



<b>Course Number:</b> SOWK 616.02 S02	<b>Classroom:</b> SA 124
<b>Course Name:</b> Adolescent (13-18 years) Mental Health Across Complex Contexts	
<b>Day:</b> Thursdays, February 27-April 2, 2020	<b>Time:</b> 9-12:00pm & 1-3:50pm daily
<b>Instructors:</b> Patrick Griffin, MS, RCSW with Adrienne Hotz-Oman, MA, R. Psych. & Peter Baylis, MSW, PhD, RCSW	<b>Office Hours/Location:</b> By appointment
<b>E-mail:</b> <a href="mailto:pcgriffi@ucalgary.ca">pcgriffi@ucalgary.ca</a>	<b>Phone:</b> TBD
<b>SYLLABUS STATEMENT</b>	
Critical examination of policies, theories and models relevant to infant, child and adolescent mental health.	
<b>COURSE DESCRIPTION</b>	
In this course we will engage in an in-depth exploration of theories, policies, research and practice models most relevant to working with adolescents and their complex contexts. We will critically re-examine theories, such as attachment, development, neurobiology and social justice as they relate to this population, including the elements of risk and resilience in navigating societal influences (e.g., peers, social media) on diverse emerging identities. Through experiential learning that mirrors real-world clinical practice, students will learn to synthesize theories and research to inform their diagnostic and intervention frameworks for working with this diverse population. We will explore best-practice models and pay special attention to understanding, identifying and intervening with those presenting concerns and/or diagnoses typically emerging during this developmental period. Our explorations will culminate with intensive training related to effective practice with youth who are at-risk and suffer from dual-diagnoses and addictions.	
<b>COURSE LEARNING OUTCOMES</b>	
Upon completion of this course: <ol style="list-style-type: none"><li>1. Students will learn about and demonstrate a working knowledge of theories and frameworks that inform social work practice with adolescents, including attachment, developmental psychopathology, neurobiological-informed practice, resilience, as well as frameworks of mental health including differential stress and stress-diathesis.</li><li>2. Students will learn about and demonstrate an understanding of risk and protective factors that influence children's mental health and their cognitive, social and emotional development and how these influences and are influenced by interpersonal relationships, familial and contextual/environmental factors.</li></ol>	

3. Students will learn about and demonstrate a working knowledge of assessment procedures including the disorders and diagnostic procedures of childhood within mental health classification systems (i.e., DSM-5), as well as a working knowledge of the use of screening tools/standardized assessment measures pertaining to adolescents and their families.
4. Students will learn about and demonstrate a working knowledge of developing, implementing and evaluating a range of psychosocial interventions for mental health relevant to adolescents and their families. Students will be able to demonstrate a working knowledge to move through the various phases of psychosocial intervention from engagement, assessment, formulation/case conceptualization, treatment planning, implementation and evaluation.
5. Students will learn about and demonstrate a critical understanding of those factors associated with practicing ethically as a social worker with adolescents and families from diverse and complex contexts.

## LEARNING RESOURCES

### REQUIRED TEXTBOOKS

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Arlington, VA: APA.

Dobson, D., & Dobson, K. S. (2009). *Evidence-based practice of cognitive-behavioral therapy* (1<sup>st</sup> ed.). New York, NY: The Guilford Press. **(Available online via the U of C, Taylor Family Digital Library)** <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=465653>

Weisz, J.R., & Kazdin, A. E. (Eds.) (2017). *Evidence-based psychotherapies for children and adolescent* (3<sup>rd</sup> ed.). New York, NY: The Guilford Press. **(Available online via the U of C, Taylor Family Digital Library)** <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=4844824>

### LEARNING TECHNOLOGIES AND REQUIREMENTS

The course employs learning based technologies including D2L.

## RELATIONSHIP TO OTHER COURSES

Students will have completed their first professional social work degree or its equivalent. Accordingly, students are expected to have a solid understanding of generalist social work practice and basic social work skills required to translate social work theory into practice. More specifically, the following capabilities are expected:

1. The knowledge and understanding of a person-in-environment social work framework that provides a base for applying and evaluating professional practice;
2. The ability to delineate your personal values and relate them to professional values; and
3. The competency to conduct appropriate assessments and interventions in an ethical, effective manner; and select models of intervention after a critical analysis of multiple models of intervention, understanding their empirical evidence.

Specific prerequisites for this course include the successful completion of SOWK 610 and 612.

This course is the fourth of four courses in the Infant, Child and Adolescent Mental Health cluster.

This course provides an in-depth exploration of theories, frameworks, policies and practice-based

clinical processes examined in other courses, applying this knowledge and skill to working clinically with adolescent populations from diverse communities and contexts.

## CLASS SCHEDULE

**Class 1** (February 27, 9:00am-12:00pm) – Clinical social work with adolescents: Engaging & managing complex cases

- Adolescence: Unique engagement considerations including, ethics (e.g., consent/age of consent), working with systems (e.g., patient & family centred-care) and networks/communities of support (e.g., peer groups, support and community-based services)
- Stages of change/motivation/ambivalence
- Critical examination of the principles, processes and clinical practices.

