SCHOOL OF SOCIAL WORK
UNIVERSITY OF MICHIGAN

Course Title:	Interpersonal Practice Interventions in Integrated Health, Mental Health, and Substance Abuse (Adults)
Course #/Term:	602, Fall 2020
Time and Place:	Thursdays; 9:00 – 11:50AM, SSWB B760
Credit Hours:	3
Prerequisites:	521/or Permission from Professor
Professor:	Abigail Eiler, LMSW-Clinical, QMHP, CMHP
Pronouns:	She, Her, Hers
Contact Info:	rowea@umich.edu; 734-845-1442
	You may expect a response within 48 hours.
Office:	SSWB 3728
Office Hours:	Fridays; 8:00 – 9:00AM and by appointment

“The price of inaction is far greater than the cost of making a mistake.”
– Meister Eckhart

1. COURSE STATEMENT

a. Course Description
The course will build on intervention therapy and practice from the foundation semester and promote more advanced intervention skill level of engagement, contracting, use of evidence based, evidence informed interventions and termination/evaluation phases. Particular focus will be on advanced clinical competency development regarding: 1. Behavioral activation, 2. Cognitive restructuring, 3. Managing resistance, 4. Emotion Regulation, 5. Functional Analysis, 6. Problem solving and 7. Distress Tolerance.

b. Course Content
This course focuses on skill building to provide a range of brief, evidence-based and/or evidence-informed interventions including prevention, treatment and recovery as well as longer-term treatment and support for clients as appropriate. Examples include: motivational interventions; brief treatments for mental health and substance use problems; adjustment to illness, crisis intervention, and chronic illness management. Core evidence-based/evidence-informed therapies will be the focus of this class including: 1) motivational interviewing, 2) cognitive behavioral therapy (CBT), 3) dialectical behavior therapy (DBT), and 4) acceptance and commitment therapy (ACT).

This course is adult-focused. Attention will be given to application of interventions with clients across diverse populations and need with a focus on common health and mental health conditions such as depression/anxiety, substance use, chronic pain, etc. Attention will also be given to application of interventions in a variety of practice settings such as community mental health agencies, health care facilities and non-profit agencies.

c. Course Objectives & Practice Behaviors
Upon completion of the course, students will be able to:
1. Demonstrate engagement strategies that are relevant to the practice setting (EPAS Competency 1,6)
2. Utilize evidence-informed assessment procedures to identify appropriate intervention strategies
3. Develop person-centered treatment goals, objectives, and interventions. (EPAS Competency 1, 7, 8)

4. Implement evidence-based prevention and intervention strategies (e.g. cognitive behavioral interventions, parent management training) that are compatible with client's goals, needs, circumstances, culture, and values. (EPAS Competency 1, 8, 2)

5. Develop trauma-informed intervention skills in working with adults that are grounded in practice and research informed for effectiveness. (EPAS Competency 1, 2, 3, 4, 8)

6. Monitor and evaluate interventions with regard to: effectiveness, sensitivity to diversity factors; impact of adults' social identities on their experience of power and privilege; and appropriateness of the intervention to specific client needs resulting from conditions (EPAS Competency 1, 2, 8, 9)

d. Course Design

This course will employ a number of pedagogical strategies to promote knowledge and skill development, such as reading assignments, case analyses, interactive media simulations, in vivo exercises, role play simulations within the classroom, modeling and video demonstrations, didactic presentations of theory/models/procedures. Whenever possible, graded assignments will be tied to the field placement experiences of students.

Asynchronous and Synchronous class sessions will include a lecture or presentation, accompanied by a discussion or clinical practice/activity. This course is designed to be practice-oriented and will highlight advanced clinical practice techniques to work effectively with clients and colleagues in a variety of healthcare settings.

e. Relationship to Four Curricular Themes:

Social Science and Behavioral will be addressed through careful selection of intervention models for which there is empirical evidence on efficacy. Students will learn that although many time-limited models of practice with adults have proliferated over the past two decades, not all of them have generated research that demonstrates their efficacy.

