

Fall 2024

Course & Session Number	SOWK 663 S01	Classroom	Online
Course Name	Community-Based Practice Models and Clinical Assessment for Community-Based Health & Wellness		
Dates and Time	Start of Classes: October 18, 2024 End of Classes: December 6, 2024 Dates and Time: Zoom sessions Tuesdays and Thursdays from 6:00-8:00 p.m. Virtual Residency dates: Friday & Saturday, Nov 22 & 23, 2024 from 9:00 a.m. to 4:00 p.m. (No class Nov 21st)		
	Add/Drop/Withdrawal Dates: Please refer to the course-specific deadline in your Student Centre 1.		
Instructor	Patricia Samson, PhD	Office Hours	By appointment/as requested
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OUR COMMITMENT TO EQUITY, RACIAL JUSTICE, DIVERSITY, INCLUSION AND DECOLONIZATION

The Faculty of Social Work (FSW), University of Calgary (UCalgary), is committed to promoting and actualizing equity, racial justice, diversity, inclusion and decolonization. We affirm that diversity and uniqueness are enriching and valuable, and that they can strengthen our teaching, learning, research, scholarship, and community connections. We aim to foster an inclusive, thriving and equitable environment for our students, non-academic and academic staff, and community members. We take the stand that equity does not mean sameness in treatment of people, but rather requires measures and accommodations for diverse life experiences and circumstances to ensure that no one of a particular social group is disadvantaged, underrepresented or overlooked in all aspects of our work. We intend to address systemic inequities and compounded disadvantages due to intersectionality of social locations, particularly for those who are members of racialized communities, Indigenous peoples, Black peoples, persons with disabilities, migrant groups (including refugees and immigrants), 2SLGBTQ+ communities, linguistic minorities as well as those who have experienced socioeconomic, caregiving, religious, political, and/or cultural barriers to their education and employment. We also recognize, honour, and integrate into our work diverse perspectives, ways of knowing and doing, experiences, and strengths. An

¹ In the Enrolled Courses table, under Deadlines, click on the Calendar icon by each course and the deadlines will appear.

anti-oppressive lens, particularly intersectional, anti-colonial, anti-racist and decolonizing frameworks, will inform our work.

Please refer to our full statement of our <u>Commitment to Equity, Racial Justice, Diversity, Inclusion and Decolonization</u>, our <u>Statement on Anti-Black Racism</u> and the work of the faculty's <u>Anti-Black Racism Task Force</u>, our <u>Statement on Anti-Asian Racism</u>, and the university's <u>Indigenous Strategy</u>.

SYLLABUS STATEMENT

An examination of community-based health and wellness approaches including peer-support and recovery approaches, community-development approaches, social determinants of health and wellbeing, and social policy frameworks.

COURSE DESCRIPTION

This course examines concepts of social justice, social action and social policy related to mental health practice in social work. Students will engage in critical analyses of community practice and assessment models, particularly those related to community-informed social work practice, including peer-support and recovery approaches, community-development approaches, social determinants of mental health, and social policy frameworks. As issues related to workplace health and mental health, concurrent disorders, safe injection sites, Community Treatment Orders, and new legislative realities such as MAID move to the forefront of current/contentious issues in society and social work practice, students will gain knowledge and skills needed to be leaders in these fields. Students will learn to apply, analyze, synthesize, and evaluate theoretical underpinnings, practice models, and alternative perspectives to advocate and promote social justice in mental health practice and policy that influences the micro, mezzo and macro levels.

This course will take place **online** via Desire2Learn (D2L) and Zoom. To best succeed in the course, students are expected to participate in the asynchronous learning tasks using the D2L learning environment and synchronous Zoom sessions. When unable to participate live due to the time difference or unforeseen circumstances, inform the instructor in advance and propose and implement an alternative participation activity (e.g., watch the recordings, submit a brief reflection, and actively contribute to the follow-up online discussion). The co-requisite for this course is SOWK 661.

COURSE LEARNING OUTCOMES

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

- 1. Engage in a critical analysis of community-informed social work practice theories and assessment models in the areas of health and wellness.
- Demonstrate a thorough understanding of a variety of approaches to treatment for those
 people who may be experiencing challenges with mental health and/or addictions issues that
 are grounded in a community-based approach to wellness, including peer-based recovery
 models and approaches, community development initiatives, and the influence of the social
 determinants of health on the concept of wellbeing.

- 3. Analyze, synthesize and evaluate the theoretical underpinnings of a variety of assessment, practice models and alternative perspectives related to the health and well-being of diverse populations.
- 4. Apply research to practice by using theory, research, and evidence-based knowledge to articulate, demonstrate and develop non-standard assessments that are considered anti-oppressive and anti-racist and by extension develop a framework of practice that can be applied to the Canadian social welfare system and be utilized in other diverse multicultural settings.
- 5. Through an examination of the historical context of colonization and relations with social work practice, you will develop an understanding of your social location and professional social work role in identifying and addressing issues related to diversity, oppression, and social justice in the context of a holistic approach to health and well-being. You will be able to identify alternate assessments and apply community informed approaches to assessment, recovery, health, and wellness.

