

**LOMA LINDA UNIVERSITY**  
**DEPARTMENT OF SOCIAL WORK AND SOCIAL ECOLOGY**  
**SOWK 787A Advanced Professional Practicum & Seminar: Clinical**  
**Fall Quarter 2006-2007**

<b>Section:</b>	<b>Instructor:</b>	<b>Contact Info:</b>	<b>Units:</b>	<b>Lecture:</b>	<b>Room:</b>
1	Terry Forrester, LCSW	(909) 558-7144 tforrester@llu.edu		Thursdays, 1:10-3:00 p.m.	TBA
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**TEXTBOOK**

Loma Linda University Graduate School (2006). *Loma Linda University Department of Social Work, Field Manual*. Loma Linda, CA: Author.

Roberts, A. & Yeager, K. (2006). *Foundations of Evidence-Based Social Work Practice*. New York, New York: Oxford University Press.

**SUPPLEMENTAL READINGS FROM THE FOLLOWING BOOKS**

O'Hare, T. (2005). *Evidence-Based Practices for Social Worker: An Interdisciplinary Approach*. Chicago, Illinois: Lyceum Books, Inc..

**COURSE GOAL**

To provide a forum for integrating the advanced practice experiences and course work of students in the clinical concentration.

**COURSE OBJECTIVES**

- To formalize students' proficiency in the communication of conceptual linkages between theories, analytical models, and assumptions that shape their understanding of assessment and intervention;
- To prepare students for advanced clinical practice with individuals, families, households, and groups by operationalizing into students' practice an understanding of the rationales and assumptions underpinning various treatment modalities, techniques and strategies used in a variety of health and mental health settings for working with different populations and presenting problems;
- To solidify students' understanding of the multi-dimensional dynamics of physical and mental illness as these have impact on individuals, groups, household, families, and communities, and the consequent continuum of professions;
- To formalize students' comprehensive understanding of the assessment process and diagnostic schemata involving intrapersonal and interpersonal factors, cultural diversity, and environmental influences on client systems;
- To solidify students' understanding of the principle determinants of individual and collective behavior, taking into consideration the values, history, and culture of varied racial, ethnic, and socio-economic groups;
- To operationalize for students an understanding of the significance of self-awareness on professional conduct and treatment objectives;
- To solidify students' abilities in seeking out and locating resources to complement their established

knowledge base with the goal of benefiting the client system;

- To solidify students' understanding of the multiple conceptual frameworks for examining the dynamics of planned and unplanned change that occur within the differential contexts of social work practice, with emphasis on developing students' capacity to articulate these metamorphic events into researchable queries and practice interventions;
- To formalize students' application of research principles as applied to the analysis, planning, and evaluation of clinical practice in health and mental health; and
- To provide students with clinical practice opportunities, thus instilling competence in using integrative strategies to deal with the range of issues and services needed in the client system.

## **LEARNING OBJECTIVES**

The following outcomes reflect the learning expectations of students through the combined experience of practicum and seminar.

### *Clinical Concentration Learning Objectives*

- I. Understands, Respects, and Integrates the Ethics and Values of the Social Work Profession  
Competencies: The minimum learning expectation for all students
  - a. Demonstrates respect for right of self-determination.
  - b. Maintains appropriate guidelines for confidentiality.
  - c. Maintains appropriate boundaries, distinguishing professional relationships from personal relationships.
  - d. Demonstrates the capacity to respect diverse issues of gender, race, religion, class, sexual orientation, disability, sexual orientation and age.
  - e. Identifies ethical dilemmas as these arise and takes to supervision for discussion.
  - f. Demonstrates use of professional judgment and conduct consonant with the values, ethics, legal, and multidimensional responsibilities of clinical practice.
  - g. Demonstrates understanding of mandated reporting laws and responsibilities.
  