### **Required readings:**

Chovil, N. (2009). *Engaging families in child and youth mental health: A review of best, emerging, and promising practices*. Victoria, BC: The F.O.R.C.E. Society for Kids' Mental Health.

Retrieved from

<http://www.forcesociety.com/sites/default/files/Engaging%20Families%20in%20Child%20%26%20Youth%20Mental%20Health.pdf>

Manion, I., & Smith, E. (2011). Good things happen: Engaging families in youth mental health care. *Vanier Institute of the Family*, 41, 1-5.

<http://ezproxy.lib.ucalgary.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=82350099&site=ehost-live>

Miller, G. (2012). Application of theory to family-centred care: A role for social workers. *Social Work in Health Care*, 51(2), 89-106. [https://doi-](https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/00981389.2011.609774)

[org.ezproxy.lib.ucalgary.ca/10.1080/00981389.2011.609774](https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/00981389.2011.609774)

### **Recommended readings:**

Hoagwood, K. E. (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry*, 46, 690-713.

<https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/j.1469-7610.2005.01451.x>

MacFarlane, M. M. (2011). Family-centred care in adult mental health: Developing a collaborative interagency practice. *Journal of Family Psychotherapy*, 22(1), 56-73.

<https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/08975353.2011.551100>

Person, S., Nielsen, K., & Baylis, P. (2015). Consent of minors in social work practice. Edmonton, AB: Alberta Collage of Social Workers. Retrieved from

[https://acsw.in1touch.org/document/2024/SUM\\_MinorsAndConsentIssues\\_20150326.pdf](https://acsw.in1touch.org/document/2024/SUM_MinorsAndConsentIssues_20150326.pdf)

*Course Learning Outcomes: 1, 2, 5*

**Class 2** (February 27, 1:00pm-3:50pm) – The Adolescent Brain: Using neuroscience to inform clinical social work with adolescents

- Applying developmental/neurodevelopment theory to adolescents within complex contexts.
- Adolescent populations: Areas of risk/vulnerability and resilience
- Typical development/developmental milestones (developmental psychopathology)
- Frontal lobe development & functional integration (myelination & pruning)

- Hormones and hormonal changes
- Risk taking behaviours

**Required readings:**

- Galvan, A. (2017). Adolescence, brain maturation and mental health. *Nature Neuroscience*, 20(4), 503-504. <https://www-nature-com.ezproxy.lib.ucalgary.ca/articles/nn.4530>
- Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. *Annals of the New York Academy of Sciences*, 1124, 111-126. <https://nyaspubs-onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1196/annals.1440.010>
- Lamblin, M., Murawski, C., Whittle, S., & Fornito, A. (2017). Social connectedness, mental health and the adolescent brain. *Neuroscience and Biobehavioral Reviews*, 80, 57-68. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S0149763416305814>

**Recommended readings:**

- Ahmed, S. P., Bittencourt-Hewitt, A. & Sebastian, C. L. (2015). Neurocognitive bases of emotion regulation development in adolescence. *Developmental Cognitive Neuroscience*, 15, 11-25. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S1878929315000717>
- Giedd, J. N., Keshavan, M., & Paus, T. (2009). Why do many psychiatric disorders emerge during adolescence? *Nature Reviews Neuroscience*, 9(12), 947-957. <https://www-nature-com.ezproxy.lib.ucalgary.ca/articles/nrn2513>
- State of Victoria. (2012). *Child development and trauma specialist practice resource: 12-18 years (2012)*. Melbourne, Australia: Author. Retrieved from <https://www.cpmanual.vic.gov.au/sites/default/files/Child%20development%20trauma%2012-18years%202012%203012%20.pdf>

Course Learning Outcomes: 1, 2, 5

**Class 3** (March 5, 9:00am-12:00pm) – Assessment with adolescents at-risk for and affected by mental disorders: Part 1

- Assessments with adolescent populations
- Classification tools (DSM-5) applied to adolescent populations
- Understanding the disorders of typical of adolescence
  - DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders, ; Bipolar and Related Disorders; Depressive Disorders; Obsessive-Compulsive and Related Disorders; Feeding and Eating Disorders; Substance-related and Addictive Disorders, and Personality Disorders
- Differential assessment and differential diagnosis
- Risk assessment and Mental Health Status Exam

**Required readings:**

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Arlington, VA: APA.
- Perlman, C., Neufeld, E., Martin, L., Goy, M., & Hirdes, J. P. (2011). *Suicide risk assessment inventory: a resource for Canadian health care organizations*. Toronto, ON: Ontario Hospital Association and Canadian Patient Safety Institute. Retrieved from

<https://www.patientsafetyinstitute.ca/en/toolsResources/SuicideRisk/Documents/Suicide%20Risk%20Assessment%20Guide.pdf>

