & GRADING	DUE DATE	POINTS
Attendance & Participation	Ongoing	35
Simulated Client Write Up	September 17 th	15
Active Listening & Assessment	September 24 th	15
Genogram, Timeline & Reflection	October 12 th	20
Goal Setting	November 19 th	15
Total Points		100

ATTENDANCE AND PARTICIPATION (35 POINTS)

As described elsewhere in this syllabus, attendance and participation are key components of the learning associated with any course. This is especially true for a skills-based course like this one. Any more than one absence will result in a lower grade, and you also must participate throughout class, as evidenced by engaged listening, thoughtful verbal participation, and/or small-group participation. Each class period will be worth 2.5 points, which 1 point can be earned for attending and up to 1.5 points can be earned for participation during class.

SIMULATED CLIENT WRITE-UP (15 POINTS)

DUE SEPTEMBER 17TH

Write a 1-2 page description of your client character including:

- Client's Name, Age, and Identifying Information
- Presenting Problem
- Possible DSM V diagnosis
- Key social identities for the client
- Important and relevant family information
- Important and relevant life circumstances
- Also answer the following questions:
 - Detail and discuss the sources that you used to develop your client/character - memoirs, movies, clinical articles, etc. Please be specific about this, referencing at least 3 current articles that explore/examine either a DSM diagnosis or set of life circumstances which are relevant to your client/character. Also, please be precise in connecting which examples from your articles, memoirs, etc influenced and were useful in character development.
 - How is your character impacted by issues of privilege and oppression.
 - What personal and professional experiences did you call upon to develop your client/character, both respecting client confidentiality and only sharing personal material that you feel comfortable sharing.

ACTIVE LISTENING & ASSESSMENT (15 POINTS)

DUE SEPTEMBER 24TH

You will turn in two parts on September 24th:

1. Simulated Interview
2. Reflection

INTERVIEW:

With another classmate, student clinicians will be responsible for obtaining presenting problem information and completing at least one portion of the community mental health Integrated Health Bio psychosocial Assessment utilized by Detroit Wayne Mental Health Authority. Interview should last at least 15 minutes. Your goal is to develop a rapport with the classmate “client” and to obtain information relevant to their presenting needs and complete at least one section of the assessment tool.

Remember to demonstrate the use of empathic responses with emphasis on all layers of active listening skills. It will be important to ask clarifying questions, while remaining fully present with your interviewee.

When you are done interviewing, ask for some feedback as to how your interviewee experienced you in your role.

- Did they feel listened to and understood?
- What was the experience like for them to have someone “just” listen and inquire?

*Interview should be recorded for learning purposes. Interview should be submitted via YouTube. At the end of the interview, complete a reflection that includes the following:

EMPATHIC RESPONDING:

- Does your client feel UNDERSTOOD by you?
- Why do you think this is or is not the case?
- Do your responses accurately reflect the emotional nuance of the client’s communications?
- Do you use voice and intensity of expression to reflect a finely attuned understanding of the client’s moment by moment experiencing?

As a part of an effort to enhance your understanding of self and learn a valuable assessment tool, prepare a genogram of three generations of your own family. You may draw the genogram or use a software program to create the graphic. Several word processing packages allow for creation of square, circles, triangles, and ways to draw lines to link them. You could also use one of the "family genogram" programs that are available commercially or as shareware. In addition to the genogram, please include a timeline that includes your significant life events. You will turn in three parts on October 12:

1. Genogram and timeline drawing,
2. A brief (3- sentence) synopsis of the key people you have included.
3. The paper that addresses your integration of the material.

In creating your own genogram, include your grandparents and parents, if possible, as well as your siblings and yourself. If you have children or grandchildren, you may include them as the fourth and fifth generations, respectively.

Please don't be worried if you don't have strong family connections or don't have access to information. This exercise is part of learning about yourself. If it brings up a lot of anxiety, please see me.

For this exercise, rely on your own memory, rather than seeking a lot of information from other family members. Try to include the approximate dates and categories of significant family events, such as births, deaths, marriages, divorces, separations and losses, military service, significant hospitalizations, changes in place of residence (salient if a child moved frequently), injuries, and traumatic experiences. If you do not remember details, enter question marks instead of facts.

Develop a succinct, few-word synopsis of the personal characteristics of the more significant members in your experience. When you have completed your genogram, reflect on your childhood and family experiences in a 2-3 page reflective paper.