- II. Demonstrates Motivation in the Role of Learner  
Competencies: The minimum learning expectation for all students
  - a. Takes initiative to identify own learning needs.
  - b. Demonstrates an ability to integrate new knowledge.
  - c. Actively participates by asking questions and volunteering information while in supervision or other training experiences.
  - d. Demonstrates ability to learn from a variety of sources (peers, other agency staff, field instructor, preceptors, consultants, assigned reading.)
  - e. Demonstrates the integration of complex theories and research findings in developing his/her practice proficiency.
  - f. Evidences interest and takes advantage of opportunities for expanding his/her knowledge and skills for working with population groups and problem area
  - g. Demonstrates the capacity to evaluate his/her own practice in specific and meaningful ways.
  - h. Accepts and utilizes constructive criticism.
  - i. Acknowledges areas of strength.
  - j. Acknowledges areas of needed growth and development.
  - k. Demonstrates ability to identify own values and the potential impact on treatment objectives.
  - l. Prepares for supervisory conferences.
  - m. Participates in educational planning and evaluation of his/her performance.

- n. Demonstrates ability to assess need for direction from field instructor and is able to operate independently when appropriate.
  - o. Demonstrates familiarity with and how to access information (i.e. ICWA, ICPC, MEPA) and /or policies unique to CPS.
- III. Demonstrates Knowledge of the Agency's Mission, Goals, Organizational Structure and Community which is Served  
Competencies: The minimum learning expectation for all students
- a. Demonstrates working knowledge of the practicum agency's mission, goals, policies, and procedures.
  - b. Identifies and understands the intra-agency organizational relationships and activities.
  - c. Demonstrates knowledge, respect, and ability to work cooperatively with support staff in the practicum setting.
  - d. Collaborates appropriately with other professionals or as a member of a multi-disciplinary team to ensure integrated and comprehensive services to clients.
  - e. Demonstrates competence in accessing and utilizing community resources that are appropriate for the population being served.
  - f. Identifies social policies, laws, practices, etc. that impact the client system or delivery of service.
  - g. Understands the principles of concurrent and permanency planning.
  - h. Understands the process of the legal system and the role of social workers and other professional in relation to the juvenile justice court.
- IV. Demonstrates Responsible Work Management Skills  
Competencies: The minimum learning expectation for all students
- a. Keeps accurate and up-to-date case records following agency policy.
  - b. Completes and submits comprehensive process recordings (written, audio or video, minimum of one per week.)
  - c. Writes in a well organized, comprehensive, and concise manner, using appropriate grammar, spelling, and professional vocabulary.
  - d. Manages workload and prioritizes work assignments.
  - e. Complies with agreed upon field practicum hours, including responsibilities to client and agency site.
  - f. Writes legibly and thoroughly in all types of documentation.
  - g. Demonstrates the ability to prepare written reports for court in a timely manner.
  - h. Aware of risk management issues and able to appropriately resolve potentially harmful situations.
  - i. Complies with contact requirement as mandated by program status.
- V. Demonstrates Skill in Developing an Appropriate Case/treatment Plan Based on the Biopsychosocial Assessment and Diagnosis (When Applicable.)  
Competencies: The minimum learning expectation for all students
- a. Demonstrates competence in completing a biopsychosocial history.
  - b. Demonstrates basic knowledge of systems theory in work with clients.
  - c. Demonstrates the critical thinking necessary to identify diagnostic criteria.
  - d. Demonstrates awareness of self and responds objectively and purposefully rather than out of own needs and personal reactions.
  - e. Demonstrates an ability to integrate and apply multiple theoretical frameworks in assessing client's presenting problem, assessment, and intervention.
  - f. Student demonstrates a solid understanding of the multidimensional dynamics of physical and mental illness as these impact client systems (i.e., individuals, groups, households, families, and communities.)
  - g. Demonstrates capacity to elicit information, including facts, feelings, and goals from client and significant others.

