



## MSW COURSE SYLLABUS FALL 2023

**COURSE INFORMATION** SOCW611-A/Advanced Clinical Practice: Individuals and Families Interventions/ 3 credit hours

**Class Times:** Bi-weekly Sundays (Virtual- SOCW 611A) 1:30-3:30 Eastern (**EST**)  
(Hybrid F2F- SOCW 611B, Daniells Rm. 2220) 4:00- 6:00 pm Eastern (**EST**)

**PREREQUISITE(S)** Acceptance into Advanced Standing or completion of Foundation

curriculum.

### **INSTRUCTOR (S)**

**Name:** Evie Nogales Baker, DSW, LCSW

**Office:** Daniells Hall # 2211

**Office Hours:** Tuesdays and Thursdays: 10:00 am- 1 pm

**Online Office Hours:** Wednesdays: 6:00-8:00 pm (Come and go)

**Zoom Office Link:** <https://southern.zoom.us/j/864349304>

Regular appointments are available to secure through Calendly for Tuesday and Thursday on the website at: <https://calendly.com/evien/advisementmeeting>

**Office Phone:** 423.236.2640

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### **CLINICAL MENTORS:**

**Name:** Amanda Ancheta-Reinhardt, MSW

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**Name:** Deanna King, LCSW

## ***Clinical Adjunct Assistant***

### **ONLINE LEARNING**

The Eclass URL is <http://eclass.e.southern.edu>. For technical support, contact the Eclass Help Desk at 423.236.2086 or [eclasshelp@southern.edu](mailto:eclasshelp@southern.edu). Students should use Google Chrome as their browser to access Eclass with the greatest ease (<https://www.google.com/intl/en/chrome/browser/>).

### **REQUIRED TEXTS**

Beck, J. S. (2020). Cognitive behavior therapy: Basics and beyond (3<sup>rd</sup> ed.). New York: Guilford Press.

### **ADDITIONAL REQUIRED READINGS:**

-Will be provided on eclass

### **COURSE DESCRIPTION**

In this course, students develop micro and mezzo skills for intervening in complex situations with individuals. They acquire skills in understanding psychopathology and in psychotherapeutic assessment and interventions.

### **PROGRAM COMPETENCIES and LEARNING OUTCOMES**

Upon completion of this course, students will:

Competence	Practice Behaviors/Course
3. Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice	<ul style="list-style-type: none"><li>• Develop an understanding of one's intersectionality and cultural background, and recognize the potential impact of these factors on professional practice.</li><li>• Utilize clinical supervision as a valuable tool to explore and address personal and cultural biases, fostering increased self-awareness.</li><li>• Recognize and address the influence of the client's intersectional factors, including race/ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, immigration status, religion, and age, on their emotional and physical well-being.</li></ul>

<p>6. Engage with individuals, families, groups, organizations, and communities.</p>	<ul style="list-style-type: none"> <li>• Distinguish the reciprocal relationship between emotional/behavioral difficulties and social issues such as poverty, crime, social injustice, racism, classism, sexism, homophobia, and transphobia.</li> <li>• Reflecting on how the factors that may influence one's approach and client interactions students will apply their knowledge through their client engagement, reflecting on how these factors influence one's approach and client interactions.</li> <li>• Recognize the importance of employing diverse engagement methods to effectively support members of oppressed groups, including people of color, individuals with varying sexual orientations and gender identities, people with different abilities, and those with severe and persistent mental illness.</li> <li>• Explore strategies to foster collaboration with clients and strengthen the therapeutic relationship by promoting their empowerment. This includes actively seeking their input and feedback on the treatment process and supporting their ability to provide feedback to others.</li> </ul>
<p>7. Assess individuals, families, groups, organizations and communities.</p>	<ul style="list-style-type: none"> <li>• Explain the dynamic ecological relationships between emotional/behavioral difficulties and social issues, including poverty, crime, social injustice, institutional racism, sexism, religious and/or ideological bias, homophobia, and transphobia, and apply this understanding to inform their comprehensive assessment.</li> <li>• Critically select, modify, adapt, and evaluate clinical assessment tools and approaches following the client's needs, social characteristics, and the latest empirical evidence.</li> <li>• Examine the impact of privilege, social injustice, and inequities in resource access on client difficulties and their influence on the assessment process.</li> </ul>
	<p>Develop strategies to empower clients in expressing their concerns to the treatment team.</p> <ul style="list-style-type: none"> <li>• Reflect on how our issues of power and privilege and how they could impact the therapeutic relationship.</li> </ul>
<p>8. Intervene with individuals, families, groups, organizations, and communities.</p>	<ul style="list-style-type: none"> <li>• Apply a critical understanding of Cognitive Behavior Therapy theory, research, and practice experience to inform the selection of appropriate psychotherapeutic interventions.</li> <li>• Explore diverse methods for adapting culturally responsive perspectives and interventions to address the individual needs of clients, recognizing that a comprehensive assessment informs the selection of appropriate interventions.</li> </ul>
<p>9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</p>	<ul style="list-style-type: none"> <li>• Assess outcomes and utilize evaluation findings to examine strategies for enhancing the effectiveness of clinical practice with individuals and families.</li> </ul>

**SOCIAL WORK CORE VALUES & THEIR BIBLICAL FOUNDATION FOR FAITH AND LEARNING**

Social Work Core Values (NASW, IFSW)	Biblical Foundation
Service	Matthew 25:31-45; Luke 10:25-37
Social Justice	Jeremiah 22:3; Micah 6:7-9; Isaiah 58:6
The importance of human relationships	Matthew 5: 23-24; Matthew 22:37-39; Mark 12:31
The dignity and worth of the person	Isaiah 49:14-16; Matthew 10:31; Romans 12:9-13; Romans 15:7
Integrity	1 Chronicles 29:17; 1 Timothy 3:9
Competency	Proverbs 3:5; Matthew 7:7; Matthew 25:13-30; 2 Timothy 2:15; 2 Corinthians 3:5
Human rights	Genesis 1:27; Proverbs 22:2; Proverbs 31:8-9; Exodus 22:21; Leviticus 19:33-34; Galatians 3:28; James 2:1-4

## STUDENT'S COMMITMENT LEVEL FOR SUCCESS

To be successful in this course, it is helpful to understand the level of commitment expected of graduate students from the School of Social Work. Each credit hour represents a weekly expectation of three "in-class" hours and a minimum of 6 additional coursework hours. Because this is a 3-credit course, you can anticipate spending **at least 9 hours completing the required coursework each week**. Organize your time wisely!

## LEARNING ACTIVITIES

Synchronous Virtual or in-person on-Campus Learning Activities: Every class meeting will include a variety of active learning exercises. These range from role plays to written exercises. Both the quality and quantity of learning activity participation will be assessed. Participation is required.

**Online Asynchronous Learning E-class Assignments:** This course follows a flipped classroom model where students are expected to review lectures on e-class before each class session for skill practice. Assigned assignments and readings are to be completed in E-class. Points will be awarded based on the completion of lecture activities and the percentage of videos watched. Lectures are accessible from the beginning of the module week, allowing students to pause and resume watching. Short answer exercises in each lecture to enhance learning retention.

**\* Clinical Skills CBT Session Video Demonstration and Clinical CBT Self-Analysis Paper:** Students will apply their Cognitive Behavioral Therapy (CBT) knowledge to a simulated client case scenario. It consists of a CBT Session Role-play exercise, a Clinical Supervision review, and a Clinical CBT Self-Analysis paper. The assignment aims to integrate CBT clinical knowledge with culturally responsive methods, clinical assessment tools and approaches tailored to the client's needs and social characteristics supported through evidenced-based literature. \* This is a portfolio product.

**Genogram and Family Assessment:** This assignment uses genograms to conduct a comprehensive family assessment. Students will gather information from four generations of their own family, initially creating a draft genogram that visualizes family dynamics and influences. Peer consultations will help identify themes and insights. The final project will include a fully developed genogram and a minimum of 2 no more than 4 page paper analyzing trends and patterns of their family of origin. Grading criteria include genogram construction, identification of family patterns, written analysis, and clarity of writing.

**\*Case Conceptualization (Group Presentation) and Self-Assessment Paper:** Students will engage in a comprehensive case-based assignment in preassigned groups. The assignment includes case history, case conceptualization, clinical case simulation, and a written self-assessment reflection paper. Each group will develop a clinical case within their chosen practice area, focusing on a specific population (e.g., adults with depression, adolescents with social anxiety disorder, etc.). Additionally, each student will submit a concise reflection on their individual learning experience.