Wiger, D. E. (2012). The mental status exam. In *The psychotherapy document primer* (3<sup>rd</sup> ed., pp. 81-94). Hoboken, NJ: John Wiley & Sons. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=832263&ppg=95>

**Recommended readings:**

Harkness, D. (2011). The diagnosis of mental disorders in clinical social work: A review of standards of care. *Clinical Social Work Journal*, 39(3), 223-231. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s10615-010-0263-8>

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 4** (March 5, 1:00-3:50pm) – Assessment, formulation and diagnosis with adolescents at-risk for and affected by mental disorders: Part 2

- Critical examination of the applications to diverse populations/contexts: Assessment, formulation and diagnosis – Applications to CBT

**Required readings:**

Bruch, M. (2015). The UCL case formulation model: Clinical process and procedures. In M. Bruch (Ed.) *Beyond diagnosis: Case formulation in cognitive behavioral therapy* (2<sup>nd</sup> ed., pp. 24-52). Oxford, England: Wiley Blackwell. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1913532&ppg=21>

Dobson, D., & Dobson, K. S. (2009). *Evidence-based practice of cognitive-behavioral therapy* (1<sup>st</sup> ed.). New York, NY: The Guilford Press. (Chapters 1, 2, 3 pp. 1-54) **(Available online via the U of C, Taylor Family Digital Library)**

**Recommended readings:**

O'Connor, K., Drolet-Marcoux, A., Larocque G., & Gervais, K. (2015). Generalized anxiety disorder: personalized case formulation and treatment. In M. Bruch (Ed.), *Beyond diagnosis: Case formulation in cognitive behavioural therapy* (2<sup>nd</sup> ed., pp. 133-164). Oxford, England: Wiley Blackwell. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1913532&ppg=21>

Manassis, K. (2014). Case formulation for adolescents. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 165-183). New York, NY: The Guilford Press. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1683361&ppg=179>

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 5** (March 12, 9:00am-12:00pm) – Clinical social work interventions: Evidence-based psychosocial interventions for significant mental disorders - Part 1

- Critically examining Cognitive-behavioural therapy for mood and anxiety issues/disorders

**Required readings:**

Dobson, D., & Dobson, K. S. (2009). *Evidence-based practice of cognitive-behavioral therapy* (1<sup>st</sup> ed.). New York, NY: The Guilford Press. (Chapters 5, 6, 7, 8, 9; pp. 74-196) **(Available online via the U of C, Taylor Family Digital Library)**

<https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=465653>

**Recommended readings:**

- Rathod, S., Kingon, D., Pinninti, N., Turkington, D., & Phiri, P. (2015). Cultural adaptation of cognitive behavioural therapy: Principles and challenges: In *Cultural adaptation of CBT for serious mental illness: a guide for training and practice*. Chichester, UK: Wiley Blackwell. <https://journals-sagepub-com.ezproxy.lib.ucalgary.ca/doi/full/10.1177/1359105315626783>
- Rohde, P. (2017). Cognitive-behavioral treatment for adolescent depression. In J. R. Weisz and A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3<sup>rd</sup> ed.) (pp. 49-65). New York, NY: The Guilford Press.
- Shapiro, J. P., (2015). Depression. In J.P. Shapiro (Ed.). *Child and adolescent therapy: science and art* (2<sup>nd</sup> ed.) (pp. 463-494). Hoboken, NJ: John Wiley & Sons, Inc. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4180265&ppg=479>

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 6** (March 12, 1:00pm-3:50pm) – Clinical social work interventions: Evidence-based psychosocial interventions for significant mental disorders - Part 2

- Experiential learning & critical examination of the applications to diverse populations/contexts: CBT

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 7** (March 19, 9:00am-12:00pm) – Clinical social work interventions: Evidence-based psychosocial interventions for significant mental disorders - Part 3

- Experiential learning & critical examination of the applications to diverse populations/contexts: CBT

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 8** (March 19, 1:00-3:50pm) – Clinical social work interventions: Evidence-based psychosocial interventions for significant mental disorders - Part 5

- Emergent, acute, chronic and severe mental health difficulties.
- Clinical social work practice in hospital and in-patient settings
- Exploring engagement, assessment, diagnostic and treatment practices for eating disorders (i.e., Anorexia Nervosa, Bulimia Nervosa, Bing-eating Disorders).