- h. Demonstrates ability to identify and clarify the presenting problem(s) and underlying dynamics and issues.
  - i. Demonstrates ability to assess client and/or family member at risk for suicide, homicide, child abuse, elder abuse, spousal abuse, substance abuse, etc.
  - j. Demonstrates ability to identify the client's internal strengths and support systems.
  - j. Demonstrates competence in formulating case/treatment plan based on the biopsychosocial assessment.
  - k. Demonstrates competence in completing comprehensive risk and safety assessment and having working knowledge of WIC300.
  - l. Demonstrates the ability to identify the client's internal strengths and support systems as well as engage the client to do so.
- VI. Demonstrates awareness of self and the impact on the helping process.  
Competencies: The minimum learning expectation for all students
- a. Shows ability to differentiate one's own feelings, values, attitudes, and behavior from those of the client.
  - b. Demonstrates awareness of self and responds objectively and purposefully rather than out of own needs and personal reactions.
  - c. Constructively deals with conflict and stress within the therapeutic process and agency context.
- VII. Student demonstrates skill in managing and maintaining the intervention process.  
Competencies: The minimum learning expectation for all students
- a. Understands the dual responsibility of the child welfare caseworker to protect children and provide services that support families as caregivers.
  - b. Recognizes signs and symptoms of substance abuse in children and adults while incorporating knowledge of individual, family, and cultural dynamics, and is able to assess its impact.
  - c. Demonstrates knowledge of a range of practice intervention reflecting the continuum of social work practice: information and referral, advocacy, case management, crisis intervention, short term intervention, and long term intervention and on-going case reassessment.
  - d. Demonstrates knowledge of pre-placement preventative services, placement services, reasonable services, and concurrent planning.
  - e. Formulates a specific intervention plan with the client on an ongoing basis that includes appropriate short term and/or long term goals.
  - f. Demonstrates advanced clinical knowledge and skills through the differential selection and application of treatment modalities, techniques, and strategies appropriate to identified populations and presenting problems.
  - g. Effectively deals with client resistance by engaging client and understanding the dynamic processes involved in removal of child from their home.
  - h. Plans and implements appropriate termination process with clients.
  - i. Understands and uses verbal and non-verbal cues including: body positioning, eye contact, speech patterns, tone and volume of voice.
  - j. Demonstrates an ability to use the following:
    - i. Open and closed questioning, encouraging, paraphrasing, reflecting, and summarizing.
    - ii. Refraining, partializing, prioritizing, and focusing.
    - iii. Clarification, interpretation, and use of silence.

## **COGNITIVE AND AFFECTIVE LEARNING EXPERIENCES**

The primary method for seminar will be interactive as opposed to didactic teaching. All students are required to actively participate in the teaching/learning process with the seminar instructor. Students are expected to

take the initiative in presenting cases for class discussion and in giving feedback to other students.

## **COURSE ASSIGNMENT**

*Required Readings:* Course readings designated as required provide the major content for discussions. *Required readings are located in either the course text books or the course supplement.*

*Attendance Policy:* Students are expected to attend all sessions of all classes. Failure to do so will negatively impact the student's grade and may place the student in jeopardy of course failure. This policy exists because the social work program is one of professional preparation. In addition to acquiring theoretical knowledge, students are expected to acquire professional values, to integrate knowledge from a range of courses, to develop professional skills and be socialized into the profession. The faculty of the Department of Social Work and Social Ecology are convinced that this cannot be accomplished through independent study alone. Thus, attendance is required unless legitimate and special reasons exist for absences or tardiness. Any such absences or tardiness should be discussed directly with the course instructor.

Classes begin at 10 minutes after the hour unless otherwise arranged. Students are required to be in the classroom and seated by that time. Instructors have the right to refuse entry or reentry to any students who are tardy or who take frequent and/or extended breaks from class. Early departures from classes are also not acceptable. Tardiness, frequent and/or extended breaks, and early departures are all recorded as absences. All absences are factored into the course grade and may be substantial enough to effect the final course grade; including assignment of an unsatisfactory or failing grade. Absences due to personal emergencies, jury duty, or work responsibilities will be excused only if appropriate documentation is provided. Students should give special attention to arranging for child care and making voluntary personal appointments at times that do not conflict with their responsibilities regarding class attendance.

Faculty members may choose to incorporate a + or - 1% tolerance range in the grading system. This option will be used to reflect attendance (missed classes, late arrivals and early departures) and passive participation.

*Process Recordings:* One process recording is due to the field instructor each week.

*Professional Development Portfolio:* The Professional Development Portfolio is incorporated into the field seminars beginning with the first quarter of the foundation practicum and concluding with the final quarter of the advanced practicum. This design engages students in continuous intentional reflection regarding their individualized professional growth. Field Seminar assignments are designed to progressively assist students in this process. The student will compile his/her learning plan, quarterly education assessments and self-evaluation from the practicum, and significant work prepared for seminar class. Examples of additional documents include:

1. Special projects and presentations completed at their practicum;
2. Professional resume;
3. Theoretical perspective paper (fall);
4. Professional contributions paper (spring);
5. Employment plans and continuing professional development goals; and
6. Workshops or colloquiums attended.