Evaluation -- The final grade will be based on the following:

Graded Items	Points
Online Asynchronous Learning E-class Assignments (module lectures are opened Mondays following Sunday class)	15
Participation and Attendance	10
Clinical Practice (outside of class)	15
Clinical Skills CBT Session Video Demonstration and Clinical CBT Self-Analysis Paper*	25
Genogram and Family Assessment	20
Clinical Case Conceptualization (Group Presentation) and Self-Assessment Paper *	15
<b>Total Points Possible:</b>	<b>100%</b>

## GRADING SCALE

Grades will be based on a percentage of the total possible points.

100 – 94:	A	76 – 74:	C
93 – 90:	A-	73 – 70:	C-
89 – 87:	B+	69 – 67:	D+
86 – 84:	B	66 – 64:	D
83 – 80:	B-	63 – 60:	D-
79 – 77:	C+	59 and below:	F

## Syllabus Policy/Disclaimer

This syllabus is intended to give the student guidance in what may be covered during the semester and will be followed as closely as possible. The professor, however, reserves the right to alter assignments and/or contents of this syllabus. Students will be given appropriate notice of any changes.

## SOUTHERN ADVENTIST UNIVERSITY DISABILITY STATEMENT

### Disability Statement

In keeping with the University's policy, if you are a student who believes you may need an accommodation based on the impact of a disability or learning challenge (i.e physical, learning, psychological, ADHD or other type), you are strongly encouraged to contact Disability Support Services (DSS) at 423-236-2544 or stop by Lynn Wood Hall, Room 1082. Please note that accommodations are not retroactive and cannot be implemented until faculty or staff members have received the official Letter of Accommodation from DSS. Specific details of disabilities remain confidential between students and DSS unless a student chooses to disclose or there is a legitimate academic need for disclosure, which is on a case-by-case basis. For further details, visit the Disability Support Services website at [www.southern.edu/administration/student-success/disability](http://www.southern.edu/administration/student-success/disability).

### Health Guidelines

To enhance the safety of face-to-face classroom, the university has implemented several safety measures for in-person classes, in keeping with appropriate guidelines. Students will be expected to refer to the University safety guidelines and information found here:

<https://www.southern.edu/safety/index.html>

These guidelines may include, but are not limited to, reducing classroom occupancy, implementing social distancing where possible, and utilizing personal protective equipment (e.g. masks). Refusal to follow guidelines or comply with safety measures will result in you being asked to leave class. Students refusing to follow established safety measures may also be subject to additional disciplinary action from the university. The School of Social Work upholds all health and safety guidelines outlined by Southern Adventist University and all students attending social work classes should plan on doing the same.

\*In keeping with the Southern Adventist University attendance policy found in the current university catalog, and in order to ensure the safety of students, staff, and faculty, students who are ill, have been exposed to anyone who is COVID-positive in the last 14 days, or have any of the following symptoms, should not attend face- to-face classes.

- A recently developed cough
- Fever

- Have lost taste or smell
- Any of the following symptoms in the last two days
- Chills
- Headache
- Muscle pain
- Sore throat

- Nausea, vomiting, diarrhea
- Potential COVID-19 symptoms

Students who feel ill are encouraged to contact the University Health Center or another health provider as soon as possible. Students may be asked to present documentation from a health provider to be excused for repeated absences from class due to illness. Students must communicate with their professor before any absence or within 24 hours from missed class meetings.

Students who miss required class, clinicals, or lab periods for illness or COVID quarantine or isolation will be provided accommodations that may include:

- synchronous live streaming
- asynchronous viewing of recordings
- other methods as deemed appropriate.

## **SCHOOL OF SOCIAL WORK POLICIES**

Southern Adventist University and the MSW program faculty have developed a set of policies to ensure effective communication and enhance understanding of academic benchmarks for our students. These policies are also designed to encourage and deepen professionalism, an essential competency for excellence in social work practice.

### **A. General Course Policies**

- All students enrolled in the MSW Program in the School of Social Work are expected to demonstrate the following professional and academic behaviors: Students are expected to complete all online assignments in a timely manner and arrive prepared for class discussion;
- Students are expected to actively participate in e-class and class discussions and cohort projects. Those who disrupt the class (talk/whispering, clowning, etc.) or over-participate (monopolize or dominate) in discussions on a regular basis should expect to be penalized in the same manner as those who under-participate;
- Students are expected to assess personal and educational needs and interact with the professor as necessary. Do not wait until late in the semester to ask for assistance!
- Students are expected to adhere to the NASW Code of Ethics in all aspects of course work and participation.

### **B. "Participation" (formerly Attendance):**

Southern's MSW program holds a measured balance of online and face-to-face (F2F) in person or virtual interactions that comprise "class time." The program's F2F class sessions are taught through an intensive, skill-based approach. Because of this engagement model of instruction, students must participate/attend each F2F sessions scheduled; however, **please do not come to school if you are not feeling well!** Success in the graduate program depends on consistent presence and engagement with the course content, classmates, and the instructor. This includes consistent participation.

To maximize student success in the MSW program, this Attendance/Participation Policy has been developed by the School of Social Work faculty, modified to meet CDC recommendations, as well as accommodate for online learners.

1. The MSW program provides the schedule for F2F classes several months in advance of classes.
2. Students are expected to regularly attend all their course related meetings. However, **please stay at home if you feel unwell.** If you are unwell, please **notify your professor immediately**, if possible within 24 hours. You may be required to



present a medical excuse (this may change throughout the semester as university policies related to health issues change).

3. Students may only sign in for themselves, whether online or in-person. Signing in for another student is considered an ethical violation that may lead to dismissal from the program.
4. Students **are responsible for completing the missed work**, including work assigned in lieu of face to face meeting times.
5. Missing more than 30 minutes of a meeting (in person or virtual) is considered an absence under this policy. Three times of being late or leaving early (each less than 30 minutes) also accrues to one absence. Please refer to item above #3 & 4 for exceptions.
6. There are two types of absences: emergency/excused and unexcused. An absence is considered "excused" under very limited emergency circumstances, which include documented death in the immediate family, or documented illness of self or a dependent child. All other absences are considered unexcused.
7. For all absences, either emergency/excused or unexcused, students need to alert the professor to the situation preferably in advance of class.
8. If a student has an unexcused absence which is indicated **by a lack of communication** with the instructor, the point total towards the final grade for the course will be reduced by 5%.
9. A student who receives an F (unexcused) as a final grade for the course, and will be required to repeat the course, is financially responsible for the course charges the next time it is offered.
10. If a student falls behind with the class requirements then he/she will receive an Incomplete/Incomplete in Progress for the class is at the discretion of the professor on a case-by-case basis.
11. **Communication with your instructor is key to your success in the course.**

### C. **Late Assignment Policy**

The MSW program at Southern is a competency-based and evidence-based academic program. As such, students in the MSW program are required to complete and/or remediate any unsatisfactory work until they meet or exceed program standards for all of the required competencies, as defined by their respective practice behaviors. In this learning environment, students are expected to complete all required assignments *prior* to advancing to their next coursework. This policy delineates the MSW program's standards and processes associated with the late submission of course assignments.

#### **General:**

1. Due dates/times for assignments and exams are clearly marked in the course schedule found in the syllabus and/or eClass.
2. Exemptions from the penalties for late assignments will be granted on a case by case basis (please check Attendance Policy).
3. Assignments submitted after the designated due date will be considered late and will receive 10% off the achieved score for each day the work is late, up to seven days (70%).
4. Assignments will not be accepted later than one week after the due date.

#### D. **Policy on Academic Honesty and Integrity**

The School of Social Work is dedicated to scholastic integrity. Students are expected to maintain high professional, ethical, and Christian levels of academic honesty. This policy was developed to define the academic honesty standards that apply to MSW coursework.

1. All coursework should reflect the student's own original work and cited appropriately; all other sources should be cited appropriately.
2. It is the student's responsibility to learn the proper procedures for acknowledging quoted wording, information, or ideas. Please note that "not knowing" is not an acceptable justification for work that is identified as plagiarized.
3. For all coursework, students are required to use the most recent American Psychological Association (APA) guide to formatting citing and referencing works cited.
4. Students must submit all papers to Turn-it-in for an online check of their writing. If the Turn- it-in report notes a similarity index of 30% or more, the student will need to do an immediate rework of the paper.