**Required readings:**

- Eichen, D. M., Karam, A. M., Wilfley, D. E. (2017). Eating disorders. In C. A. Flessner & J. C. Piacentini (Eds.) *Clinical handbook of psychological disorders in children and adolescents* (pp. 372-399). New York, NY: The Guilford Press.
- Le Grande, D., & Robin, A. L., (2017). Family-based treatment and behavioral family systems therapy for adolescent eating disorders. In J. R. Weisz and A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3<sup>rd</sup> ed.) (pp. 308-324). New York, NY: The

Guilford Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=4844824>

Schleien, J. L., Dimitropoulos, G., Loeb, K. L., & Le Grange, D. (2017). Evidence-based treatments and the atypical/complex conundrum In L. K. Anderson, S. B. Murraray & W. H. Kaye (Eds.) *Clinical handbook of complex and atypical eating disorders* (pp. 1-18). New York, NY: Oxford University Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4980848&ppg=20>

**Recommended readings:**

Arcelus, J., Fernandez-Aranda, F., & Bouman, W. P. (2017). Eating disorders and disordered eating in the LGBTQ population. In L. K. Anderson, S. B. Murraray & W. H. Kaye (Eds.) *Clinical handbook of complex and atypical eating disorders* (pp. 327-343). New York, NY: Oxford University Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4980848&ppg=20>

Dimitropoulos, G., McCallum, L., Colasanto, M., Freeman, V. E., & Gadalla, T. (2016). The effects of stigma on recovery attitudes in people with Anorexia Nervosa (AN) in intensive treatment. *Journal of Nervous and Mental Disorders*, 204(5), 370-380. <https://ovidsp-ovid-com.ezproxy.lib.ucalgary.ca/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00005053-201605000-00007&LSLINK=80&D=ovft>

Ramirez, A. L., Trujillo-Chivacuan, E., & Perez, M. (2017). Considerations in the treatment of eating disorders among ethnic minorities. In L. K. Anderson, S. B. Murraray & W. H. Kaye (Eds.) *Clinical handbook of complex and atypical eating disorders* (pp. 344-362). New York, NY: Oxford University Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4980848&ppg=20>

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 9** (March 26, 9:00am-12:00pm) – Understanding and supporting adolescents with escalated risk trajectories and opportunities for resilience

- Evidence-based and strength-based means of supporting adolescents at risk for or affected by substance-related and addictive disorders, Personality Disorders, self-harm and/or suicidal presentations, and concurrent-disorders
- Populations at increased risk
- Models/frameworks of addiction
- Policies and legislation (PChAD, PSECA, Cannabis Act, Mental Health Act)

**Required readings:**

Herie, M., & Skinner, W. J. (2015). *Fundamentals of addiction: A practical guide for counsellors*. Toronto: Centre for Addiction and Mental Health. (ch. 1, 4, 16, 17, 22) **(Available online via the U of C, Taylor Family Digital Library)** <https://www-deslibris-ca.ezproxy.lib.ucalgary.ca/ID/467715>

**Recommended readings:**

Miller, A., & Cook, J. (2017). The adolescent substance use continuum: a cultural, strengths-based approach to case conceptualization. *The Professional Counselor*, 7(1): 1-14. <https://link.gale.com/apps/doc/A517948466/AONE?u=ucalgary&sid=AONE&xid=07783de5>

Singh, V., Thornton, T., & Tonmyr, L. (2011). Determinants of substance abuse in a population of children and adolescents involved in the child welfare system. *International Journal of*



*Mental Health and Addiction*, 9, 382-397. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s11469-011-9320-y>

Tibbo, P., Crocker, C., Lam, R., Meyer, J., Sareen, J., & Aitchison, K. (2018). Implications of cannabis legalization on youth and young adults. *The Canadian Journal of Psychiatry*, 63(1), 65-71. <https://journals-sagepub-com.ezproxy.lib.ucalgary.ca/doi/abs/10.1177/0706743718759031>

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 10** (March 26, 1:00pm-3:50pm) Assessments for at-risk adolescent populations.

- Assessment, diagnosis, and treatment planning
- Standardized screening and assessment measures

**Required readings:**

Dennis, M. L., Chan, Y. F., & Funk, R. R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use and crime/violence problems among adolescents and adults. *American Journal on Addictions*, 15, 80-91.

<https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1080/10550490601006055>

Herie, M., & Skinner, W. J. (2015). *Fundamentals of addiction: A practical guide for counsellors*. Toronto: Centre for Addiction and Mental Health. (ch. 8) Retrieved from

[https://ucalgary.userservices.exlibrisgroup.com/view/action/uresolver.do?operation=resolveService&package\\_service\\_id=7629609480004336&institutionId=4336&customerId=4335](https://ucalgary.userservices.exlibrisgroup.com/view/action/uresolver.do?operation=resolveService&package_service_id=7629609480004336&institutionId=4336&customerId=4335)

Mitchell, S., Kelly, S., Gryczynski, J., Myers, P., O'Grady, K.,...Schwartz, R. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and examination.

*Substance Abuse*, 35, 376-380. <https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/08897077.2014.936992>

Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience – a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4-17. <https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/jcpp.12306>

<https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/jcpp.12306>

**Recommended readings:**

Lisdahl, K. M., Sher, K. J., Conway, K. P., Gonzalez, R., Ewing, S. W. F.,...Heitzeg, M. (2018).