The following questions are simply a guide, use them and any others you'd like to guide your reflection (you can write in narrative form and needn't go question by question, but make sure to contemplate these areas):

1. What role or roles did you play in your family? At the present time, what roles do you tend to play in family or family-like situations? What about in other relationships?
2. How was affection expressed in your family? At the present time, how do you tend to express affection?
3. How were feelings such as anger, fear and joy (and any others) expressed in your family? At this point in your life, how do you express them? Do you notice any trends in emotion expression or how family members interact emotionally with each other?
4. How were people (especially children) educated, guided, and disciplined in your family? Who performed these functions? How did/do children tend to feel about the way they are treated in your family?
5. What intergenerational patterns did you notice? (Again, another area that tends to distinguish excellent vs. basic mastery)
6. How did your family reflect their cultural and ethnic identity? How do you reflect it today?
7. How has your family been affected by poverty, privilege, oppression, diversity or (in)justice?

8. Who, if anyone, are you like in your family? What did you learn about yourself or your family in completing this exercise (if you've done this before, what new questions or insights did it raise)? This is not just a family tree - this is a way for you to look at intergenerational patterns of interactions.
9. Final reflection - Any closing thoughts. Consider how what you have written about may impact you as you embark on your career as a social worker. This is a place for self reflection...you will receive highest marks for this section if you are thoughtful and thorough about what you found yourself thinking, feeling, wondering, etc. as you considered your family.

GOAL SETTING (15 POINTS)

DUE NOVEMBER 19TH

Write up an initial treatment plan (1 page) for your simulated client whom you will use throughout the class. You are asked to create a succinct document that summarizes a treatment plan for this client. It is not an academic paper, so no references and no academic justifications for your choices are expected. A more academic exploration of this topic is typical in the 521 class. Since SW 511 is conceptualized as a practice lab, this "Treatment Plan" is expected to take form as one that you would see in an actual clinical setting.

Your treatment plan should include the following parts:

1. Tentative Goals (with measurable objectives and tasks)
 - a. One Short-term
 - i. 3 corresponding objectives
 - b. One Long-term
 - i. 3 corresponding objectives
2. Recommendations/Proposed Intervention
 - a. Specify what model you chose and why you think it's appropriate for this client at this time.
 - b. Provide some detail about how you plan to implement the intervention in the session (but beware that you may have an agenda in mind that does not fit where your client is for that session, so don't feel wedded to your agenda.)
 - c. Focus of Attention of Intervention (and your rationale)
 - d. Possible obstacles and tentative approach to obstacles

Grading for this Course

A+ = 100%	B+= 89 – 91%	C+= 78 – 80%
A = 96 – 99%	B = 85 – 88%	C = 74 – 77%
A- = 92 – 95%	B- = 81 – 84%	C- = 70 – 73%

Incompletes are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The Student Guide criteria will be utilized to make final determinations. The student must formally request an incomplete from the instructor prior to the final week of classes.

COURSE OUTLINE

DATE	TOPIC	READINGS
9/11	Introduction to Interpersonal Social Work Ice Breaker Review of course expectations & syllabus Core Competency Training	<p>Corcoran, J. & Nichols-Casebolt, A. (2004). Risk and resilience ecological framework for assessment and goal formulation. <i>Child and Adolescent Social Work Journal</i>, 21(3), 211-235.</p> <p>Kam, P. K. (2012). Back to the 'social' of social work: Reviving the social work profession's contribution to the promotion of social justice. <i>International Social Work</i>.</p>
9/17	Basic Engagement Skills Engagement in different settings Engagement Strategies based on Stages of Change	<p>Decety, J., & Ickes, W. (Eds.). (2009). <i>What is Empathy?, Social Neuroscience of Empathy</i>. Cambridge, MA, USA: MIT Press.</p> <p>Gerdes, K., E. & Segal, E. (2001). Importance of empathy for social work practice: Integrating New Science, <i>Social Work</i>, 56(2), 141-148.</p> <p>Knight, C. (2012). Social workers' attitudes towards and engagement in self-disclosure. <i>Clinical Social Work Journal</i>, 40(3), 297-306.</p> <p>Nickerson, R. S. (1999). How we know—and sometimes misjudge—what others know: Imputing one's own knowledge to others. <i>Psychological Bulletin</i>, 125(6), 737-759.</p> <p>Thomas, M. L. (2006). The contributing factors of change in a therapeutic process. <i>Contemporary Family Therapy</i>, 28, 201-210.</p>
9/ 24	ACE Study Suicide Assessment and Interventions QPR Suicide Prevention	<p>Edwards, B. (2015). Ethical Decision-Making Models in Resolving Ethical Dilemmas in Rural Practice: Implications for Social Work Practice and Education. <i>Journal of Social Work Values and Ethics</i>, 12(1). Posner, K., PhD., et al (2011).</p> <p>NASW Code of Ethics http://www.socialworkers.org/pubs/code/code.asp</p> <p>Gipson, P. Y., et.al (2015). Columbia-suicide severity rating scale: Predictive validity with adolescent psychiatric emergency patients. <i>Pediatric Emergency Care</i>, 31(2), 88- 94.</p> <p>Posner, K., PhD., et al (2011). The Columbia-suicide severity rating scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. <i>The American Journal of Psychiatry</i>, 168(12), 1266- 7.</p>