#### **POLICY PROCEDURES**

1. When a student engages in academic dishonesty or fails to meet appropriate citation guidelines, a meeting is called between the professor(s) and the student to discuss the incident. This meeting may result in:
  - a. Redoing the assignment
  - b. Failing the assignment without the opportunity to make up points
  - c. Failing the course
2. If the incident is not resolved in the student/teacher(s) meeting, the issue will go to the MSW Leadership Team for a determination.
3. If there is a second infraction, the MSW Leadership Team will automatically review the incident and respond. In addition to the possible consequences listed above, the MSW Leadership Team may consider dismissing the student from the program.
4. The student has the right to appeal the decision of the MSW Leadership Team using the process outlined in the Academic Grievance section of the university's graduate catalog.

#### **Disclaimer:**

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*This syllabus is intended to give the student guidance in what may be covered during the semester and will be followed as closely as possible. However, the professor reserves the right to modify, supplement and make changes as the course needs arise.*

#### **Turnitin:**

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*Turnitin is a company Southern Adventist University contracts with that provides resources for students and a service for professors who may need to verify the academic integrity with which papers or projects have been prepared and submitted.*

### E. **Electronic Media Policy**

The School of Social Work is committed to educationally sound uses of technology in the classroom and to preventing technology from becoming disruptive to the learning environment.

To assist in achieving these goals, the MSW program has developed the Electronic Media Policy.

1. Professors have the authority to decide their media policy for each class. This means that the professor has the authority to allow or disallow the use of cell phones, laptop computers, iPads, iPods, etc. during class time.
  - a. For this particular class, the following are some activities NOT ALLOWED during face-to-face in person or virtual meetings; however, exceptions may be granted based on prior communication with the instructor:
    - Answering a phone call
    - Texting
    - Surfing the web unrelated to class work or social media
    - Watching movies or YouTube videos unrelated to class work
    - Picture-taking during class
    - Recording devices, unless pre-approved by professor, and if approved, under NO circumstance are recordings—visual or verbal—to be posted on a public website.
  - b. If during class, a phone rings, a student is sending or receiving text messages, or a laptop is on, the professor may request that the activity to cease. In this situation, the professor also reserves the right to request students to surrender the device for the duration of the class period.
  - c. Disrespect for this common courtesy may result in professionalism grade reduction.
2. When their use is allowed, students must not abuse the use of cell phones in class.
  - a. Generally, cell phones should be turned off, or place on silent mode during face-to-face meetings. For rare exceptions (emergency, parent with sick child, or similar types of situations), the phone should be put on vibrate mode. In this case, the student must inform the professor in advance, of the possibility to excuse him/herself to take an important call.
  - b. Students must NOT engage in text messaging in the classroom, unless so directed as part of a course exercise.
  - c. Students who create disturbance with ringing cell phones or text messaging will be warned if the behavior continues.
3. Any audio or video taping during class must have the permission of the professor. In cases where permission is given to record, the information recorded is for the sole use of educational purpose for that specific class therefore prohibited from being distributed, published or posted to any public website and/or social media outlets. No technology activities are allowed that violate laws, such as those related to intellectual property rights or copyrights, invasions of privacy, or sexual harassment. Examples of this may include using a camera phone to videotape, or taking inappropriate photos without the subject's permission.

The sole use of educational purpose for that specific class therefore prohibited from being distributed, published, or posted to any public website and/or social media outlets. No technology activities are allowed that violate laws, such as those related to intellectual property rights or copyrights, invasions of privacy, or sexual harassment. Examples of this may include using a camera phone to videotape or taking inappropriate photos without the subject's permission.

#### **F. Incomplete Grade Policy**

The Incomplete Grade Policy applies to a situation in which a student has not been able to complete a major course assignment because of extenuating and compelling circumstances. A grade of incomplete (I), under this policy, may be granted to a student only if it can be demonstrated that it would be unfair to hold the student to the normal time limits of the course. This policy does not apply to situations normally covered under the Late Assignment Policy or the Remediation Policy.

1. It is the policy of the School of Social Work to consider granting the grade of incomplete (I) on a case-by-case basis. Emergency and/or extenuating circumstances are the usual basis for consideration.
2. Students receiving an I will be required to submit an Incomplete Contract to the professor no later than the last F2F class of the semester. Time allowed for the completion for the Incomplete Contract should not exceed more than a month after the last day of the semester in which the course was taken. Additional time to satisfy the requirements of the Incomplete Contract will be considered on a case-by-case basis.

#### **POLICY PROCEDURES**

1. To receive a grade of "I," a student must complete a Plan for an Incomplete or Remediation form. This form must be approved by the course professor and MSW Leadership Team, and signed by the MSW Program Director and the School of Social Work Dean.

#### **POLICY FORMS**

1. Plan for Incomplete or Remediation form

#### **G. Remediation and Extension Policy**

The MSW program at SAU is a competency-based learning program. As such, students in our MSW program are encouraged to remediate as needed to meet the required competencies. Issues of importance in the extension policy are outlined as follows:

#### **COURSE/COMPETENCY REMEDIATION**

MSW students who advocate/petition for additional remediation opportunity to master challenging competencies and practice behaviors will be allowed to extend their study until that same class time the next year.

Extended study can be arranged by providing a written request with details of the remediation plan prior to the last day of class. Any extended course will be given a grade of In Process (IP) with no additional tuition costs to the student.

The student will be given opportunity to master remediation content during a second time attending class and/or addressing challenging components as per the previously arranged written plan with the instructor. All course expectations must be met. Any remediation work must be completed before advancing to next semester classes.

#### H. **Progression-Retention Policy**

Students are required to maintain both academic and non-academic standards to remain in the MSW program. First, the university's academic standards for retention must be met and sustained. However, even if a student's academic performance is satisfactory, it may become necessary, due to unsatisfactory professional performance, to advise a student to reconsider his/her goodness-of-fit to the field of social work. Failure to do so may result in termination from the MSW program.

1. Students in the MSW program are responsible for taking full ownership of meeting all academic and non-academic retention requirements.
2. University academic standards for retention must be met and sustained, as follows:
  - a. Students must maintain a minimum cumulative grade point average of 3.0, earning a grade below B- in no more than two courses.
  - b. Courses with an earned grade of C- or below will not be counted for credit toward the master's degree.
3. The MSW Leadership Team will evaluate students' grades and GPA at the end of each semester. If a student's academic performance does not meet the university's standards, the student will be notified via email that the MSW Leadership Team will be doing a review of his/her status in order to determine whether extenuating circumstances are present. Decisions about student retention in such instances will be made by the MSW Leadership Team on a case-by-case basis.
4. A student may be asked to withdraw from the MSW program for any of the following non-academic reasons:
  - a. Academic honesty breaches
  - b. Failing the field practicum
  - c. Failing to abide by professional values and ethics, as outlined by the NASW Code of Ethics.
5. When there is evidence that a student is not meeting the professionalism standards outlined in program policy, the student will be notified via email that the MSW Leadership Team will be doing a review of his/her status in order to determine whether the student may be retained in the program. Decisions about student retention in such instances will be made by the MSW Leadership Team on a case-by-case basis.

#### POLICY PROCEDURES

1. In general, faculty will provide ongoing professional feedback for professionalism breaches, offering students opportunities to make corrective behaviors, prior to termination from the MSW program; however, any professional ethics breach could result in immediate termination from the program.
2. Challenges to program termination decisions will follow the Grievance Policy.

MSW Leadership Team will be doing a review of his/her status in order to determine whether the student may be retained in the program. Decisions about student retention in such instances will be made by the MSW Leadership Team on a case-by-case basis.  
Policy procedures

In general, faculty will provide ongoing professional feedback for professionalism breaches, offering students opportunities to make corrective behaviors, prior to termination from the MSW program; however, any professional ethics breach could result in immediate termination from the program.

1. Challenges to program termination decisions will follow the Grievance Policy.

## **I. Commencement Policy**

There are a number of processes that must be addressed prior to an MSW student being cleared for commencement. Students who are preparing to participate in commencement have the responsibility to carry out all of the needed steps in a timely manner so that they do not experience any delay to their degree completion. This Commencement Policy was developed to outline the details of the required steps prior to commencement.

In order to be considered eligible for commencement clearance, students must complete the following requirements:

1. Submission of the online Commencement Contract form (see Policy Procedures section below)
2. Successful completion all MSW coursework requirements in accordance with university academic standards (see the Student Retention Policy or the SAU graduate catalog for details)
3. Successful defense of the MSW portfolio (see the Portfolio Defense Policy for details)
4. No more than 50 field practicum hours remaining

### **POLICY PROCEDURES**

1. Complete and submit the university's Commencement Contract form available online at [southern.edu/records](http://southern.edu/records).
2. Communicate with the MSW program office in the School of Social Work ([maw@southern.edu](mailto:maw@southern.edu)) to verify commencement eligibility.