Adolescent brain cognitive development (ABCD) study: Overview of adolescent substance use methods. *Developmental Cognitive Neuroscience*, 32, 80-96. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S1878929317300890>

Malone, M., & Hoffmann, N. (2016). A comparison of the DSM-IV versus DSM-5 substance use disorder diagnoses in adolescent populations. *Journal of Child and Adolescent Substance Abuse*, 25(5), 399-408. <https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/1067828X.2015.1049679>

<https://doi-org.ezproxy.lib.ucalgary.ca/10.1080/1067828X.2015.1049679>

Margret, C., & Ries, R. (2016). Assessment and treatment of adolescent substance use disorders: alcohol use disorders. *Child and Adolescent Psychiatric Clinics of North America*, 25(30), 411-430. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S1056499316300384>

<https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S1056499316300384>

*Course Learning Outcomes: 1, 2, 3, 4, 5*



**Class 11** (April 2, 9:00am-12:00pm) Evidence-based psychosocial interventions for significant mental disorders - Part 5

- Day treatment and in-patient programming
- Practice model(s) critically examined: Dialectical Behavioral Therapy

**Required readings:**

Brodsky, B. S., & Stanley, B. (2013). The ABC's of DBT- the theoretical perspective. In B.S Brodsky and B. Stanley (Eds.), *The dialectical behavior therapy primer: How DBT can inform clinical practice* (pp. 63-74). New York, NY: Wiley-Blackwell. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1186872&ppg=79>

Brodsky, B. S., & Stanley, B. (2013). The ABC's of DBT- overview of the treatment. In *The dialectical behavior therapy primer: How DBT can inform clinical practice* (pp. 75-82). New York, NY: Wiley-Blackwell. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1186872&ppg=91>

Brodsky, B.S., & Stanley, B. (2013). The DBT tool kit: The essential DBT strategies and what happens in the individual session. In *The dialectical behavior therapy primer: How DBT can inform clinical practice* (pp. 101-124). New York, NY: Wiley-Blackwell. Retrieved from <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1186872&ppg=117>

**Recommended readings:**

Linehan, M. M., & Wilks, C. R. (2015). The course and evolution of dialectical behavior therapy. *American Journal of Psychotherapy*, 69(2), 97-110. <http://ezproxy.lib.ucalgary.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=108625907&site=ehost-live>

Ritschel, L. A., Lim, N. E., & Stewart, L. M. (2015). Transdiagnostic applications of DBT for adolescents and adults. *American Journal of Psychotherapy*, 69(2), 111-128. <http://ezproxy.lib.ucalgary.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=108625908&site=ehost-live>

Spirito, A., Esposito-Smythers, C., & Wolff, J. (2017). Developing and testing interventions for suicidal and nonsuicidal self-injury among adolescents. In J. R. Weisz and A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3<sup>rd</sup> ed.) (pp. 235-252). New York, NY: The Guilford Press.

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**Class 12** (April 2, 1:00pm-3:50pm) Evidence-based psychosocial interventions for significant mental disorders - Part 6

- Experiential learning & critical examination of the applications to diverse populations/contexts: DBT

*Course Learning Outcomes: 1, 2, 3, 4, 5*

**ADDITIONAL CLASSROOM CONDUCT AND RELATED INFORMATION**

**USE OF INTERNET AND ELECTRONIC COMMUNICATION DEVICES IN CLASS**

The use of laptop and mobile devices is acceptable when used in a manner appropriate to the course and classroom activities. Students are to refrain from accessing websites that may be distracting for other learners (e.g., personal emails, Facebook, YouTube) during class time.

**CLASS RECORDINGS**

**Media recording for assessment of student learning**

The instructor may use media recordings as part of the assessment of students. This may include but is not limited to classroom discussions, presentations, clinical practice, or skills testing that occur during the course. These recordings will be used for student assessment purposes only and will not be shared or used for any other purpose.

**ASSESSMENT COMPONENTS**

Assessment Method	Assessment Description & Criteria	Due Date	Weight	Aligned Course Learning Outcome
1. Knowledge-based quiz (online open-book) regarding <b>development/neuroscience</b> and <b>DSM-5</b> .	This <u>online open book</u> quiz evaluates your knowledge of course content related to <b>Neuroscience</b> and the <b>DSM-5</b> in relation to neurodevelopmental, cognitive and mental disorders relevant to the adolescent period covered within this course.	To be completed by March 11 <sup>th</sup> by 11:59pm MST	5%	1, 2, 3
2. Knowledge-based quiz (In-class closed book) regarding <b>development/neuroscience</b> and <b>DSM-5</b> .	This <u>in-class closed book</u> quiz evaluates your knowledge of course content regarding <b>Neuroscience</b> and the <b>DSM-5</b> in relation to neurodevelopmental, cognitive and mental disorders relevant to the adolescent period covered within this course.	To be completed in class April 2 <sup>nd</sup>	10%	1, 2, 3
3. Demonstration of clinical competencies: <b>Case formulation</b> and <b>diagnosis</b> related to an evidence-based model of practice (CBT) for adolescents.	From a case scenario provided in class, you will a) write a formulation consistent with <b>CBT</b> that accounts for influences including familial and social cultural factors and risk and protective factors, b) discuss possible diagnoses pertaining to mental/developmental disorders that may apply to this case, as well as discuss possible differential diagnoses. You may consider speaking to such factors as the engagement process, stages of client change, cultural/socio-cultural factors	Due March 19 <sup>th</sup> by 9am MST	25%	1, 2, 3, 4