Multiculturalism and Diversity will be addressed through careful analysis of how clinical models can be applied and modified to fit the special needs of various groups. Resistance and motivation of adults to interventions will be covered to demonstrate how effective intervention models must be adapted to the fit the needs of various ethnic and racial groups. This course will emphasize that mono-cultural clinical models must be adapted to fit the definitions of "problem" and "treatment" that exist in diverse groups in order for social workers to practice with adults from diverse backgrounds.

Social Justice will be addressed by recognizing that, historically, clinical services have excluded poor and oppressed clients from "talking therapies." Often these clients were given the harshest and most restrictive treatments (e.g. shock, sterilization, medications, and lobotomies), whereas more privileged clients were granted more benign interventions (e.g. outpatient family therapy). This course will examine these differences as well as how socioeconomic exclusion arises in screening criteria that exclude clients because of intelligence, verbal ability, insight, and motivation. We will examine these differences as well as how socioeconomic exclusion arises in screening criteria that exclude clients because of intelligence, verbal ability, insight, and motivation.

Promotion/Prevention/Treatment & Rehabilitation will be addressed through a focus on intervention models and intervention procedures that can be used to prevent and treat psychosocial problems of adults.

f. Relationship to social work ethics and values

This course will examine current ethical issues and controversies in the field integrated health care. The NASW Code of Ethics will be used to inform practice in this area. Students will analyze ethical issues related to: stigmatization and psychiatric labels; client confidentiality; client rights and prerogatives; especially the rights of populations at risk; prevention and elimination of discrimination; equal access to resources, services, and opportunities; respect for the diversity of cultures; changes in policy and legislation that promote improvements

in social conditions; and informed participation of the public. Students are required to abide by the NASW Code of Ethics while enrolled in the program.

g. Intensive focus on PODS

This course integrates PODS (privilege, oppression, diversity, and social justice) content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning.

2. COURSE REQUIREMENTS

a. Text and Class Materials

To fully engage in the course and become a competent and skilled social work practitioner, it is expected that students will complete all required readings prior to class on Wednesday. Readings will be embedded into course lectures, discussions, and assignments.

Required Text

**All additional readings, including textbook and journal articles may be found available on CANVAS or the University of Michigan Library website.

Recommended Text (Available online at the UMich Library: https://www.lib.umich.edu/)

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond*. Guilford press.

ISBN-13:	978-1-60918-504-6
ISBN-10:	1-60918-504-8

b. Class Schedule

Date/Time	Agenda	Required Reading & Assignments
Week 1: 9/3/2020 9:00-11:50am Via Zoom	Course Overview & Review of Course Syllabus Ethical Social Work Practice with Adult Clients Presentation sign-up (in-class)	**Required Readings:** SW602 Syllabus (in-class review) Edwards, J. B. (2015). Cultural Intelligence for Clinical Social Work Practice. Clinical Social Work Journal, 1-10. Workers, National Association of Social. NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers). Washington, DC: NASW, 2017.
Week 2: 9/10/2020 9:10 – 11:50am In-person:	Rapport Building Screening & Assessment with Adults Utilizing MI as a Counseling Style	**Required Readings:** Bockting, W. O., Knudson, G., & Goldberg, J. M. (2006). Counseling and mental health care for transgender adults and loved