During the final quarter of the advanced practicum students present their completed portfolio, placing emphasis on significant milestones that represent their professional growth. Students conclude this presentation by summarizing their commitment to personal and professional wholeness and a career of contributions to the social work profession. In this way, the *Professional Development Portfolio* is seen as a culminating academic experience; facilitating review, reflection, and transition in the development of a self-motivated learner and master practitioner.

*Paper: "Use of Self in the Therapeutic Relationship":* Three page paper, double spaced, on the use of "self" in advanced clinical practice/child welfare services. The purpose of this paper is to develop an understanding

of the concept of the use of self in advanced clinical practice.

- A. Identify personal characteristics and/or attributes that affect the therapeutic relationship. Refer to both overt characteristics (e.g. physical appearance) and covert attributes (e.g., attitudes, behaviors).
- B. Discuss how training and academic knowledge affects responses to clients. For example, discuss appropriate responses to dealing with an angry, resistive adolescent.
- C. Present ideas supporting the use of self in the therapeutic relationship. Specifically, how does this concept contribute to positive to client self-validation and/or empowerment?

*Case Presentation:* The presentation should be approximately seven minutes in length. It is to cover background information on the client/family, presenting problem, pertinent clinical issues including psychosocial stressors, treatment plan and rationale, and summary.

**Field Manual:** Students are expected to fulfill the requirements set forth in the field manual.

## GRADING

The grade for the practicum/seminar class is based on: 1) attendance and active participation, 2) completion of class assignments, and 3) the field evaluation. Class participation and completion of assignments are worth 50% of the grade; the field evaluation is worth 50% of the grade. Although the field instructor will complete the educational assessment at the end of the quarter, it will be the seminar professor who gives a final grade on the evaluation based on field performance.

Grading for the class is based on the Satisfactory (S) and Unsatisfactory (U) grading system. A satisfactory grade is equivalent to a 'B' on a 4.0 scale.

*Seminar class:*

Attendance/Participation	15%
Portfolio	10%
Paper	15%
Case presentation	10%
Field Evaluation	<u>50%</u>
TOTAL	100%

Letter Grade*	Assigned value for calculation of grade point averages.
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
C-	1.7
D+	1.3
D	1.0
F	0.0

\*Faculty members may choose to incorporate a + or - 1% tolerance range in the above grading system. This option will be used to reflect attendance (missed classes, late arrivals and early departures) and passive participation. Faculty members also reserve the right to make adjustments in assignment weights so as to benefit the grade distribution for students.

\*\* Disclaimer: The attendance policy used in the MSW, Case Management and other department programs is currently under review.

## ACADEMIC POLICIES AND STANDARDS FOR PERFORMANCE

All students receive copies of the MSW Program Student Handbook and the Loma Linda University Student Handbook upon admission to the University and program. Students are held responsible for becoming familiar with the policies contained in these documents. Specifically, students need to know and understand

the academic policies that guide their classroom and practicum experiences. These include but are not limited to policies for assignment standards, late assignments, attendance, identification of codes for course assignments, and academic dishonesty. Students should address any questions they may have regarding these policies to the Department's Academic Standards Committee.

**Anonymity and confidentiality of clients is to be maintained at all times in both class discussion and written communication.**

**Loma Linda University**  
**All Undergraduate & Graduate Programs**  
**Requirements for the Appropriate Use of PHI**  
**Addendum to Syllabus, Prospectus Guidelines or other Program Material**

- Applicability: All Students (LLU Students in all schools/programs & Non-LLU Students)
- Purpose: To provide guidance and establish clear expectations for students regarding the appropriate access to and use of protected health information (PHI) during course studies and related program activities.
- Scope: PHI or Protected Health Information. Under the Health Insurance Portability and Accountability Act (HIPAA), patient health information is protected. Patient health information is considered protected if any of the identifiers listed under “List of Patient Identifiers” below is attached to health data.

### **Requirements & Expectations**

PHI may be accessed and used under the direction of the instructor for learning and education within the student’s formal field of study. In a course where PHI is needed to enhance and promote learning, students are allowed to access or use PHI in a manner consistent with expectations of the course and within the limits of information that would otherwise be accessed or used in the role of a licensed professional within the student’s formal field of study.