	<p>(i.e., gender, race, socio-economic status), and factors such as risk and resilience.</p> <p><b>You will write up your formulation/ diagnoses as if you were writing a professional report</b> to be placed in the client file and will be based on, and accurately representative of the case materials (i.e., virtual case file). You should draw directly from course materials including explicitly referencing theories, frameworks and/or research in your works making direct reference/citation to academic sources (e.g., journals, texts, community-based policy documents) and scholarly texts including required and/or recommended readings to support your work.</p> <p>This submitted paper will be <b>no longer than four (4) double-spaced typed pages</b> excluding references using 11-point font and 1-inch margins. References throughout the paper and in the reference page are required to conform to APA format [American Psychological Association, 2010 <i>Publication Manual</i> (6<sup>th</sup> ed.)].</p>			
<p>4. Demonstration of clinical competencies: Conducting a <b>simulated CBT intervention</b>, and <b>critically evaluating</b> their work via process recording in relation to an adolescent case vignette.</p>	<p><b>Part A:</b> Using a clinical vignette utilized within the course, each student is required to produce a shortened video demonstration (between 30-40 minutes) of a simulated counselling session utilizing one of the key <b>CBT</b> components (e.g., functional analysis, assessment of automatic thoughts/core beliefs, exploration of CBT formulation with the client, develop) <b>OR</b> treatment technique(s) specific to CBT (e.g., developing SMART goals, creation of thought/mood records, identifying/altering cognitive distortions, behavioural activation activity, such as relaxation). It is recommended that you use a partner from class to role-play the 'client' due to their familiarity with the clinical vignette. This clinical role-play demonstration should <b>NOT</b> be a scripted interaction.</p>	<p>Due March 26<sup>th</sup> by 9am MST</p>	<p>30%</p>	<p>1, 2, 3, 4, 5</p>

	<p>Video materials should be upload to Youtube (a de-listed page is highly recommended) and the link to this Youtube video should be submitted on a MS Word Document or PDF document via to D2L Dropbox. Please ensure that this document contains a) your name, and b) which aspect(s) of CBT you are demonstrating. You are encouraged to review the link before submitting to ensure that this video is operational and can be viewed without difficulty.</p> <p><b>Part B:</b> To accompany the video from Part A, students are required to review their video and create a ‘process recording’ of their session (a template will be provided). Specifically, students are required to select two (2) sub-sections from their video (each approximately 5 minutes in length) in order to analyze/critique key aspects of their interaction with the simulated client and/or application of aspects of the selected CBT technique.</p> <p><i>Sub-section #1 will reflect an aspect of CBT technique and/or interaction with the simulated client that you are pleased/satisfied with and/or accurately demonstrates the intended technique.</i></p> <p><i>Sub-section #2 will reflect an aspect of the CBT technique and/or interaction that you are displeased/dissatisfied with and/or you believe to be a less than full demonstration of the intended technique</i></p> <p>Consistent with ‘process recording’ formats (template provided in class) students will create a verbatim transcript of two selected sub-sections of their video (including non-verbals/para-verbals) being sure to reference the specific time on your video that these interactions start/stop. In a separate column of the process recording students will provide a critical analysis of their selected interactions that details <u>why</u> you were either pleased/satisfied or</p>			
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	<p>displeased/dissatisfied with the interaction or application of the intended technique. Regarding your analysis of sub-section #2, where you were dissatisfied, you may also consider discussing alternative ways of interacting with the simulated client and/or alternative applications of your selected model. Although reflective in nature, this analysis should draw upon and, where applicable, make explicit reference to course materials, including readings, class discourse and in-class experiential activities. References throughout the process recording and on the reference page are required to conform to APA format [American Psychological Association, 2010 Publication Manual (6th ed.)].</p>			
<p>5. Demonstration of clinical competencies: Applying DBT to <b>developing a treatment plan</b> and <b>evaluation process</b> related to a clinical vignette pertaining to adolescents mental disorders.</p>	<p>From a case scenario provided in class you will apply DBT to present a) a multi-faceted/multi-modal <b>treatment plan</b> specific to this case that articulates treatment goals, as well as treatments methods, and describing any/all pertinent referral information, and b) <b>evaluation methods</b> to determine the effectiveness/success of your treatment(s). Please ensure that your treatment plan is comprehensive and realistic in nature and consistent with client preferences, clinical characteristics and goals. You may consider speaking to such factors as the engagement process, stages of client change, cultural/socio-cultural factors (i.e., gender, race, socio-economic status), and factors such as risk and resilience.</p> <p>You will write up your treatment and evaluation plan as if you were writing a professional report to be placed in the client file and will be based on, and accurately representative of the case materials (i.e., virtual case file).</p> <p>You should draw directly from course materials including explicitly referencing theories and/or frameworks within your case clinical impressions/case formulation</p>	<p>Due April 2, 2019 by 9am MST</p>	<p>25%</p>	<p>1, 2, 3, 4, 5</p>