Complete your health screen prior to arriving	Introduction to Motivational Interviewing (MI)	ones. *International Journal of Transgenderism*, *9*(3-4), 35-82. Santiago, C. D., Kaltman, S., & Miranda, J. (2013). Poverty and mental health: how do low-income adults and children fare in psychotherapy?. *Journal of Clinical Psychology*, *69*(2), 115-126. Sharpley, C. F., Jeffrey, A. M., & Mcmah, T. (2006). Counsellor facial expression and client-perceived rapport. *Counselling Psychology Quarterly*, *19*(4), 343-356. Siu, A. L., Bibbins-Domingo, K., Grossman, D. C., Baumann, L. C., Davidson, K. W., Ebell, M., ... & Krist, A. H. (2016). Screening for depression in adults: US Preventive Services Task Force recommendation statement. *Jama*, *315*(4), 380-387. **Recommended Reading:** Goldberg, S. E., Whittamore, K. H., Harwood, R. H., Bradshaw, L. E., Gladman, J. R., Jones, R. G., & Medical Crises in Older People Study Group. (2011). The prevalence of mental health problems among older adults admitted as an emergency to a general hospital. *Age and ageing*, *41*(1), 80-86. Nelson-Becker, H., Nakashima, M., & Canda, E. R. (2007). Spiritual assessment in aging: A framework for clinicians. Journal of Gerontological Social Work, 48(3/4), 331–347. Ryan, R. M., Lynch, M. F., Vansteenkiste, M., & Deci, E. L. (2011). Motivation and autonomy in counseling, psychotherapy, and behavior change: a look at theory and practice 1ψ7. *The Counseling Psychologist*, *39*(2), 193-260.
Week 3: 9/17/2020 9:00-11:50am Via Zoom	Moving Through the Stages of MI (Substance Use Disorders)	**Required Readings:** Bertholet, N., Faouzi, M., Gmel, G., Gaume, J., & Daeppen, J. B. (2010). Change talk sequence during brief motivational

		intervention, towards or away from drinking. *Addiction*, 105(12), 2106-2112. Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. *Journal of consulting and clinical psychology*, *71*(5), 843. Miller, W. R., & Tonigan, J. S. (1996). Assessing drinkers' motivation for change: the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of addictive behaviors*, *10*(2), 81. Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. *Psychotherapy: theory, research, practice, training*, *38*(4), 443. **Recommended Readings:** Bonn-Miller, M. O., Vujanovic, A. A., Boden, M. T., & Gross, J. J. (2011). Posttraumatic stress, difficulties in emotion regulation, and coping-oriented marijuana use. *Cognitive behaviour therapy*, *40*(1), 34-44.
Week 4: 9/24/2020 9:00-11:50am Via Zoom	Types of Resistance Rolling with Resistance (Personality Disorders – *goal-based approaches*)	**Required Readings:** Britton, P. C., Bryan, C. J., & Valenstein, M. (2016). Motivational interviewing for means restriction counseling with patients at risk for suicide. *Cognitive and behavioral practice*, *23*(1), 51-61. Forrester, D., Westlake, D., & Glynn, G. (2012). Parental resistance and social worker skills: Towards a theory of motivational social work. *Child & Family Social Work*, *17*(2), 118-129. Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and cognitive psychotherapy*, *37*(2), 129-140. Polaschek, D. L., & Ross, E. C. (2010). Do early therapeutic alliance, motivation, and stages of change predict therapy change for high-risk, psychopathic violent prisoners?. *Criminal Behaviour and Mental Health*, *20*(2), 100-111.

		Recommended Readings: Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy*, *35*(4), 639-665. Mallinckrodt, B. (2010). The psychotherapy relationship as attachment: Evidence and implications. *Journal of Social and Personal Relationships*, *27*(2), 262-270.
Week 5: 10/1/2020 9:10 – 11:50am <mark>In-person</mark>: Complete your health screen prior to arriving	**Pre-recorded Lecture:** Introduction/Overview of Cognitive Behavior Therapy ─────── Evaluation, Structuring the First Session, Treatment Planning & Homework in CBT Clinical Practice Day!!!	**Required Readings:** Ayers, C. R., Bratiotis, C., Saxena, S., & Wetherell, J. L. (2012). Therapist and patient perspectives on cognitive-behavioral therapy for older adults with hoarding disorder: A collective case study. Aging & mental health, 16(7), 915-921. McMain, S. (2007). Effectiveness of psychosocial treatments on suicidality in personality disorders. *Canadian Journal of Psychiatry*, 52(6), 103S-114S. Schnurr, P. P., Friedman, M. J., Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., ... & Turner, C. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Jama*, *297*(8), 820-830. Renner, F., van Goor, M., Huibers, M., Arntz, A., Butz, B., & Bernstein, D. (2013). Short-term group schema cognitive-behavioral therapy for young adults with personality disorders and personality disorder features: associations with changes in symptomatic distress, schemas, schema modes and coping styles. *Behaviour Research and Therapy*, *51*(8), 487-492. Weiss, M., Murray, C., Wasdell, M., Greenfield, B., Giles, L., & Hechtman, L. (2012). A randomized controlled trial of CBT therapy for adults with ADHD with and without medication. *BMC psychiatry*, *12*(1), 30.