## COURSE SCHEDULE

Assignments are due by Sunday synchronous class days at 1:30 pm **(EST)\*\*\*** (unless otherwise specified by the instructor)

**\*\*\*All due dates/times reflect Eastern Standard Time (EST)\*\*\***

DATE S	LEARNING ACTIVITIES	LEARNING PRODUCTS & DUE DATES / *Portfolio Product
<b>Module 1 (1/2 module) August 13-20</b>  Asynchronous	<b>Advanced Interviewing Skills</b> Interviewing Basics Power Point <b>Required Text Reading</b> <b>Beck, (2021):</b> Chapters: 1, 2, & 4  <b>Required E-class Reading:</b> Cormier, S., Nurius, P. S., & Osborn, C. J. (2017). Interviewing and change strategies for helpers. Cengage Learning Chapter 3  <b>Additional Readings will be posted on eclass</b>	
<b>CLASS August 20</b> Synchronous	<b>Clinical Mentor Classrooms- Practice CBT Model and clinical skills in cohorts</b>	Complete assignments in Module 1 due. Watch lecture <b>Due Aug. 20 at 1:30 pm (EST)</b>
<b>MODULE 2</b> <b>Aug. 21–Sept. 3</b> Asynchronous	<b>CBT Required Text Reading:</b> <b>Beck, (2021):</b> Chapters: 3, 5-6  <b>Additional Readings will be posted on eclass</b>	
<b>CLASS Sept. 3</b> Synchronous	<b>Mentor led clinical skills practice in cohorts.</b>	Complete assignments in Module 2, on Eclass due today. Watch lecture <b>Due Sept. 3 at 1:30pm (EST)</b>
<b>MODULE 3</b> <b>September 4–17</b> Asynchronous	<b>Required Text Reading:</b> <b>Beck, (2021):</b> Chapter 7, 8, 9, & 10 <b>Required E-class Reading:</b> Bowen PDF Reading posted in eclass "Nuclear Family Emotional System"  <b>Additional Readings will be posted on eclass</b>	
--Begin preparing for CBT Video Skills demonstration in cohorts- Review instructions and resources before class.		

<p><b>CLASS Sept. 17</b> Synchronous</p>	<p>-- Practicing for CBT Video Skills Demonstration assignment in cohorts. <b>Skills Demonstration in cohorts</b></p>	<p>Complete assignments in Module 3, on Eclass, are due today. Watch lecture Corrective Dialog 1 <b>Due Sept. 17 at 1:30 pm (EST)</b></p>
<p><b>MODULE 4</b> <b>Sept.18 – Oct.1</b> Asynchronous</p>	<p><b>Required Text Reading:</b> <b>Beck, (2021):</b> Chapters: 11, 12, &amp; 13</p> <p><b>Required E-class Reading:</b> Bowen PDF Reading postedn in eclass - "Differentiation of Self"</p> <p><b>Additional Readings will be posted on eclass</b></p>	
<p><b>CLASS Oct. 1</b> Synchronous</p>	<p><b>Clinical Mentor Supervision &amp; Genogram draft and Peer Consultation meeting- instead of meeting for Class Day</b> (Students will schedule times with their preassigned classmates (sign accountability forms) and mentee/instructor for this day to receive credit for class).</p>	<p>Complete assignments in Module 4, on Eclass due today. Watch lecture Clinical Skills CBT Session Video Demonstration <b>Due Oct. 1 at 1:30 pm (EST)</b></p>
<p><b>MODULE 5</b> <b>October 2–22</b> Asynchronous</p>	<p><b>Required Text Reading:</b> <b>Beck, (2021):</b> Chapters 6, 14, &amp; 15</p> <p><b>Required E-class Reading:</b> -Bowen PDF Reading posted in eclass - "Differentiation of Self: Continued"</p> <p><b>Additional Readings will be posted on eclass</b></p>	
<p><b>CLASS 5 Oct. 22</b> Synchronous</p>	<p><b>Mentor-led clinical skills practice in cohorts</b></p>	<p>Complete assignments in Module 5, on Eclass due today. Watch lecture Clinical CBT Self-Analysis Paper Genogram and Family Assessment <b>due Oct. 22 at 1:30 pm (EST)</b></p>
<p><b>MODULE 6</b> <b>Oct. 23 – Nov. 5</b> Asynchronous</p>	<p>Required Text Reading: <b>Beck, (2021):</b> Chapters: 17, 18 &amp; 21</p> <p><b>Required E-class Reading:</b> Bowen PDF Reading posted in eclass - "Triangles and Cut-offs"</p>	



	<b>Additional Readings will be posted on eclass</b>	
<b>CLASS 6 Nov. 5</b> Synchronous	<b>Mentor-led clinical skills practice in cohorts</b>	Complete assignments in Module 6, on Eclass due today. Watch lecture -Submit <b>Case History</b> of your client for the <u>Case Conceptualization Group Presentation</u> due Nov.5 at 1:30 pm <b>(EST)</b>
<b>MODULE 7</b> <b>November 5–19</b> Asynchronous	<b>Required Text Reading:</b> <b>Beck, (2021):</b> Chapters: 16 & 20  <b>Required E-class Reading:</b> -Bowen PDF Reading posted in eclass - "Family Projection Process"; "Multigenerational Transmission Process"  <b>Additional Readings will be posted on eclass</b>	
<b>CLASS 7 Nov. 19</b> Synchronous	<b>Mentor-led clinical skills practice in cohorts</b>	Complete assignments in Module 7, on Eclass due today. Watch lecture <b>Round 1:</b> Case Conceptualization Group Presentations Group Peer Evaluation for Round 1. due Nov. 19 at 1:30 pm <b>(EST)</b> .
<b>MODULE 8</b> <b>Nov. 20- Dec. 3</b> Asynchronous	<b>Required Text Reading:</b> <b>Beck, (2021):</b> Chapter 22  <b>Additional Readings will be posted on eclass</b>	
<b>CLASS 8 Dec. 3</b> Synchronous		Complete assignments in Module 8, on Eclass due today. Watch lecture <b>Round 2:</b> Case Conceptualization Group Presentations Submit Group Peer Evaluation for Round 2; Clinical Mentor Evaluation and Course Evaluation due Dec. 3 at 1:30 pm <b>(EST)</b> .  <i>Case Conceptualization Self-Assessment paper* due Tuesday, Dec. 5 at 11:59 pm (EST)</i>
<b>Syllabus Policy: The professor reserves the right to alter assignments and/or contents of this syllabus. Students will be given appropriate notice of any changes.</b>		

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## Appendix

## Genogram and Family Assessment

**In-class draft genogram assignment due: (week 10) Genogram & paper due: (week 12)**

Part of conducting a full family assessment is identifying the dynamics that run like currents throughout the family's history. The genogram allows us to understand this by visually representing the family's structure, dynamics, and issues. This assignment is a multi-step process:

**Step 1-** Throughout the early part of the semester, students can create a mock client or gather information from their family across four generations – their parents, grandparents, great-grandparents, siblings, and extended family. While you might find less information about older generations, try to gather what you can, as more comprehensive data will illuminate intergenerational patterns.

You will need to gather essential information on the **family members**, such as names, ages, year of death if deceased, education, occupation, notable characteristics, addictions, etc.

You should also include/collect information about **relationship dynamics** (e.g. divorces, relationship styles/parent-child attachment styles), family stressors, family accomplishments, and strengths.

**Ethnicity and multicultural information** are important to include as well. If some family members are immigrants, indicate from what country and the year of immigration. Strengths, as well as challenges, should be included.

If one has been adopted or in foster care, use the family you identify with most clearly as your family of origin (where you know more of the people and their stories). You will indicate the existence of other families as 'bubbles' next to the symbol for you. (If you have multiple foster families or other circumstances, talk with your instructor about focusing your genogram.)

**Note:** *A critical feature of doing good social work is understanding how our family history has impacted us to promote critical self-awareness and insight within our care practice with others. This assignment invites students to challenge themselves and explore their family influences from a different lens while strengthening and developing skills.*

Most students find this assignment valuable both professionally and personally. However, I open the option for students to create a mock client if preferred. I understand that working on this assignment can evoke strong emotions. While self-awareness regarding your family background can be challenging, it is crucial to becoming a competent, compassionate, ethically sound, empathetic, and effective clinician. It will be essential to take the time needed to practice self-care while researching and writing this assignment.

Ultimately, you have control over what information you choose to include. Although it is vitally important to understand how your family characteristics and traumas influence your interactions with clients, use your judgment about the level of information you elect to share, recognizing two important points: 1) that the instructor and classmate are each bound by confidentiality; 2) and the instructor cares about your success in this program to support your growth and development. No penalty will be applied if students choose the alternative option, and the expectation of criteria remains the same, I encourage you to treat your mock family as if they were your own. Enjoy the process.