	<p>section, including speaking to issues of risk and resilience. You should also consider issues of diversity, culture and contextual variables within your assessment, treatment planning and implementation processes. In developing your treatment plan you should also account for factors such as barriers to service/access to care (i.e., these should be 'real world' treatment plans that factor in the client characteristics, clinical situation and preferences, and account for research evidence consistent with evidence-based practice). Be sure to make direct reference/citation to academic sources (e.g., journals, texts, community-based policy documents) and scholarly texts including required and/or recommended readings to support your work.</p> <p>This submitted paper will be <b><u>no longer than four (4) double-spaced typed pages</u></b> excluding references using 11-point font and 1 inch margins. References throughout the paper and in the reference page are required to conform to APA format [American Psychological Association, 2010 <i>Publication Manual</i> (6<sup>th</sup> ed.)].</p>			
Participation	Students should actively participate in all classroom activities (lectures, discussions, and experiential exercises) and in demonstrating your professionalism in a manner consistent with social work ethics and standards of practice. For example, students are expected to demonstrate the same standards of behavior in the classroom environment and on D2L as they would in professional social work venues such as meeting with clients, supervisors, or in attending agency meetings.	Evaluations completed at the end of each class	5%	1, 2, 3, 4, 5

## **ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION**

### **ATTENDANCE AND PARTICIPATION EXPECTATIONS**

Participation means demonstrating personal and professional engagement in the learning process. If a situation arises that precludes class attendance, the student should apprise the instructor. It is neither the instructor's responsibility to determine why a student was not in class nor is it the instructor's responsibility to advise the student of what was missed by a student's absences or tardiness to class. Your absence deprives the class of your contribution to the collective learning process, including discussions and experiential activities. As the knowledge and skills covered in this course are often sequential in nature, it is important for students who have missed a portion of the course to take all necessary steps to understand this missed material in order to be prepared to learn the subsequent competencies.

### **GUIDELINES FOR SUBMITTING ASSIGNMENTS**

Assignments will only be accepted for submission via the D2L dropbox for this specific course, unless specific alternate guidelines are provided during the course. Please ensure that your full name is on each page of the assignment (i.e., footer).

### **LATE ASSIGNMENTS**

Late assignments will be accepted only in exceptional circumstances and at the discretion of the course instructor. It is the student's responsibility to communicate with the instructor to discuss possible extensions, otherwise assignments submitted after the posted deadline may be penalized with a grade reduction (i.e., A+ becomes A or B+ becomes B etc.) at the instructor's discretion.

### **EXPECTATIONS FOR WRITING**

Unless otherwise stated your written submission should be using 11-point font and 1 inch margins. References throughout the paper and on the reference page are required to conform to APA format [American Psychological Association, 2010 *Publication Manual* (6<sup>th</sup> ed.)]. Unless stated otherwise, written submissions should be of a professional quality that includes full sentences, correct spelling and grammar, as well as organized in a coherent manner. If you need writing support, please connect with the Student Success Centre, at: <https://www.ucalgary.ca/student-services/student-success/writing-support>

### **ACADEMIC MISCONDUCT**

It is expected that all work submitted in assignments is the student's own work, written expressly by the student for this particular course. Students are reminded that academic misconduct, including plagiarism, has serious consequences, as set out in the University Calendar: <http://www.ucalgary.ca/pubs/calendar/current/k.html>

## **GRADING**

A student's final grade for the course is the sum of the separate assignments. It is not necessary to pass each assignment separately in order to pass the course.

The University of Calgary **Graduate Grading System** and Faculty of Social Work Percentage Conversion will be used.



Grade	Grade Point	Description	Percentage
A+	4.0	Outstanding	95-100
A	4.0	Excellent – superior performance, showing comprehensive understanding of subject matter	95-100
A-	3.7	Very Good Performance	90-94
B+	3.3	Good Performance	85-89
B	3.0	Satisfactory performance. <b>Note:</b> The grade point value (3.0) associated with this grade is the minimum acceptable <b>average</b> that a graduate student must maintain throughout the programme as computed at the end of each year of their program.	80-84
B-	2.7	Minimum pass for students in Graduate Studies. <b>Note:</b> Students who accumulate two grades of “B-” or lower can be required by the Faculty to withdraw from the programme regardless of the grade point average.	75-79
C+	2.3	All grades below “B-” are indicative of failure at the graduate level and cannot be counted towards Faculty of Graduate Studies course requirements.	70-74
C	2.00		65-69
C-	1.70		60-64
D+	1.30		55-59
D	1.00		50-54
F	0.00		Below 50

#### COURSE EVALUATION

Student feedback will be sought at the end of the course through the standard University and Faculty of Social Work course evaluation forms.