		Recommended Readings: Beck Text, Chap. 1 - 3 Balán, I. C., Moyers, T. B., & Lewis-Fernández, R. (2013). Motivational pharmacotherapy: Combining motivational interviewing and antidepressant therapy to improve treatment adherence. *Psychiatry: Interpersonal & biological processes*, *76*(3), 203-209. Spain, D., Sin, J., Chalder, T., Murphy, D., & Happe, F. (2015). Cognitive behaviour therapy for adults with autism spectrum disorders and psychiatric co-morbidity: A review. *Research in Autism Spectrum Disorders*, *9*, 151-162. Westra, H. A., Arkowitz, H., & Dozois, D. J. (2009). Adding a motivational interviewing pretreatment to cognitive behavioral therapy for generalized anxiety disorder: A preliminary randomized controlled trial. *Journal of Anxiety Disorders*, *23*(8), 1106-1117.
Week 6: **10/8/2020** 9:00-11:50am Via Zoom	Ongoing CBT Sessions What to do when you are Stuck in Session… Behavioral Activation in CBT (Major Depressive Disorders)	**Required Readings:** Balán, I. C., Lejuez, C. W., Hoffer, M., & Blanco, C. (2016). Integrating motivational interviewing and brief behavioral activation therapy: Theoretical and practical considerations. *Cognitive and behavioral practice*, *23*(2), 205-220. Ehde, D. M., Dillworth, T. M., & Turner, J. A. (2014). Cognitive-behavioral therapy for individuals with chronic pain: efficacy, innovations, and directions for research. *American Psychologist*, *69*(2), 153. Unwin, G., Tsimopoulou, I., Kroese, B. S., & Azmi, S. (2016). Effectiveness of cognitive behavioural therapy (CBT) programmes for anxiety or depression in adults with intellectual disabilities: A review of the literature. Research in Developmental Disabilities, 51, 60-75. Wuthrich, V. M., & Frei, J. (2015). Barriers to treatment for older adults seeking

		psychological therapy. *International Psychogeriatrics*, *27*(7), 1227-1236.
		Recommended Readings: Beck Text, Chap. 6 – 8 Bettmann, J. E. (2006). Using attachment theory to understand the treatment of adult depression. Clinical Social Work Journal, 34(4), 531-542. Dimidjian, S., Barrera Jr, M., Martell, C., Muñoz, R. F., & Lewinsohn, P. M. (2011). The origins and current status of behavioral activation treatments for depression. *Annual review of clinical psychology*, *7*, 1-38.
Week 7: 10/15/2020 9:00-11:50am Via Zoom	Automatic Thoughts within CBT Identifying and Altering Core Beliefs (Anxiety Disorders)	**Required Readings:** DiMauro, J., Domingues, J., Fernandez, G., & Tolin, D. F. (2013). Long-term effectiveness of CBT for anxiety disorders in an adult outpatient clinic sample: A follow-up study. *Behaviour research and therapy*, *51*(2), 82-86. Furlong, M., & Oei, T. P. (2002). Changes to automatic thoughts and dysfunctional attitudes in group CBT for depression. *Behavioural and Cognitive Psychotherapy*, *30*(3), 351-360. Hundt, N. E., Amspoker, A. B., Kraus-Schuman, C., Cully, J. A., Rhoades, H., Kunik, M. E., & Stanley, M. A. (2014). Predictors of CBT outcome in older adults with GAD. Journal of anxiety disorders, 28(8), 845-850. Kwon, S. M., & Oei, T. P. (2003). Cognitive change processes in a group cognitive behavior therapy of depression. *Journal of Behavior Therapy and Experimental Psychiatry*, *34*(1), 73-85. **Recommended Readings:** Arch, J. J., Eifert, G. H., Davies, C., Vilardaga, J. C. P., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus

		acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of consulting and clinical psychology*, *80*(5), 750. Beck Text, Chap. 9 – 14
Week 8: 10/22/2020 9:10-11:50am In-person: Complete your health screen prior to arriving	Pre-recorded DBT Mini-Lectures _____ Clinical Practice Day!!!! DBT Skills Group Establishing Boundaries & Managing Disruptions Clinical Consultation Day!!!	**Required Readings:** DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A metaanalysis. Behavior therapy, 50(1), 60- 72. Davis, J. H. (2015). Facing Up to the Question of Ethics in MindfulnessBased Interventions. Mindfulness, 6(1), 46-48. Palmer, R. L., Birchall, H., Damani, S., Gatward, N., McGrain, L., & Parker, L. (2003). A dialectical behavior therapy program for people with an eating disorder and borderline personality disorder—description and outcome. *International Journal of Eating Disorders*, *33*(3), 281-286. Ramaiya, M. K., Fiorillo, D., Regmi, U., Robins, C. J., & Kohrt, B. A. (2017). A cultural adaptation of dialectical behavior therapy in Nepal. Cognitive and behavioral practice, 24(4), 428-444. **Recommended Readings:** Linehan, M. (2014). *DBT? Skills Training Manual*. Guilford Publications. – Chap. 1
Week 9: 10/29/2020 9:00-11:50am Via Zoom	Acceptance & Commitment Therapy (Part One) • Acceptance • Cognitive Defusion	**Required Readings** Blackledge, J. T. (2003). An introduction to relational frame theory: Basics and applications. *The Behavior Analyst Today*, *3*(4), 421. Hayes, S. C., Levin, M. E., Plumb-Vilardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*, *44*(2), 180-198.

		Wilson, K. G., & Sandoz, E. K. (2008). Mindfulness, values, and the therapeutic relationship in Acceptance and Commitment Therapy. Mindfulness and the therapeutic relationship, 89-106. **Recommended Readings:** Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, *44*(1), 1-25. Hayes, S. C. (2016). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies–republished article. *Behavior therapy*, *47*(6), 869-885.
Week 10: 11/5/2020 9:00-11:50am Via Zoom	Acceptance & Commitment Therapy (Part Two) • Being Present • Self as Context	**Required Readings** Bach, P., & Hayes, S. C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: a randomized controlled trial. Journal of consulting and clinical psychology, 70(5), 1129. Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. Clinical case studies, 4(3), 246-262. Márquez-González, M. O., Losada, A., & Romero-Moreno, R. (2014). Acceptance and commitment therapy with dementia care-givers. In The Oxford handbook of clinical geropsychology. **Recommended Readings:** Brown, L. F., Davis, L. W., LaRocco, V. A., & Strasburger, A. (2010). Participant perspectives on mindfulness meditation training for anxiety in schizophrenia. American Journal of Psychiatric Rehabilitation, 13(3), 224-242. Danbolt, L. J., Miller, P., Lien, L., & Hestad, K. A. (2011). The personal significance of religiousness and spirituality in patients with schizophrenia. The

		international journal for the psychology of religion, 21(2), 145-158. Monteiro, L. M., Musten, R. F., & Compson, J. (2015). Traditional and contemporary mindfulness: finding the middle path in the tangle of concerns. Mindfulness, 6(1), 1-13.
Week 11: 11/12/2020 9:10-11:50am **In-person**: Complete your health screen prior to arriving	Acceptance & Commitment Therapy (Part Three) - Values; - Committed Action _____ Clinical Practice Day!!!	**Required Readings** Beilby, J. M., Byrnes, M. L., & Yaruss, J. S. (2012). Acceptance and commitment therapy for adults who stutter: Psychosocial adjustment and speech fluency. Journal of Fluency Disorders, 37(4), 289-299. Twohig, M. P., Abramowitz, J. S., Bluett, E. J., Fabricant, L. E., Jacoby, R. J., Morrison, K. L., ... & Smith, B. M. (2015). Exposure therapy for OCD from an acceptance and commitment therapy (ACT) framework. Journal of Obsessive-Compulsive and Related Disorders, 6, 167-173. Twohig, M. P., & Crosby, J. M. (2010). Acceptance and commitment therapy as a treatment for problematic internet pornography viewing. Behavior Therapy, 41(3), 285-295.
Week 12: 11/19/2020 9:00-11:50am Via Zoom	Clinical Consultation Day #2	
Week 13: 11/26/2020	**NO CLASS**	**NO CLASS**
Week 14: 12/3/2020 9:00-11:50am Via Zoom Last Day of Class!!!	Post-traumatic Growth & Resilience Assessing for Trauma in Adult Clients Childhood Attachment and Adult Functioning (Trauma & Other Stress-related Disorders)	**Required Readings** Anthony, S., & Pagano, G. (1998). The therapeutic potential for growth during the termination process. Clinical Social Work Journal, 26(3), 281-296. Iverson, K. M., Gradus, J. L., Resick, P. A., Suvak, M. K., Smith, K. F., & Monson, C. M. (2011). Cognitive–behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence

	Addressing Problems in Therapy Reflections & Termination	among interpersonal trauma survivors. *Journal of consulting and clinical psychology*, *79*(2), 193.

McLaughlin, A. A., Keller, S. M., Feeny, N. C., Youngstrom, E. A., & Zoellner, L. A. (2014). Patterns of therapeutic alliance: Rupture–repair episodes in prolonged exposure for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, *82*(1), 112.

Thompson, N. J., Fiorillo, D., Rothbaum, B. O., Ressler, K. J., & Michopoulos, V. (2018). Coping strategies as mediators in relation to resilience and posttraumatic stress disorder. *Journal of affective disorders*, *225*, 153-159.

Recommended Readings:
Collins, N. L., & Feeney, B. C. (2000). A safe haven: An attachment theory perspective on support seeking and caregiving in intimate relationships. *Journal of personality and social psychology*, *78*(6), 1053.

Graf, N. M., Miller, E., Feist, A., & Freeman, S. (2011). Returning veterans' adjustment concerns: Family views. Journal of Applied Rehabilitation Counseling, 42(2), 13-23.

Widom, C. S., Czaja, S. J., Kozakowski, S. S., & Chauhan, P. (2018). Does adult attachment style mediate the relationship between childhood maltreatment and mental and physical health outcomes?. *Child abuse & neglect*, *76*, 533-545.

Baum, N. (2007). Therapists' responses to treatment termination: An inquiry into the variables that contribute to therapists' experiences. Clinical Social Work Journal, 35(2), 97-106.

Gelman, C. R., Fernandez, P., Hausman, N., Miller, S., & Weiner, M. (2007). Challenging endings: First year MSW interns' experiences with forced termination and discussion points for supervisory |

		guidance. Clinical Social Work Journal, 35(2), 79-90.

c. Assignments

Course Assignments	Due Date	Points / (% of Grade)
Attendance & Participation (Facilitation) - *1 point per class, plus 5 points for class facilitation (see below).*	*Ongoing*	20 / 20%
Ethics Issue Paper	*9/24/2020*	10 / 10%
Role Plays, Reflections, and Peer Evaluations - Assessment (Monday, 9/28) - Intervention 1 (Monday, 11/2) - Intervention 2 (Monday, 11/30)	*Varies*	45 / 45%
Clinical Consultation Day Presentation Slides & Reflection	*11/19/2020* *11/20/2020*	15 / 15%
Book Review	*12/1/2020*	10 / 10%
Extra Credit Options: SIMmersion Training Center Exercises -OR- Online Cognitive Processing Therapy	*12/3/2020*	3 pts
Total Possible Points		**100**

Attendance & Participation (20 points/20%)

As an advanced practice course, it is important that you attend each class session. The class sessions involve skill development experiences that go beyond course readings/learning tasks. Missing class sessions will lower your grade since your participation as a co-learner is essential to meet the learning goals for this requirement.