**Clear structure lines are necessary, and adding a specific key beside the genogram will be required. Watch the videos provided in e-class that share the different ways to develop a genogram.**

For this assignment, the Genopro software is encouraged NOT to be used. **This is not a free program or simple to use. Some recommended online Genogram maker programs are the following:**

Edrawmax (<https://www.edrawmax.com/pid-software/>);  
Lucidchart  
([https://www.lucidchart.com/pages/examples/flowchart\\_software](https://www.lucidchart.com/pages/examples/flowchart_software));  
Vennage (<https://venngage.com/features/genogram-maker>);  
Qwoach (<https://qwoach.com/tools/genogram>).

### **Step 2- Genogram Draft and Peer Consultation:**

On **October 1 (week 8)**, students will schedule their peer consultation with their preassigned partner for the class (the same partner for the final project). Each student will bring a draft copy of their genogram. Before the consultation, ensure you have completed the readings for the previous and current modules. Utilize one of the recommended free programs shared earlier to create a genogram of your family. Start by outlining the family structure, including children from each union, and then add relationship lines (e.g., enmeshed, distant) using different colors to represent the dynamics.

**Step 3-** On October 1st, you and your classmate will collaborate to identify themes, trends, and dynamics within each other's genograms. You will gather information about your partner's family background through an interview. During the interview, aim to incorporate any new information into the genogram that arises from your discussion. It is important to approach the interview sensitively, utilizing clinician-like questioning and providing guidance for analyzing your partner's genogram. **Strict confidentiality must be maintained; the information shared should be limited to this consultation with your partner, not the entire class.**

**Step 4- The final "Genogram" with Written Analysis is due on Oct, 22 (week 11):** Students will submit their genogram with a critically informed written analysis for their genogram, identifying the trends and patterns they were able to recognize based on Bowen Family Systems theory. The paper should be a minimum of 2 pages and **no more than four (4) double-spaced pages (12 font)** (not including title page or references). Specific requirements and expectations will be shared below.

## **Family Assessment Outline:**

### **1. Family Trends, Issues and Traits:**

Identification of psychosocial traits and patterns is the main focus of this section. What are the strongest or most prevalent traits and patterns you identified from your research? **DESCRIBE** the specific trends and issues depicted in the genogram, such as education attainment, marriage patterns, parent-child relationships, gender issues, ethnicity, religion, traumas, abuse (e.g. substance or family violence), mental health issues, and other emerging patterns.

How did you assess issues related to culture (race, religion, ethnicity, education) that have impacted your family over time? Were their challenges?

### **2. Theoretical Analysis:**

Utilize **concepts from the course** to explain the family's way of relating, including relationship patterns and intensities (e.g., boundaries, triangles, enmeshment, hierarchy, differentiation and many more). Explain the trends identified in the prior section and the potential impact of oppression and/or discrimination on the family over time (ie. intergenerational trauma, historical trauma). **\*Students must cite 2- 3 references (within the last 10 years) to support their analysis.**

Note how **strengths, vulnerabilities, and traumas** have been transmitted intergenerationally. Analyze how these patterns will likely affect the current generation and follow ones into the future. How might they be perpetuated? How might they be broken? The use of a family therapy theory can help explain family dynamics.

### **3. Work with Partner**

Describe the process of working with your partner in identifying trends. Describe your experience, key insights, and comfort level in each role. (interviewer/interviewee). Comment on the experience of feeling vulnerable and how it might be helpful in your work as a social worker.

#### **4. Use of Genograms**

Consider how this may be useful as a tool in your clinical practice (or not). How does it fit with the population with whom you hope to work?

### **Genogram and Family Assessment Assignment Grading Rubric (65 points):**

#### **Genogram Construction (20 points):**

- Structure lines, relationship lines, clarity, and level of relevant detail (10 points)
- Creativity with the key and symbols used in the genogram (10 points)

#### **Identification of Family Patterns (10 points):**

- Ability to identify and depict patterns within the genogram (10 points)

#### **Written Analysis of Family Trends/Generational Patterns (20 points):**

- Clear and comprehensive written theoretical analysis of generational patterns (10 points)
- Discussion of the impact of varied patterns on the family and their potential influence on future generations and oneself (10 points)

#### **Written Analysis of Experience (10 points):**

- Analysis of personal experience being interviewed vs. interviewing for the genogram (5 points)
- Discussion of the use and relevance of genograms in one's social work practice (5 points)

#### **Grammatical Structure (5 points):**

- Clarity of writing, grammar, and following the instructions for critical analysis. (5 points)



Name: \_\_\_\_\_

YouTube Link: \_\_\_\_\_

### Clinical Skills CBT (1<sup>st</sup> session) Session Video Demonstration **and** Clinical CBT Self-Analysis Paper

The instructions for the midterm assignment require students to apply their knowledge of Cognitive Behavioral Therapy (CBT) to a simulated client case scenario, with an additional focus on a multicultural and accessible clinical practice lens. The assignment is divided into three parts:

1. **CBT Session Role-play exercise: (20 points)** Students will engage in a role-play session where they act as therapists, demonstrating their understanding and application of CBT techniques.
2. **Clinical supervision review:(10 points)** Students will record a video session with their assigned clinical mentor professor and schedule a review session. During this review, they will assess their therapeutic skills, evaluate their theoretical assumptions, and analyze the intervention strategies used. Students will consider how their diverse perspectives, cultural sensitivity, and accessibility are incorporated into their analysis and recommendations.
3. **Critical analysis/reflective paper: (45 points)** Students will write a critical analysis/ reflective paper alongside the role-play and video review. This paper will include a transcription of the basic skills demonstrated within each CBT section a critical analysis of their video that will delve into their CBT therapeutic approach, and a reflection where students consider an area of influence of cultural factors, power dynamics, and social inequalities their client may have experienced.

#### **Role Play Instructions:**

For the role-play exercise, students must record a 45–50-minute mock CBT session, showcasing their skill development and understanding of the theoretical process. *The students and volunteers comfort level and safety needs to be a priority for the day of the recording. Try to come prepared with notes and some ideas of what you will be doing to feel ready and confident on the day of the recording. If possible, try to share your notes with your "actor" ahead of time, to have them come prepared to perform.*

**Due to confidentiality, students will not be able to record with a personal client.** Real-life personal scenarios cannot be shared due to potential countertransference or transference responses during the recording session.

During the session, students are expected to follow the structure of a CBT session and meet specific expectations within each section shared within the *Clinical Skills CBT Session Video Demonstration Notes form* to ensure they understand.

For this assignment, you are encouraged to use notes and prepare basic CBT-appropriate questions to facilitate the session effectively. The recording aims to demonstrate your proficiency in applying CBT techniques and integrating culturally informed approaches when working with individuals who have experienced various life circumstances, such as oppression, poverty, marginalization, and alienation, as well as privilege and power. This assignment provides an opportunity to showcase your ability to demonstrate cultural humility, develop self-awareness, and strengthen your self-regulation skills while conducting the therapeutic CBT session.

#### **Clinical supervision review**

After completing your recordings, carefully review the video and choose a 10-minute section you would like to process and receive supervision during the Clinical Mentor Supervision. Submit your YouTube link and the specific time marker indicating the selected section to the e-class platform. Following the video submission, schedule a meeting with your Clinical Mentor Supervision to conduct the review session.

*The student's responsibility for coordinating and confirming an appointment with their clinical mentors.*

Clinical Skills CBT Session Video Demonstration (1<sup>st</sup> session) Notes

Name: \_\_\_\_\_

Identified Problem for Demonstration: \_\_\_\_\_

Cognitive Therapy Structure

Greeting the client

The therapist effectively introduced self, elicited an introduction from the client, and explained the roles of therapist and client.

Reviewing Confidentiality

The therapist's explanation of confidentiality was done in a way that shared the required information and built a sense of trust in the client/therapist relationship.

Agenda

The therapist worked with the client to set an appropriate agenda with target problems suitable for the available time. Established priorities and then followed the agenda.

Client Expectations (Include both time expectations and therapy-type expectations)

The therapist effectively elicited the client's expectations of therapy and appropriately addressed any misconceptions.

Mood Check (use 1 – 10 scale)

The therapist worked with the client to perform a mood check that was helpful to the client.

Presenting Problem

The therapist reviewed the presenting problem by asking appropriate and effective questions, which led to further sharing by the client. The problem was appropriate to CBT.