10/1	Assessment Integrated Health Assessment Bio-psychosocial Assessment	<p>Igelman, R., Taylor, N., Gilbert, A., Ryan, B., Steinberg, A., Wilson, C., & Mann, G. (2007). Creating more trauma-informed services for children using assessment-focused tools. <i>Child welfare</i>, 86(5), 15.</p> <p>Lee, M.Y., Ng S.M., Leung, P., & Chan, C. (2009). <i>Integrative Body-Mind-Spirit Social Work: An empirically based approach to assessment and treatment</i>. New York: The Oxford University Press. Chapter 3: Systemic Assessment: Everything is Connected, pp. 51-82.</p> <p>Milewski-Hertlein, K. A. (2001). The use of a socially constructed genogram in clinical practice. <i>The American Journal of Family Therapy</i>, 29(1), 23-38.</p> <p>DSM V http://www.psychiatryonline.com.proxy.lib.umich.edu/</p>
10/8	Person Centered Planning: Goal Setting and Intervention Planning	<p>Bruns, E. J., Walker, J. S., Zabel, M., Matarese, M., Estep, K., Harburger, D., ... & Pires, S. A. (2010). Intervening in the lives of youth with complex behavioral health challenges and their families: The role of the wraparound process. <i>American Journal of Community Psychology</i>, 46(3-4), 314-331.</p> <p>DWC Online Training: Person Centered Planning with Children, Adults & Families</p> <p>Optional: DWC Online Training: Person Centered Planning and Individual Plan of Service for Direct Support Professionals (Direct Care Workers)</p>
10/15	FALL STUDY BREAK: NO CLASS	
10/22	Stages of Change Cultural Competence	<p>Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. <i>Psychotherapy: Theory, Research, Practice, Training</i>, 38(4), 443.</p> <p>DWC Online Training: Cultural Competency: Working with LGBTQ Youth Cultural Humility & the Work of Caring for Children, Adults, & Families</p>
10/29	Interventions	<p>Bigfoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children. <i>Journal of clinical psychology</i>, 66(8), 847-856.</p> <p>Hettema J., Steele J., & Miller WR. (2005). Motivational Interviewing. <i>Annual Review of Clinical Psychology</i>, 1, 91-111.</p> <p>Winship, G., and Knowles, J. (1996). The transgenerational impact of cultural trauma: Linking phenomena in treatment of third generation survivors of the Holocaust. <i>British Journal of Psychotherapy</i>, 13(2), 259-266.</p>