Regular class attendance is a requirement of this course. Your grade will be negatively impacted if more than one class is missed without this Professor's approval. Please communicate any classes that you may miss to this Professor via email (rowea@umich.edu) or phone/text (734-845-1442). The student and Professor will agree upon make-up assignments when more than one class is missed. *Any failure to communicate an absence to this Professor will result in a full point deduction for that class. Please refer to the* Policy on Class Attendance *found in the MSW Student Guide for additional information.*

Each class encourages dialogue regarding the readings, lectures, and in-class skills demonstrations. Participation in this course will occur in small and large group discussions. It is essential to abide by the NASW Code of Ethics and maintain the highest level of respect for another as colleagues/peers, as well as for the clients/communities that we will be discussing in class. Please avoid the use of electronics during the course. If you need to take a phone call or respond to a text message or email, then please step out of the class and return when you are done. It is expected that your computer only be used to take notes during lectures.

Levels of participation may vary based on comfort and interest in topics discussed. I will do my best to honor each student's participation level in the course. Please communicate any difficulty that you are experiencing related to course materials and discussions and I will do my best to help resolve the matter or identify appropriate support services if requested.

During the first week of class, you will choose a topic that corresponds with the course material. It will become your responsibility to facilitate the class discussion on the day the topic is covered in class. Weekly facilitations will occur after the lecture and in-class assignments are complete.

You will be awarded 5 points for:

➢ creating thought provoking questions about the topic (2 points) – to be submitted via CANVAS before class; and
➢ integrating PODS into the discussion (3 points).

A Note on the Learning Environment:
The class is designed as a co-learning environment and one where class members are encouraged to try new skills and take risks. Your contribution as a "teacher and a learner" in the class will enhance the learning for all class members.

Quality social workers must be self-aware, self-reflective, and open to exploring our own histories and issues regarding any given concern or population. Be prepared to reflect on and explore your own family history, social systems, experiences, identity, cultural background and assumptions regarding all forms of diversity. There will be a variety of ways that students can do this through critical thinking, assignments and active participation in class discussions and activities.

Being honest, sensitive, and respectful to each other in preparation for quality social work practice is one of the learning environment goals. Please share opinions and feedback with others in discussions and exercises, and when you do so, please try to state them in a respectful and constructive manner.

Also, prepare yourself to hear varying opinions and feedback non-defensively, and to use those data or challenge them constructively. Please practice tolerance, not expecting yourself or your classmates to be polished in discussions about issues that can be challenging and confusing. We can expect to blunder and make mistakes in the classroom so that we are better prepared when we are in the field; please honor this process.

A student is expected to be on time, prepared with questions from readings, DVDs and assignments, respectful of diverse perspectives, open to learning and to complete assignments on time.

All assignments are expected to be handed in on their due date prior to the end of the day (11:59pm). Late assignments will be marked down 1 point for <u>every day</u> they are late.

Ethical Issues Paper (5 points/5%)
Describe a current or past ethical dilemma you faced with an adult client. If you have not had experience working with adult clients, then please identity a dilemma that you anticipate may occur in the future or one that you've heard of from a colleague or peer. Discuss possible ways for resolving the dilemma or the way you did resolve it. Make sure to reference what ethical violation(s) exists in the identified dilemma. This brief paper should be 1 – 2 pages in length and in APA format. It should reference a particular code or section of the NASW Code of Ethics.

Role Plays, Reflections, and Peer Evaluations (45 points/45%; 15 points each)
This is a partnered assignment block. You will work with a classmate (or 2) to practice full-length (50-minute) therapy sessions using vignette-based clients. A total of three (3) sessions will be recorded with a partner and submitted to the instructor for a grade via Canvas. When acting as the clinical social worker, you will be responsible for completing and submitting a SOAP note based on the role-play. As a mock "client," you will fill out a Session Rating Scale for each role-play and provide it to your classmate as a way to provide peer feedback/evaluations. You will also submit a reflection to explore your experience with demonstrating the intervention skills, your understanding of the modality, and any outstanding questions that you have about the

intervention you demonstrated. Your reflection paper is expected to be 1 - 2 pages in length and in APA format. Your video and reflection papers should be submitted on CANVAS. Any late submissions will result in a 1 point deduction per day.

Clinical Case Consultation & Written Reflection (15 points/15%)
Each student will present a case to a consultation team (approx. 4-5 students) during class on November 19th and submit a written summary/reflection the following week, October 30. Assignment instructions can be found on CANVAS.