While in the possession of PHI belonging to LLU or its affiliates, students must assume legal responsibility and provide necessary security means to ensure data integrity and patient confidentiality. PHI stored on electronic portable devices e.g., laptops, PDA’s must be password protected and encrypted. PHI must be encrypted when transferred via the Internet.

If PHI is not required to meet course objectives, accessing PHI via any means (including but not limited to access to hardcopy patient charts, computers, downloading of data to electronic devices (portable or otherwise) via USB ports, flash drives, and transferring data to LLU or non-LLU email accounts e.g., Yahoo, AOL, or other means), is strictly prohibited.

Students must adhere to all outlined guidance for the proper access to and use of PHI. Non-adherence to the requirements or established expectations regarding the access to, use or disclosure of PHI is subject to disciplinary action.

#### 1. Access to PHI

Access to PHI must be within approved methods/channels (e.g., Health Information Management (HIM) Department) established by the hospital or entity holding the PHI. Students granted system access are only allowed access to PHI when necessary to fulfill required course objectives (e.g., rotations, patient care and treatment). Students must not use system access for any other purpose.

#### 2. Minimum Necessary

Minimum necessary applies to any access to PHI. Minimum necessary means that students must only obtain the information necessary to complete the required course objective. The required course objective will be defined class by class by instructors and listed in the class syllabus.

### 3. De-Identification

Any PHI that is obtained to meet a required course objective must not leave the hospital or the entity holding the PHI. Only de-identified data can be removed from the facility. Students must obtain permission from the hospital or entity holding the data to access PHI for de-identification purposes. See the “List of Patient Identifiers” section below for the fields that must be removed in order to de-identify data. Copies of PHI can only be made with written approval by the entity holding the data. The written approval must include acknowledgement by the authorizing individual of the specific purpose of use of copies. Copies of PHI must be de-identified prior to leaving the hospital or entity.

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### 4. Case Studies involving Patients

If a unique case is described that may identify an individual to the general public simply by describing the disease or the unique treatment received, authorization from the patient is required prior to disclosing the information as part of a published article, meeting abstract, or any other form of public presentation.

IRB-approved recruitment practices should be followed in order to contact a patient or patients to acquire their authorization for disclosure of information for a case report. For example, if the case is being researched or presented by someone other than the treating physician, then the initial contact should be made by, or at least in collaboration with, the clinical department that treated the patient and with whom the patient is familiar. For further guidance on recruitment practices, see section VIII of the LLU Researcher's Guide to HIPAA, which can be found at <http://research.llu.edu>.

### 5. Research

Research protocol/studies must be reviewed/approved through the Institutional Review Board (IRB). Visit the Office of Sponsored Research (OSR's) website (<http://research.llu.edu>) for special requirements associated with conducting research.

### 6. Other Publications

Students must not use PHI in any publication without a valid written authorization and approval from the following: Dean of School, Legal Counsel and Compliance.

### 7. Photographs

Photographs must not be taken of patients or any proprietary information (e.g., equipment, facilities) without obtaining appropriate consents and/or authorizations. If photographs are required for coursework, students must obtain documentation from the instructor that photographs are needed and must follow entity specific policy for taking photographs. For patient photographs, written authorization to use or disclose the photograph must be obtained from the patient in addition to obtaining written consent to take the patient's photograph. All consent/authorization forms used must be approved forms currently in use by the hospital or facility in which the photograph is taken. Note: The term “photograph” means any motion picture or still photography in any format, as well as video/digital tape, disc, or any other mechanical or electronic means of recording and reproducing images, including cell phones.

### 8. Disclosure

PHI accessed/learned/obtained from LLU or its affiliated entities must not be shared in any way with family members, friends, fellow students, other trainees or any other individual. Family/friends that come to visit may not visit in areas where PHI is easily accessible. Note: For patient care and training purposes, PHI can be shared with those that have a need to know in order to meet patient care and training objectives.

### 9. Disposal and Destruction of PHI

Immediately upon completion of its intended use, PHI that will not be placed in the patient medical record must be shredded. Destruction of PHI on media such as, but not limited to, CD or diskette must be handled in accordance with entity specific policy to ensure proper destruction.