11/5	Models of Interventions	<p>Hubble, M.A., Duncan, B.L., and Miller, S.C., eds (1999). <i>The Heart of Soul of Change: What works in therapy</i>. Washington, D.C.: American Psychological Association.</p> <p>Kalibatseva, Z., and Leong, F.L. (2014). A critical review of culturally sensitive treatments for depression: Recommendations for intervention and research. <i>Psychological Services</i>, 11(4), 433–450.</p> <p>DWC Online Training: Cognitive-Behavioral Treatment of Children & Adolescents</p>
11/12	Family Therapy	<p>Dattilio, F. M. (2001). Cognitive-behavioral family therapy: Contemporary myths and misconceptions, <i>Contemporary Family Therapy</i>, 23 (1), 3-15.</p> <p>Fife, S. T., & Whiting, J. B. (2007). Values in family therapy practice and research: An invitation for reflection. <i>Contemporary Family Therapy</i>, 29(1-2), 71-86.</p> <p>DWC Online Training: Ethical Issues in Child & Family Therapy</p> <p>Optional Reading: Stantisben, D. A., Szapocznik, J., Perez-Vidal, A., Kurtines, W., Murray, E. J., & La Perriere, A. (1996). Efficacy of interventions for engaging youth/families into treatment and some variables that may contribute to differential effectiveness, <i>Journal of Family Psychology</i>, 10 (1), 35-44.</p>
11/19	Group Therapy	<p>Troester, J. D. (2002). Working through family-based problem behavior through activity group therapy. <i>Clinical Social Work Journal</i>, 30(4), 419.</p> <p>Tucker, A. R. (2009) Adventure-Based Group Therapy to Promote Social Skills in Adolescents, <i>Social Work with Groups</i>, 32:4, 315-329.</p>
11/26	Group Therapy	<p>Downey, J. (2014). Group therapy for adolescents living with an eating disorder: A Scoping Review. <i>SAGE Open</i>, 1-11.</p>
12/ 3	Evaluation & termination	<p>Campbell, A., and Hemsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. <i>Clinical Psychologist</i>, 13(1), 1-9.</p> <p>Duncan, B., & Sparks, J. (2001). <i>Heroic Clients, Heroic Agencies: Partners for Change</i>. Nova Southeastern University.</p> <p>Moore, L., Dietz. T., and Dettlaff, A. (2004). Using the Myers-Briggs Type Indicator in field education. <i>Journal of Social Work Education</i>, 40(2), 337-349.</p>

12/ 11	Self Care	<p>Adams, R. E., Boscarino, J. A. & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. <i>American Journal of Orthopsychiatry</i>, 76(1), 103-108.</p> <p>Richards, K. C., Campenni, C. E., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. <i>Journal of Mental Health Counseling</i>, 32(3), 247-264.</p>
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STUDENT RESOURCES AND INFORMATION

STUDENT MENTAL HEALTH AND WELLBEING

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact Counseling and Psychological Services (CAPS) at 734-764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at 734-764-8320 and <https://www.uhs.umich.edu/mentalhealthsvcs>, or for alcohol or drug concerns, see www.uhs.umich.edu/aodresources.

REFERENCES AND REFERENCING STYLE

When using others' work, it is mandatory to cite the original source. Social work publications generally follow the referencing format specified by the American Psychological Association (APA); therefore you are expected to follow this referencing style. Publication Manual of the American Psychological Association (6th Edition) is accessible via internet. Additionally, you may access APA examples at: <http://owl.english.purdue.edu/owl/resource/560/01/> for further help citing references in course assignments.

INTELLECTUAL HONESTY AND PLAGIARISM

It is your responsibility to be familiar with and abide by the School of Social Work's standards regarding intellectual honesty and plagiarism. These can be found in the MSW Student Handbook.

SELF AND GROUP CARE

The course topics and materials have the potential to elicit distress, anxiety, a sense of helplessness, rage and other strong and/or traumatic reactions. While these reactions are common and natural, they may be intense and may interfere with your personal and academic life. It is important to recognize your reactions (in other words, do not deny them, but explore and develop ways to process them). We, as a group, will acknowledge and address our reactions through class discussions, reflective writings and other means. I hope we can create a mutually supportive learning environment for all of us in the course.

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you are someone you know if feeling overwhelmed, depressed, and/or in need of support, services are available.

For help, contact:

- Counseling and Psychological Services (CAPS) - (734) 764-8312
- University Health Services (UHS) – (734) 764-8320
- UM Medical Center Psychiatric Emergency Services – (734) 996-4747 or (734) 936-5900 (Crisis phone service 24 hour/7 days)
- UM Sexual Assault Prevention & Awareness Center (SAPAC) – (734) 998-9368 or (734) 936-3333 (Crisis Line)
- UM Center for Education of Women - (734) 764-6005 o For alcohol of drug concerns, see www.uhs.umich.edu/aodresources

SAFETY & EMERGENCY PREPAREDNESS:

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone. All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom.

In the event of possible building closure (i.e. severe weather conditions, public health notices, etc), you may contact (734) 764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services, (734) 936-0961 (Room 1748) and/or email sswADAcpliance@umich.edu.