Goal Setting

The therapist worked collaboratively with the client to set appropriate and relevant goals for the client's presenting problem(s). (It must be a therapeutic goal vs. a case- management goal)

#### Educating on CBT

The therapist effectively explained CBT and used an example from the client's life to further educate the client.

#### Summary

The therapist summarized the session and verified with the client that the summary was complete and effective.

#### Homework

The therapist collaboratively developed homework from a CBT perspective. The assignment seemed "custom-tailored" to help the client incorporate new behaviors discussed during the session.

#### Feedback

The therapist was especially adept at eliciting and responding to verbal and nonverbal feedback throughout the session (e.g., elicited reactions to the session, regularly checked for understanding, and helped summarize main points at the end of the session).

## Instructions for the Clinical Skills CBT Session Video Demonstration Critical Analysis Paper

The objective of the self-analysis is for the student to review and reflect upon their demonstration. The student will review their video with their clinical mentors to receive clinical supervision. Following their session, the student will both transcribe and write an analysis paper where they will answer each of the questions below. Students are not required to utilize outside literary resources to complete the written portion of the assignment, and students may utilize the first-person perspective. APA 7<sup>th</sup> ed is required.

Format of the Paper (only these things listed are required, NO cover page, or running header).

1-inch  
margins  
Single  
spaced

APA approved fonts and sizes such as New Times Roman Font, 12  
point Page numbers – starting with the first page, in the top right  
Titles of sections, skills, etc. in italics.

This paper will be split into 2 segments as follows.

### Segment One:

---

Transcriptions, Comments and Corrections for each Section listed below from the Video Rubric.

The only segments of the video that will be transcribed will be your own demonstration of the CBT skills that fall into the following sections. Label each section in the list below and put your transcription in the appropriate section.

- a. Mood Check
  - b. Agenda
  - c. Prioritize the Agenda
  - d. Work one Problem and Educate on CBT (probably one of the largest sections of the paper)
  - e. Set new Homework (collaboratively)
  - f. Summary and Feedback
1. You will only transcribe the basic skills you demonstrated in the video that fall into one of the main sections. Start by just doing the basic transcription. For the sections included, you will need to transcribe everything you say as you said it (that demonstrates a specific skill), Please label what you say as **"Therapist"**. Avoid transcribing any statements or questions that don't fit within a specific skill section.
  2. You only need to transcribe enough of what the client said to help your mentor know why you responded the way that you did...not all of their dialog. Please label this as **"Client"**.
  3. After you transcribe the actual wording/skill demonstrations from the video, next, provide a comment that identifies how each interaction could be improved (i.e. how can your skills grow, in terms of your response. again think "How could I have said this in an "ideal" way? How could I have improved this from a CBT perspective/content"). Please label this as **"comment"**.
  4. Finally, insert a "correction" by implementing what you identified in your comment as ways to improve the interaction. This will be done by creating a

corrected dialog below your comment. Please label the added corrective dialog as "correction" in italics.  
(Tip: you can copy and paste your earlier comment and then edit it. It will save you time in typing...however, DO NOT forget to change/improve it!)

The first segment of your paper should use the following structure... (Some mentors like different colors for elements which can also help you in making sure you have not missed a component).

Therapist: ... (what you actually said)

Client: ... (share just enough for mentor to know why you responded the way that you did)

Comment: ...demonstrate critical thinking by stating how you could improve your dialog by including specific CBT content.

Correction: ... Correct your dialog...show what you would now say to make it better.

This paper is a portfolio product and requires you to engage in analytical thinking about how each interaction, while satisfactory, could be improved. Your comment AND corrective dialog are how you evidence critical thinking. Please use your textbook to help you utilize the appropriate skill language in your comments.

## Segment Two:

### Reflections & Issues

Please answer the questions for one of the following issues with a minimum of two paragraphs. Choose the issue that is most relevant to the client population in your video. If one of the issues did not arise in the video itself, talk about how that issue could be important to the client or client population you are working with in the video.

#### A. Cultural Issues:

What are the cultural **issues** that surfaced during the session (or could have surfaced based on your client/client population)? How did you handle it during the session (if it did not surface, how could you handle cultural issues that might surface for your client/client population)? What might you have done differently to increase the cultural competence of your skill delivery? (Please keep in mind, culture involves more than just race).

#### B. Ethical Issues:

What are the ethical **issues** that surfaced during the session (or could have surfaced based on your client/client population)? How did you handle ethics during the session (if none surface, how could you handle ethical issues that might surface on for client/client population)? What might you have done differently to increase the ethical delivery of your facilitation skills?

#### C. Social Justice Issues:

What are the social justice **issues** that surfaced during the session (or could have surfaced based on your client/client population)? How did you handle issues of social justice during the session (if none surface, how could you handle social justice issues on your client/client population)? What might you have done differently to increase social justice for client? How might larger system interventions assist in alleviating client's issues?

Reflections on your growth and performance as an advanced autonomy practitioner with Clinical Supervision (a minimum of two paragraphs):

Reflect on your experience with clinical supervision and share if there was something meaningful that you gained from the opportunity. Be sure to clarify. In addition, share, specifically, the level of comfort you felt during the process and provide explanations for your comfort level, whether it was comfortable or not. Additionally, share your plans for further growth and development as you progress towards licensure.



# Case Conceptualization Group Presentation Instructions and Rubric

Obtained and adapted from the Beck Institute

## Case History, Formulation, and Treatment

### I. Case History

**\*\*Written Format and submitted before the presentation. Details will also be shared in the PowerPoint Presentation\*\***

**General Instructions:** This is a group paper. The case history will be shared with your classmates before the presentation review. The Case History paper will need to provide a concise summary (maximum of two double-spaced pages) of the essential background information gathered during the patient's evaluation for treatment.

#### A. Identifying Information:

- Provides fictitious name and consistently uses it throughout the Case History and Formulation.
- Accurately describes the patient's age, gender, ethnicity, marital status, living situation, and occupation.
- Demonstrates cultural sensitivity and inclusivity in the description.

#### B. Chief Complaint:

- Notes the chief complaint in the patient's own words.
- Reflects an understanding and respect for the patient's unique perspective, including any cultural factors that may influence the complaint.

#### C. History of Present Illness:

- Describes the present illness comprehensively, including emotional, cognitive, behavioral, and physiological symptoms.
- Notes on any cultural or social factors that may contribute to the illness.
- Considers the impact of systemic inequities or societal biases on the patient's present illness.

#### D. Past Psychiatric/Behavioral Health Treatment History:

- Summarizes past psychiatric history, including substance abuse.
- Demonstrates an understanding of how cultural or social factors may have affected the treatment history.
- Acknowledges any barriers the patient may have faced in accessing appropriate care due to inequities or biases.

#### E. Personal and Social History:

- Provides a concise summary of the most salient features of personal and social history.
- Includes observations on formative experiences, traumas (if any), support structure, interests, and substance use.
- Considers the patient's family, cultural background, and its influence on their personal and social history.
- Recognizes any potential systemic or societal factors impacting the patient's experiences.
- Examines how the dynamics and experiences within the family systems might be influencing the patients family's present relationships and interactions

F. Medical History:

- Notes any relevant medical problems that may influence psychological functioning or treatment, such as endocrine disturbances, heart disease, cancer, chronic medical illnesses, or chronic pain.
- Considers how cultural or social factors may intersect with the patient's medical history and impact their psychological well-being.

#### G. Mental Status Observations:

- Lists 3-5 salient features of the mental status exam at the beginning of treatment.
- Includes observations on general appearance and mood.
- Demonstrates cultural competence in interpreting the mental status observations, considering the patient's cultural background.

#### H. DSM-5 TR Diagnoses:

- Provides a DSM-5 TR diagnoses.
- Considers the cultural context and potential biases in diagnosing the patient (cite at least 1 source).

#### I. Family Genogram:

- Submit a comprehensive family genogram for the patient's family.
- The genogram should visually depict family relationships, historical patterns, and significant life events.
- Use symbols to represent individuals, and lines to indicate relationships, highlighting any emotional or relational patterns that stand out.
- A key will need to be provided.

## II. **Case Conceptualization For the PowerPoint Presentation Only**

**General Instructions:** During the presentation, students will elaborate on the main elements of their case formulation using the provided outline:

**\*Use of Evidence-Based Literature:** In social work practice, research plays a crucial role in guiding clinical decisions. For the Case Conceptualization, students will use evidence-based literature to support their project and inform their treatment plan. Students will be expected to independently identify, analyze, and critique current, empirically sound research to enhance the effectiveness of their interventions for the patient. Students are encouraged to use the SAU Mckee Library research guide resources available to students.