## 10. Incident Reporting

Students must report incidents of potential privacy or security breaches immediately to their instructor or Program Director. Potential privacy or security breaches include but are not limited to events or incidents that may result in compromised patient data, loss/theft of patient chart(s) or electronic devices which store patient data, and possible harm to a patient due to use/disclosure of PHI in a manner contrary to stated guidance for the proper access to and use of PHI.

### **List of Patient Identifiers to be Removed for De-Identification**

To de-identify data, the following fields for the patient and of the patient's family or employer must be removed:

Developed: 08/03/04. Last Revision Date: 09/16/04. Version 4. Corporate Compliance

<i>List of Patient Identifiers</i>	
Names	Health plan beneficiary numbers
Addresses (geographic subdivisions smaller than a state)	Account numbers
Zip codes	Certificate/License Numbers
All elements of dates (except year) (e.g. birth/death; admission/discharge)	Vehicle identifiers/Serial numbers (e.g., driver's license numbers)
All ages over 89 and all elements of dates (including year)	Device identifiers
Telephone Numbers	Web Universal Resource Locators (URLs)
Fax Numbers	Internet Protocol (IP) address numbers
Email addresses	Biometric identifiers, including voice and finger prints
Social security numbers	Full face photographic images and any comparable images
Medical record numbers	Any other unique identifying number, characteristic, or code (e.g., birthmarks, tattoos, identifying anomalies)

**SOWK 787A Advanced Professional Practicum & Seminar: Clinical  
COURSE SCHEDULE**

**WEEK ONE-September 28, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Review of Mental Health Services Act & MH Compencies
- III. Discussion of Wholeness Portfolio

READINGS/ASSIGNMENTS (*REQUIRED*):

Depression and Bipolar Support Alliance. (2006). The state of depression in America. Chicago, IL: Author.  
*Available online at <http://www.dbsalliance.org/WPsearch.pdf>*

**WEEK TWO-October 5, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Review of HIPAA
- III. Guest Speaker: Michelle Stevens Compliance Officer, LLU.

READINGS/ASSIGNMENTS (*REQUIRED*):

Health Insurance Portability and Accountability Act of 1996. (2006). U.S. Department of Health & Human Services. Baltimore, MD: Author.  
<http://www.cms.hhs.gov/HIPAAGenInfo/Downloads/HIPAAlawdetail.pdf>

**WEEK THREE-October 12, 2006-**

LECTURE TOPICS:

- I. Case Review
- II. Methods of Conflict Resolution

READINGS/ASSIGNMENTS (*REQUIRED*):

Thomas, K.W. & Kilmann, H. (2001). Thomas-Kilmann conflict mode instrument: Profile and interpretive report. In *Thomas-Kilmann conflict mode instrument*.

## WEEK FOUR-October 19, 2006

### LECTURE TOPICS:

- I. Case Review
- II. Mental Health County Systems of care
- III. Guest Speaker: Allen Rowland Director of San Bernardino Behavioral Health

### READINGS/ASSIGNMENTS (*REQUIRED*):

County of San Bernardino, Department of Behavioral Health, Mental Health Services. (2005). *Mental Health Services and Support Plan Document*. San Bernardino, CA: Author.  
*Available online at [http://www.sbcounty.gov/dbh/Mental\\_Health\\_Services\\_Act.htm](http://www.sbcounty.gov/dbh/Mental_Health_Services_Act.htm)*

## WEEK FIVE-October 26, 2006

### LECTURE TOPICS:

- I. Case Review
- II. Defining Evidenced Based Practice
- III. Guest Speaker: Dr. Sigrid James

### READINGS/ASSIGNMENTS (*REQUIRED*):

Roberts, A., & Yeager, K. (Eds.). (2006). *Foundations of evidence-based social work practice*. New York: Oxford Press.

**Chapter 1 Bridging evidence-based health care & social work: How to search for, develop and use evidence-based studies, pp. 3-20.**

**Chapter 2 The evidence for and against evidence-based practice, pp. 21-34.**

## WEEK SIX-November 2, 2006

### LECTURE TOPICS:

- I. Case Review
- II. Advanced Clinical Skills Using Evidence Based Practice

### READINGS/ASSIGNMENTS (*REQUIRED*):

Roberts, A., & Yeager, K. (Eds.). (2006). *Foundations of evidence-based social work practice*. New York: Oxford Press.