LEARNING RESOURCES

REQUIRED TEXTBOOKS AND/OR READINGS

- Nelson, G., Kloos, B., & Ornelas, J. (2014). *Community psychology and community mental health*. Oxford Press.
- Sinclair, R., Hart, M., & Bruyere, G. (2009). *Wicihitowin: Aboriginal social work in Canada*. Fernwood Publishing.

Required Readings:

- Bone, T. A. (2018). Art and mental health recovery: Evaluating the impact of a community-based participatory arts program through artist voices. *Community Mental Health Journal, 54*, 1180-1188.
- Cherewick, M., & Matergia, M. (2023). Neurodiversity in practice: A conceptual model of autistic strengths and potential mechanisms of change to support positive mental health and wellbeing in autistic children and adolescents. *Advances in Neurodevelopmental Disorders*. Advance online publication. 10.1007/s41252-023-00348-z
- Csiernik, R., & Rowe, W.S. (2017). *Responding to the oppression of addiction: Canadian social work perspectives* (3rd Ed). Toronto: Canadian Scholars.
- Elliott, M., Smith, S., Pontin, D., & Wallace, C. (2022). Conceptualising social wellbeing using an international Group Concept Mapping study. *International Journal of Wellbeing*, 12(3), 1-15. https://doi.org/10.5502/ijw.v12i3.1669
- Fernando, S. (2014). *Mental health worldwide: Culture, globalization and development.* Palgrave Macmillan.
- Fink-Samnick, E. (2021). The social determinants of mental health: Definitions, distinctions, and dimensions for professional case management: Part 1. *Professional Case Management*, 26(3), 121-137. doi.org/10.1097/NCM.00000000000000497
- Fink-Samnick, E. (2021). The social determinants of mental health: Assessment, intervention, and wholistic health equity: Part 2. *Professional Case Management*, 26(5), 224-241. 10.1097/NCM.00000000000518
- Howarth, M., & Burns, L. (2019). Social prescribing in practice: community-centred approaches. *Practice Nursing*, *30*(7), 338-341.

- Hvidt, N. C., Nielsen, K. T., Kørup, A. K., Prinds, C., Hansen, D. G., Viftrup, D. T., ... & Wæhrens, E. E. (2020). What is spiritual care? Professional perspectives on the concept of spiritual care identified through group concept mapping. *BMJ open*, 10(12), e042142.
- Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal*, 1-12. doi:10.1186/s12954-015-0046-1
- Rollins, A. L., McGrew, J. H., Kukla, M., McGuire, A. B., Flanagan, M. E., Hunt, M. G., . . . Salyers, M. P. (2016). Comparison of assertive community treatment fidelity assessment methods: Reliability and validity. *Adm Policy Mental Health*, 43(2),157-167. doi:10.1007/s10488-015-0641-1
- Salloum, M., & Warburton, D. (2019). Importance of spiritual wellbeing in community-based health interventions in Indigenous peoples in BC. *Health & Fitness Journal*, 12(1),117-123. https://doi.org/10.14288/hfjc.v12i1.264
- Schiele, J. (2017). The Afrocentric paradigm in social work: A historical perspective and future outlook. *Journal of Human Behavior in the Social Environment*, *27*, 1-2, 15-26.
- Sheldon, M. (2001). Psychiatric assessment in remote Aboriginal communities. *Australian and New Zealand Journal of Psychiatry*, *35*(4), 435-442. doi.org/10.1046%2Fj.1440-1614.2001.00920.x
- Sheppard, G. (2009, April). Models of community care. *Journal of Mental Health, 7*(2), 165-177. doi:10.1080/096382398210
- Stewart, S. (2009). One Indigenous academic's evolution: A personal narrative of native health research and competing ways of knowing. *First Peoples Child & Family Review, 4*(1), 57-65.
- Truth and Reconciliation Commission of Canada: Calls to Action (2015). chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- Van Breda, A. D. (2019). Developing the notion of Ubuntu as African theory for social work practice. *Social Work*, *55*(4), 439-450.
- Wang, X., Zhang, D., & Wang, J. (2011). Dual-factor model of mental health: Surpass the traditional mental health model. *Psychology*, 2(8), 767-772. doi:10.4236/psych.2011.28117
- Use APA (7th edition) formatting for citations
 (https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/ge_neral_format.html)

LEARNING TECHNOLOGIES AND REQUIREMENTS

A D2L site is set up for this course, which contains required readings and other relevant class resources and materials. A laptop, desktop or mobile device with Internet access, microphone and speaker is required for D2L and Zoom access.