Book Review (10 points/10%)
You may choose one of two book provided for your book review. You will complete a brief written summary/reflection in preparation for in-class (held via Zoom) discussion on December 3rd. This assignment invites you to engage in clinically relevant content and gives you the opportunity to critically explore its relevance to your life experience and/or practice. Assignment instructions can be found on CANVAS.

d. Grading

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%

Please note: A grade in the A range is based on demonstration of skills <u>beyond</u> expected competency and at an exemplary, outstanding, or excellent degree. A grade of B indicates mastery of the subject content at a level of expected competency for graduate study. A B grade indicates the work has met the expectations of an assignment for graduate student performance. A C grade range indicates minimal understanding of subject content and significant areas need improvement.

For all assignments, you will be graded on:
- Meeting assignment parameters (we will review parameters for each assignment ahead of time);
- Quality of writing skills: clarity of thought, organization, and flow (also see below);
- Effort/ability to self-reflect and think critically;
- Demonstration of social work values (PODS, empathy, strengths-based thinking, etc);
- Insightfulness and clinical acuity;
- Integration of reading materials, as requested; and
- Ability to discern which aspects of use of self would be important in assessment or intervention

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 (7th Edition) is accessible via internet.

You may also refer to: Grades in Academic Courses and in Field Instruction as well as Student Grievance procedures and the policy for grading in special circumstances.

Incompletes
Incompletes are given only when it can be demonstrated that it would be unfair to hold the student the stated time limits of the course. The Student Guide, Vol. 1, Sec. 8.01 states that and I grade is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of

course work approved by the instructor. The student must formally request an incomplete from the instructor prior to the final week of classes.

COVID-19 Statement

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your responsibility for protecting the collective health of our community. Your participation in this course on an in-person/hybrid basis is conditional upon your adherence to all safety measures mandated by the State of Michigan and the University, including maintaining physical distancing of six feet from others, and properly wearing a face covering in class. Other applicable safety measures may be described in the Wolverine Culture of Care and the University's Face Covering Policy for COVID-19. Your ability to participate in this course in-person/hybrid may be impacted by failure to comply with campus safety measures. Individuals seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the Office for Institutional Equity. If you are unable or unwilling to adhere to these safety measures while in a face-to-face class setting, you will be required to participate on a remote basis.

Students who fail to comply with remote-only participation will be de-enrolled from the class and will be reported as violating the Student Rights and Responsibilities COVID Addendum language which states:

1. Members of the Student community are expected to comply with health and safety laws, orders, ordinances, regulations or health and safety guidance adopted by the University as it relates to public health crises, including COVID-19, where failure to do so may result in public health risk. This guidance will evolve as the public health crisis evolves and may include, but is not limited to, social distancing, mandatory COVID-19 testing, de-densifying efforts, limitations on mass gatherings, wearing a face covering, contact tracing, and quarantine / isolation requirements.

2. Failure to comply with the public health guidance adopted by the U-M as it relates to face coverings, which is subject to change and which is currently located at: http://ehs.umich.edu/wpcontent/uploads/2020/07/U-M-Face-Covering-Policy-for-COVID-19.pdf

3. Failure to participate in and maintain isolation and/or quarantine, as instructed by a health care provider or public health officials, which may include U-M Environmental health and safety. Students seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the Office for Institutional Equity.

4. Hosting or attending a social gathering larger than the allowable limits set by any state or local law or University policy. This provision does not preclude constitutionally protected activity, such as protesting, or individuals who may be residing together in a single household.

Health-Related Class Absences

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a Doctor's note) for medical excuses is not required.

Class Recording and Course Materials

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the

instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor. Recording and Privacy Concerns FAQ

3. ADDITIONAL COURSE INFORMATION AND RESOURCES

Additional School and University policies, information and resources are available here:
https://ssw.umich.edu/standard-policies-information-resources

They include:
- Safety and emergency preparedness
- Mental health and well-being
- Teaching evaluations
- Proper use of names and pronouns
- Accommodations for students with disabilities
- Religious/spiritual observances
- Military deployment
- Writing skills and expectations
- Academic integrity and plagiarism