**Chapter 4 A practical approach to formulating evidence-based questions in social work, pp. 47-57.**

**WEEK SEVEN-November 9, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Implementation of Evidenced Based Practice with Children
- III. Guest Speaker: Steve Steinberg Riverside Department of Mental Health

READINGS/ASSIGNMENTS (*REQUIRED*):

Burns, B., Hoagwood, K., & Mrazek, P. (1999). Effective Treatment for Mental Disorders in Children & Adolescents. *Clinical Child and Family Psychology Review*, 2, (4), 199-254.  
*Available online through: <http://webblines.lsu.edu> - (Academic Search Elite, EBSCO)*

**WEEK EIGHT-November 16, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Externalizing Behaviors and Interventions with Children

READINGS/ASSIGNMENTS (*REQUIRED*):

O'Hare, T. (2005). *Evidence-Based Practices for Social Worker: An Interdisciplinary Approach*. Chicago, Illinois: Lyceum Books, Inc..

**Chapter 13 Conduct disorder and attention deficit hyperactivity disorder in children and Adolescents, pp. 394-437**

**WEEK NINE-November 23, 2006: Happy Thanksgiving**

**WEEK TEN-November 30, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Case Presentation

**WEEK ELEVEN-December 7, 2006**

LECTURE TOPICS:

- I. Case Review

- II. Case Presentation

**WEEK TWELVE-December 14, 2006**

LECTURE TOPICS:

- I. Case Review
- II. Wrap Up
- III. Course Evaluations

**SOWK 787A Advanced Professional Practicum & Seminar**  
**REFERENCE AND SUGGESTED READINGS**

- Aile-Corliss, L., & Aile-Corliss, R. (1998). *Human service agencies: An orientation to fieldwork*. Pacific Grove, CA: Brooks/Cole.
- American Psychiatric Press. (1993). *Clinical manual of supportive psychotherapy*. Washington, DC: Author.
- Auerbach, E. & Richardson, P. (2005). The Long-Term Work Experiences of Persons with Severe and Persistent Mental Illness. *Psychiatric Rehabilitation Journal*, 28 (3), 267-273.
- Brems, C. (2000). *Dealing with challenges in psychotherapy and counseling*. Belmont, CA: Wadsworth.
- Corrigan, P., McCracken, S., Blaser, B. & Barr, M. (2001). Strategies for Disseminating Evidence-Based Practices to Staff Who Treat People With Serious Mental Illness. *American Psychiatric Association*, 52, 1598-1606.
- Cournoyer, R., & Stanley, M. (2002). *The social work portfolio: planning, assessing and documenting lifelong learning in a dynamic profession*. Pacific Grove, CA: Brooks/Cole.
- Dickson, D. (1998). *Confidentiality and privacy in social work*. New York, NY: The Free Press.
- Dveirin, G. F., & Adams, K. (1993). Empowering health care improvement: An operational model. *Journal on Quality Improvement*, 12, 222-223.
- Egan, G. (2002). *The skilled helper: A problem-management and opportunity-development approach to helping*. Pacific Grove, CA: Brooks/Cole.
- Faiver, C., Eisengart, S., & Colonna, R. (2000). *The counselor's intern handbook*. Belmont, CA: Wadsworth.
- Friedman, R. M. (1993). Preparation of students to work with children and families: Is it meeting the need? Special Issue: Children's mental health administration. *Administration and Policy in Mental Health*, 20 (4), 297-310.
- Grobman, L. (Ed.). (2002). *The field placement survival guide*. Harrisburg, PA: White Hat Communications.
- Haggerty, R., Roghmann, K., & Pless, I. (1993). *Child health and the community*. New Brunswick, NJ: Transaction Pub.
- Harding, C. & Zahniser, J. (1994). Empirical correction of seven myths about schizophrenia with implications for treatment. *ACTA Psychiatrica Scandinavica*, 140-146.
- Horejsi, C., & Garthwait, C. (2002). *The social work practicum*. Needham Heights, MA: Allyn & Bacon
- Jones, L. (1993). Decision making in child welfare: A critical review of the literature. *Child and Adolescent Social Work Journal*, 10 (3), 241-262.
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