Students are welcome to discuss the process and content of the course at any time with the instructor.

Students are given the option to provide the instructor with weekly feedback via the participation form.

## UNIVERSITY OF CALGARY POLICIES AND SUPPORTS

### PROFESSIONAL CONDUCT

As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar <http://www.ucalgary.ca/pubs/calendar/current/k-2.html>

Students and staff are also expected to demonstrate professional behaviour in class that promotes and maintains a positive and productive learning environment. Consistent with the aims of the Social Work Program and the University of Calgary, all students and staff are expected to respect, appreciate, and encourage expression of diverse world views and perspectives; to offer their fellow community members unconditional respect and constructive feedback; and to contribute to building learning communities that promote individual and collective professional and personal growth. While critical thought and debate is valued in response to concepts and opinions shared in class, feedback must always be focused on the ideas or opinions shared and not on the person who has stated them.

Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics, as outlined in the Canadian Association for Social Workers, Code of Ethics (2005) and the Alberta College of Social Work Standards of Practice (2019). Both can be found online at: <https://acsw.ab.ca/site/practice-resources?nav=sidebar>

### ACADEMIC ACCOMMODATION

It is the student's responsibility to request academic accommodations according to the University policies and procedures. Students seeking an accommodation based on disability or medical concerns should contact Student Accessibility Services (SAS). SAS will process the request and issue letters of accommodation to instructors. For additional information on support services and accommodations for students with disabilities, visit [www.ucalgary.ca/access/](http://www.ucalgary.ca/access/). Students who require an accommodation in relation to their coursework based on a protected ground other than disability should communicate this need in writing to their Instructor. The full policy on Student Accommodations is available at <http://www.ucalgary.ca/policies/files/policies/student-accommodation-policy.pdf>.

### RESEARCH ETHICS

"If a student is interested in undertaking an assignment that will involve collecting information from members of the public, they should speak with the course instructor and consult the CFREB Ethics Website (<http://www.ucalgary.ca/research/researchers/ethics-compliance/cfreb>) before beginning the assignment.

### ACADEMIC MISCONDUCT

For information on academic misconduct and its consequences, please see the University of Calgary Calendar at <http://www.ucalgary.ca/pubs/calendar/current/k.html>

### INSTRUCTOR INTELLECTUAL PROPERTY

Course materials created by professor(s) (including presentations and posted notes, labs, case studies, assignments and exams) remain the intellectual property of the professor(s). These materials may NOT be reproduced, redistributed or copied without the explicit consent of the professor. The posting of course materials to third party websites such as note-sharing sites without permission is

prohibited. Sharing of extracts of these course materials with other students enrolled in the course at the same time may be allowed under fair dealing.

### **COPYRIGHT LEGISLATION**

All students are required to read the University of Calgary policy on Acceptable Use of Material Protected by Copyright ([www.ucalgary.ca/policies/files/policies/acceptable-use-of-material-protected-by-copyright.pdf](http://www.ucalgary.ca/policies/files/policies/acceptable-use-of-material-protected-by-copyright.pdf)) and requirements of the copyright act (<https://laws-lois.justice.gc.ca/eng/acts/C-42/index.html>) to ensure they are aware of the consequences of unauthorised sharing of course materials (including instructor notes, electronic versions of textbooks etc.). Students who use material protected by copyright in violation of this policy may be disciplined under the Non-Academic Misconduct Policy.

### **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

Student information will be collected in accordance with typical (or usual) classroom practice. Students' assignments will be accessible only by the authorized course faculty. Private information related to the individual student is treated with the utmost regard by the faculty at the University of Calgary.

### **SEXUAL VIOLENCE POLICY**

The University recognizes that all members of the University Community should be able to learn, work, teach and live in an environment where they are free from harassment, discrimination, and violence. The University of Calgary's sexual violence policy guides us in how we respond to incidents of sexual violence, including supports available to those who have experienced or witnessed sexual violence, or those who are alleged to have committed sexual violence. It provides clear response procedures and timelines, defines complex concepts, and addresses incidents that occur off-campus in certain circumstances. Please see the policy available at <https://www.ucalgary.ca/policies/files/policies/sexual-violence-policy.pdf>

### **OTHER IMPORTANT INFORMATION**

Please visit the Registrar's website at: <https://www.ucalgary.ca/registrar/registration/course-outlines> for additional important information on the following:

- **Wellness and Mental Health Resources**
- **Student Success**
- **Student Ombuds Office**
- **Student Union (SU) Information**
- **Graduate Students' Association (GSA) Information**
- **Emergency Evacuation/Assembly Points**
- **Safewalk**