#### A. Precipitants:

*Precipitants are significant events on a larger scale that can contribute to the onset of an illness episode. For instance, a depressive episode may be triggered by various factors such as work-related failure, the loss of a close friend, or marital strain. However, conditions like bipolar disorder or recurrent depression with strong biological features may not have clear psychosocial precipitants. In such cases, it is important to identify other aspects of the patient's history that could shed light on the illness's onset.*

*In the next part of the Case Conceptualization, activating situations are smaller-scale events or circumstances that provoke negative moods or trigger maladaptive thoughts and behaviors. For example, in the case of the depressed patient mentioned earlier, the worsening of their depressive mood might occur at work, in interactions with their spouse, or while attending a class, they used to attend with their deceased friend.*

*Which precipitants do you hypothesize played a significant role in developing the patient's symptoms and problems? It is crucial to consider the influence of diverse factors such as culture, race, gender, socioeconomic status, and other aspects related to diversity, equity, and inclusion (DEI) that may impact our understanding of the precipitants.*

- Accurately identifies and describes the significant precipitants that may have contributed to developing the patient's symptoms and problems.
- Considers the impact of diverse factors such as culture, race, gender, socioeconomic status, or other DEI-related aspects that may influence the understanding of precipitants.

- Share your genogram and discuss the intergenerational patterns, roles, and rules that might be influencing the current family functioning.

B. Cross-sectional view of current cognitions and behaviors:

*The cross-sectional view of the case formulation involves observing the predominant cognitions, emotions, behaviors, and relevant physiological reactions that the patient exhibits in the present moment or before significant progress is made in therapy. It typically emphasizes the surface-level cognitions, specifically automatic thoughts, identified earlier in therapy rather than the underlying schemas, core beliefs, or assumptions central to the longitudinal view discussed later.*

*This section explains how the cognitive model was applied to the patient during the early stages of treatment. List up to two current activating situations or memories of activating situations.*

*Describe the patient's typical automatic thoughts, emotions, behaviors, and relevant physiological reactions in these situations. Additionally, consider the influence of diversity, equity, and inclusion (DEI) factors on the patient's cross-sectional view. This involves examining how social identity, cultural background, or other DEI-related aspects may impact the patient's cognitive processes and behavior.*

- Provides an accurate depiction of the patient's predominant cognitions, emotions, behaviors, and physiological reactions in the present context.
- Considers the influence of systemic factors, or access, towards the patient's cross-sectional view, such as the impact of their social identity or cultural background on cognitive processes and behavior.
- Reflects how cultural beliefs, values, and traditions influence family interactions and expectations.

C. Longitudinal view of cognitions and behaviors:

*This section of the case conceptualization focuses on understanding the patient's longitudinal view of cognitive and behavioral functioning over time. As therapy progresses, the therapist explores underlying schemas (core beliefs, rules, assumptions, irrational beliefs, etc.) and enduring behavior patterns (compensatory strategies).*

*Identify the patient's key schemas (core beliefs, rules, assumptions) and compensatory behavioral strategies. If the patient's pre-morbid history does not significantly contribute to the generation of maladaptive assumptions or schemas (e.g., a bipolar patient with no developmental issues), specify the major belief(s) and dysfunctional behavioral patterns present specifically during the current episode. Considers how their previous life experiences may have shaped the development of schemas and behavioral patterns, acknowledging the influence of cultural, societal, or systemic factors.*

- Identifies the patient's key schemas (core beliefs, rules, assumptions) and compensatory behavioral strategies.
- Considers how the patients' factors may have shaped the development of schemas and behavioral patterns, acknowledging the influence of cultural, societal, or systemic factors.

D. Strengths and assets:

*Provide a concise description of the patient's strengths and assets, including but not limited to their physical health, intelligence, social skills, support network, and work history. Recognize the values, diverse strengths, and assets, considering the patient's cultural background, social context, or unique experiences.*

- Describes the patient's strengths and assets comprehensively, considering a range of factors such as physical health, intelligence, social skills, support network, work history, and others.
- Analyze potential strengths and assets, that have come from the patient's cultural background, family systems, social context, or unique experiences.

E. Working hypothesis (summary of conceptualization):

*Provide a summary of the main features of the working hypothesis that guided your treatment interventions. Establish a connection between your working hypothesis and a cognitive-informed model for the patient's specific disorder(s).*

- Summarizes the principal features of the working hypothesis that guided treatment interventions.
- Connects the working hypothesis with a cognitive-informed model for the patient's disorder(s),

- Consider the cultural context of the patient's family and its impact on their family systems.
- Discuss the therapeutic implications of understanding the family systems dynamics for your role as the therapist.

## **I. Treatment Plan**

### **PowerPoint Presentation Only**

**General Instructions:** In this section, outline the key components of your treatment plan using the provided outline. Describe the primary features and interventions that you have developed to address the client's needs and goals.

#### **A. Problem List**

*Identify significant challenges that you and the patient have recognized. These challenges typically span various domains, including psychological/psychiatric symptoms, interpersonal relationships, occupational concerns, medical issues, financial constraints, housing situations, legal matters, and leisure activities. Problem Lists aim to comprehensively capture the range of difficulties the patient faces between two to six items.*

- Identifies significant challenges in various domains.
- Comprehensively captures 2-6 items.

#### **B. Treatment Goals**

*Specify the treatment goals that have been established in collaboration with the patient.*

- Specifies treatment goals established collaboratively with the patient.

#### **C. Plan for Treatment**

*Based on the identified goals, the case history (including previous unsuccessful treatment experiences), and you're working hypothesis, articulate your specific treatment plan for the patient, incorporating their strengths and assets. Address the influence of family systems. Integrate appropriate (CBT) interventions and strategies aligning with the patient's needs and goals.*

- Articulates a specific treatment plan based on goals, case history, and working hypothesis.
- Incorporates patient's strengths and assets.
- Addresses the influence of family systems.
- Integrates appropriate CBT interventions and strategies.

## **II. Course of Treatment**

### **PowerPoint Presentation Only**

**General Instructions:** In this section, provide an overview of the primary features of the course of treatment using the provided outline. Detail the key aspects and interventions implemented throughout the treatment process, highlighting the progression and outcomes achieved concerning the client's goals and treatment plan.

#### **A. Therapeutic Relationship**

*Provide a comprehensive description of the therapeutic relationship, including assessing its nature and quality for promoting a safe and supportive space for the client's healing and growth. Discuss any challenges or issues that arose during the therapeutic process and explain how you conceptualized these problems. Additionally, outline the strategies and interventions implemented to address and resolve these challenges within the therapeutic relationship.*

#### **B. Interventions/Procedures**

*Identify and elaborate on at least two significant interventions informed by Cognitive Behavioral Therapy (CBT), providing a rationale demonstrating the connection between these interventions, the patient's treatment goals, and you're working hypothesis. Explain how these*

*interventions align with the underlying principles of CBT and how they specifically target the identified challenges and promote desired changes in the client's thoughts, emotions, and behaviors. In addition, address the client's unique needs by considering their cultural background, social identities, and family dynamics.*



**C. Obstacles**

Provide an example of how you would resolve an obstacle with your client. Explain your conceptualization of a potential obstacle that could occur during treatment based on research of the issue your client is experiencing and how you would address the matter (cite 1-2 articles). Additionally, describe how you utilized the patient's strengths during the treatment process.

**D. Outcome**

Share a specific report on the patient's therapy outcome. If the students have chosen for the patients treatment to remain ongoing, describe the progress made to date and outline the next steps in therapy.

**A. PowerPoint Presentation Completed on time.**

**The PowerPoint presentation will take approximately 30-35 minutes.**

**Self-Assessment Paper**

For this self-assessment paper students will reflect on their Case Conceptualization project. This self-evaluation will help you recognize and identify your strengths and areas for growth in integrating both CBT and Family Systems principles into your client's treatment. Students will write a minimum 2-page double spaced paper, not including the title page or reference page.

**Instructions:**

**Case Background:** Share a brief 3-4 sentence summary of the case you worked on. Provide the client's presenting issues, history, and overall treatment goal. Describe how the client's family dynamics may have influenced their current challenges.

**CBT Approach:** Share the CBT approach you applied in developing the Case Conceptualization. Explain the key CBT principles you utilized, such as cognitive restructuring, behavioral techniques, and goal setting. Reflect on how the CBT techniques contributed to you personally understanding the client's individual thought patterns and behaviors.

**Family Systems Approach:** Describe the Family Systems Therapy concepts you integrated into the Case Conceptualization. Discuss how you considered the client's family dynamics, roles, and communication patterns while formulating the treatment plan. Explain how you addressed the client's challenges in the context of their family system.