RELATIONSHIP TO OTHER COURSES

The Community Informed Practice curriculum consists of 4 theme courses, SOWK 661, 663, 664, and 665, which will explore core elements of social work knowledge and practice within the specializations. This curriculum will examine theoretical and philosophical perspectives for community-informed mental health practice, practice models and clinical assessment approaches, and application of community-informed mental health approaches to specialized populations.

CLASS SCHEDULE

Important Dates for Winter 2024

o Start of Term: Monday, August 26, 2024

o First Day of Class: Tuesday, September 3, 2024

o End of Term: Tuesday, December 24, 2024

o Last Day of Class: Friday, December 6, 2024

o Fee Deadline: Friday, September 20, 2024

o Labour Day, no classes: Monday, September 2, 2024

o National Day for Truth and Reconciliation, no classes: Monday, September 30, 2024

o Thanksgiving Day, no classes: Monday, October 14, 2024

o Remembrance Day, no classes: Monday, November 11, 2024

Class Schedule

Date	Topic	Notes/Required Readings
October 22, 2024 (Zoom 6:00-8:00 p.m.) October 24, 2024 (Zoom 6:00-8:00 p.m.)	Welcome & Introductions Review of Syllabus and assignments Community Based Approaches to Health and Wellness Inclusive Approaches to Health, Recovery & Wellness • Creating change through community-informed participation	 Required Reading 1. Nelson, Kloos, & Ornelas (2014) Chapters 10 and 11 2. Sinclair, Hart & Bruyere. (2009). Chapter 1 & 2 Nelson, Kloos, & Ornelas (2014) Chapters 5, 6 and 7 Sheppard, G. (2009, April). Models of community care. Journal of Mental Health, 7(2), 165-177. doi:10.1080/096382398210 Fink-Samnick, E. (2021). The Social Determinants of Mental Health: Definitions, Distinctions, and Dimensions for Professional Case Management Fink-Samnick, E. (2021). The Social Determinants of Mental Health: Assessment, Intervention, and Wholistic Health Equity: Part 2. Professional Case Management
October 29, 2024 (Zoom 6:00-8:00 p.m.)	Recovery Models and Considerations for Assessment and Practice	1. Bone, T. A. (2018). Art and Mental Health Recovery: Evaluating the Impact of a Community-Based Participatory Arts Program through artist Voices. Community Mental Health Journal, 54, 1180-1188.

		2. Kidd, S. A., George, L., O'Connell, M.,
		Sylvestre, J., Kirkpatrick, H., Browne, G., &
		Thaban, L. (2010). Fidelity and Recovery-
		Orientation in Assertive Community
		Treatment. Community Mental Health, 46,
		342–350. doi:10.1007/s10597-009-9275-7
		3. Salloum, M., & Warburton, D. (2019).
		Importance of spiritual wellbeing in
		community-based health interventions in
		Indigenous peoples .BC. Health & Fitness
		Journal, 12(1),117-123.
		https://doi.org/10.14288/hfjc.v12i1.264
October 31, 2024	Working with Visual	1. Hvidt, N. C., Nielsen, K. T., Kørup, A. K.,
(Zoom 6:00-8:00 p.m.)	Mapping Tools to	Prinds, C., Hansen, D. G., Viftrup, D. T., &
	Support Assessment	Wæhrens, E. E. (2020). What is spiritual
	Processes	care? Professional perspectives on the
		concept of spiritual care identified through
	Considering Assessment	group concept mapping. BMJ open, 10(12),
	Models	e042142.
		2. Elliott, M., Smith, S., Pontin, D., & Wallace,
		C. (2022). Conceptualising social wellbeing
		using an international Group Concept
		Mapping study. International Journal of
		Wellbeing, 12(3).
		3. Cherewick, M., & Matergia, M. (2023).
		Neurodiversity in practice: A conceptual
		model of autistic strengths and potential
		mechanisms of change to support positive
		mental health and wellbeing in autistic
		children and adolescents. Advances in
		Neurodevelopmental Disorders.
		4. Van Breda, A. D. (2019). Developing the
		notion of Ubuntu as African theory for
		social work practice. Social Work, 55(4),
		439-450.
N		1st Annotated Bibliography due
November 5, 2024	The importance of	1. Nelson, Kloos, & Ornelas (2014) Chapter 9
(Zoom 6:00-8:00 p.m.)	culture and diversity in	(pp. 177-204)
	Health and Wellbeing	2. Csiernik & Rowe (2017). Chapters 19 (Kwok
		& Tam, pp. 281-294) & 20 (Brownbill &
		Etienne, pp.295-315)
		3. Fernando (2014). Chapter 10 (pp. 149-169)
		4. Stewart, S. (2009). One Indigenous
		academic's evolution: A personal narrative
		of native health research and competing
		ways of knowing. First Peoples Child &