**Strengths in Case Conceptualization:** Reflect on the aspects of your Case Conceptualization that you believe were strong in both CBT and Family Systems Therapy. Consider how well you integrated these two approaches to gain a comprehensive understanding of the client's situation.

**Areas for Improvement:** Identify specific areas in your Case Conceptualization where you feel improvements are needed in both CBT and Family Systems Therapy. These may include challenges in applying certain techniques or addressing family dynamics in a more effective manner.

**Use of Evidence-Based Literature:** Assess your use of evidence-based literature to support your Case Conceptualization in both CBT and Family Systems Therapy. Reflect on whether you effectively incorporated relevant research and theoretical foundations in your treatment plan. If not, address your reasoning as an advanced clinical social work practitioner.

**Self-Reflection:** Engage in self-reflection regarding your emotional responses, biases, and countertransference during the Case Conceptualization process in both CBT and Family Systems Therapy. Consider how your self-awareness impacted your ability to formulate an effective treatment plan. Share your experience and how you will manage self-care and develop more self-compassion for oneself throughout your professional career moving forward.

**Professional Development:** Discuss your plans for professional development in both CBT and Family Systems Therapy. Identify specific actions you will take to enhance your skills in Case Conceptualization and effectively integrate these two therapeutic approaches.

**Goal Setting:** Set a SMART goal (SPECIFIC, REALISTIC, MEASURABLE, ACHIEVEABLE, REALISTIC, TIME BASED) for your future Case Conceptualizations, integrating both CBT and Family Systems Therapy principles. Include strategies to address the areas for improvement and capitalize on your strengths in both approaches.

**Conclusion:** Summarize the key insights and lessons gained from this self-assessment of your Case Conceptualization in CBT and Family Systems Therapy. Emphasize the importance of ongoing learning and growth to enhance your skills as a clinical social worker working with individuals and their families.

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### **Rubric for Case Conceptualization Self-Assessment Assignment**

#### **Case Background (2 points):**

- Excellent (2 points): Clear and concise 3-4 sentence summary of the case, including presenting issues, history, and overall treatment goal, with an insightful exploration of how family dynamics influenced the client's challenges.
- Adequate (1 point): Adequate 3-4 sentence summary of the case, including presenting issues, history, and overall treatment goal, but lacks some depth in exploring family dynamics.
- Insufficient (0 points): Incomplete or vague description of the case background, missing important details, or lacking an analysis of family dynamics.

#### **CBT Approach (2 points):**

- Excellent (2 points): Thorough explanation of the CBT approach applied in developing the Case Conceptualization, showcasing an in-depth understanding of key CBT principles and their contribution to understanding the client's thought patterns and behaviors.
- Adequate (1 point): Adequate explanation of the CBT approach but may lack some depth or clarity in discussing key principles and their contribution to understanding the client's thought patterns and behaviors.
- Insufficient (0 points): Superficial or unclear explanation of the CBT approach used, lacking insight into its application to the client's case.

#### **Family Systems Approach (2 points):**

- Excellent (2 points): Comprehensive description of the integration of Family Systems Therapy concepts into the Case Conceptualization, demonstrating an understanding of how family dynamics, roles, and communication patterns were considered in the treatment plan.
- Adequate (1 point): Adequate description of the Family Systems Therapy concepts integrated into the Case Conceptualization but may lack some depth or insights into their application to the treatment plan.
- Insufficient (0 points): Limited or unclear description of the integration of Family Systems Therapy concepts into the Case Conceptualization, with little consideration of family dynamics in the treatment plan.

#### **Strengths in Case Conceptualization (2 points):**

- Excellent (2 points): Thorough and insightful reflection on the strengths in the Case Conceptualization, with clear analysis of how both CBT and Family Systems Therapy principles were effectively integrated.

- Adequate (1 point): Adequate reflection on the strengths in the Case Conceptualization but may lack some depth or specific examples of how both approaches were integrated effectively.
- Insufficient (0 points): Minimal or no reflection on the strengths in the Case Conceptualization or lacks insights on their integration.

**Areas for Improvement (2 points):**

- Excellent (2 points): Comprehensive identification of specific areas for improvement in both CBT and Family Systems Therapy, with well-defined strategies for growth.
- Adequate (1 point): Identification of some areas for improvement in both CBT and Family Systems Therapy but may lack some specificity in strategies for growth.
- Insufficient (0 points): Limited or vague identification of areas for improvement or lacks strategies for growth.

**Use of Evidence-Based Literature (1 point):**

- Excellent (1 point): Thorough assessment of the use of evidence-based literature to support the Case Conceptualization in both CBT and Family Systems Therapy, with insightful reflections on its integration.
- Adequate (0.5 points): Adequate assessment of the use of evidence-based literature but may lack some depth in discussing its integration.
- Insufficient (0 points): Minimal or no assessment of the use of evidence-based literature to support the Case Conceptualization.

**Self-Reflection (2 points):**

- Excellent (2 points): Comprehensive self-reflection regarding emotional responses, biases, and countertransference, with insightful analysis of how self-awareness impacted the treatment plan and plans for self-care and self-compassion.
- Adequate (1 point): Adequate self-reflection regarding emotional responses, biases, and countertransference, but may lack some depth in analysis or specific plans for self-care and self-compassion.
- Insufficient (0 points): Limited or vague self-reflection, lacking insights into its impact on the treatment plan or plans for self-care and self-compassion.

**Professional Development (1 point):**

- Excellent (1 point): Comprehensive discussion of plans for professional development in both CBT and Family Systems Therapy, with specific actions for enhancing skills in Case Conceptualization.
- Adequate (0.5 points): Adequate discussion of plans for professional development but may lack some specificity in actions for enhancing Case Conceptualization skills.
- Insufficient (0 points): Minimal or no discussion of plans for professional development in both approaches.

**Goal Setting (1 point):**

- Excellent (1 point): Clear and SMART goal set for future Case Conceptualizations, integrating both CBT and Family Systems Therapy principles, with well-defined strategies for addressing areas of improvement and capitalizing on strengths.
- Adequate (0.5 points): Adequate goal set for future Case Conceptualizations but may lack some specificity in strategies or SMART criteria.
- Insufficient (0 points): Goal setting is missing or lacks clarity, specificity, or SMART criteria.

**Conclusion (1 point):**

- Excellent (1 point): Thorough summary of key insights and lessons from the self-assessment, emphasizing the importance of continuous learning and growth as a clinical social worker working with individuals and their families.
- Adequate (0.5 points): Adequate summary of key insights and lessons but may lack some depth or emphasis on ongoing learning and growth.
- Insufficient (0 points): Minimal or no conclusion provided or lacks key insights and lessons from the self-assessment.

**Total Points: 15 Points**

**Case Conceptualization Group Project Rubric**

**I. Case History (25 points)**

- A. Identifying Information - 2 points.
- B. Chief Complaint - 3 points

- C. History of Present Illness - 4 points
- D. Past Psychiatric/Behavioral Health Treatment History - 2 points
- E. Personal and Social History - 4 points
- F. Medical History - 2 points

- G. Mental Status Observations - 2 points
- H. DSM-5 TR Diagnoses - 3 points
- I. Family Genogram - 3 points

**Total: 25 points**

## **II. Case Conceptualization (30 points)**

- A. Precipitants - 2 points
- B. Cross-sectional view of current cognitions and behaviors - 3 points
- C. Longitudinal view of cognitions and behaviors - 3 points
- D. Strengths and assets - 2 points
- E. Working hypothesis (summary of conceptualization) - 3 points
- F. Family Systems Dynamics - 2 points

### **Treatment Plan**

- A. Problem List - 1 points
- B. Treatment Goals - 2 points
- C. Plan for Treatment - 3 points

### **Course of Treatment**

- A. Therapeutic Relationship - 1 points
- B. Interventions/Procedures - 3 points
- C. Obstacles - 2 point

Use of Evidence-Based Literature: 2 points  
PowerPoint Presentation Completed on time - 1 points. **Total: 30 points**

## **III. Self- Assessment Paper (15 points)**

- A. Case Background: 1 point
- B. CBT Approach: 2 points
- C. Family Systems Approach: 2 points
- D. Strengths in Case Conceptualization: 1 point
- E. Areas for Improvement: 2 points
- F. Use of Evidence-Based Literature: 1 point
- G. Self-Reflection: 2 points
- H. Professional Development: 2 points
- I. Goal Setting: 1 point
- J. Conclusion: 1 point

**Total: 15 points**