		Family Review, 4(1), 57-65. https://doi.org/10.7202/1069350ar
Nov 7, 2024	Conceptualizing Multiple Ways of Knowing	 Francis, A. (2014). Strengths-based assessments and recovery in mental health: reflections from practice. International Journal of Social Work and Human Services Practice, 2, 264-271. doi: 10.13189/ijrh.2014.020610 Jacobson, N., & Greenley, D. (2001, April). What is recovery? A conceptual model and explication. Psychiatric Services, 52(4), 482-485. Schiele, J. (2017). The Afrocentric paradigm in social work: A historical perspective and
		future outlook, <i>Journal of Human Behavior</i> in the Social Environment, 27, 1-2, 15-26.
		2 nd Annotated Bibliography due
Nov 12-14, 2024	Reading Week	
No Classes Nov 19, 2024	Non-standardized	1. Sheldon, M. (2001). Psychiatric assessment
(Zoom 6:00-8:00 p.m.)	Health and Wellness Assessments Examining/ deconstructing assessment models Students to bring in samples and examples of current assessment tools Concepts of health and wellness/wellbeing Social Determinants of Health and Mental Health	in remote Aboriginal communities. Australian and New Zealand Journal of Psychiatry, 35, 435-442. Wang, X., Zhang, D., & Wang, J. (2011). Dual-Factor Model of Mental Health: Surpass the Traditional Mental Health Model. Psychology, 2(8), 767-772. doi:10.4236/psych.2011.28117 Rollins, A. L., McGrew, J. H., Kukla, M., McGuire, A. B., Flanagan, M. E., Hunt, M. G., Salyers, M. P. (2016). Comparison of Assertive Community Treatment Fidelity Assessment Methods: Reliability and Validity. Adm Policy Mental Health, 157- 167. doi:10.1007/s10488-015-0641- Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. Harm Reduction Journal, 1-12. doi:10.1186/s12954-015-0046-1

		3 rd Annotated Bibliography due
VIRTUAL RESIDENCY	Nov 23 rd :	
	Scholars/Service	
November 22, 2024 And November 23,	Providers to come in as	
2024 from 9:00-4:00	guest speakers to support holistic	
p.m. online via Zoom	assessment and healing	
•	practices and	
	conceptions for	
	supporting community-	
	informed participation	
	Group Work-Building a	
	Community-Informed	
	Assessment Model	
	Nov 24 th : Group	
	Presentations	
Nov 26, 2024	Recovery, Healing	Required Reading
(Zoom 6:00-8:00 p.m.)	and Holistic	1. Nelson, Kloos, & Ornelas (2014) Chapters
	Approaches	10 & 11 2. Howarth, M., & Burns, L. (2019). Social
		prescribing in practice: community-centred
		approaches. Practice Nursing, 30(7), 338-
		341.
		3. Sinclair, Hart & Bruyere. (2009). Chapter 7
Nov 28. 2024	In-class synchronous	(Baskin, pp. 133-152) Instructor will check-in with each group
(Zoom 6:00-8:00 p.m.)	time to work on	instructor will check-in with each group
(,	final group paper	4 th Annotated bibliography due
December 3, 2024	From Policy to	Required Reading
(Zoom 6:00-8:00 p.m.)	Practice	1. Nelson, Kloos, & Ornelas (2014) Chapter 16
	Social policies and Implications for	2. Sinclair, Hart & Bruyere. (2009). Chapters 3 and 4 (Bruyere, pp. 172-199)
	Implications for wellbeing	3. TRC Calls to Action:
	Weinseling	https://www2.gov.bc.ca/assets/gov/british-
		columbians-our-governments/indigenous-
		people/aboriginal-peoples-
		documents/calls to action english2.pdf 4. Nelson, Kloos, & Ornelas (2014). Chapter 15
December 5, 2024	Pulling it all together	Required Reading
(Zoom 6:00-8:00 p.m.)	Toward	1. Nelson, Kloos, & Ornelas (2014) Chapter 18
	transformative	2. Sinclair, Hart & Bruyere. (2009). Chapters 9,
	change and new	11 & 12
	ways of knowing and	3. Csiernik & Rowe (2017). Chapter 9 (Beres,
	understanding	pp. 134-151)

Course wrap-up

ADDITIONAL CLASSROOM CONDUCT AND RELATED INFORMATION

GUIDELINES FOR ZOOM SESSIONS IN ONLINE CLASSES

You are expected to participate actively in all Zoom sessions. Please be prepared, as best as you are able, to join class in a quiet space that allows you to be fully present and engaged in Zoom sessions. Unless advised (or agreed) otherwise by your instructor, your video camera should be turned on during class and you are expected to manage your microphone as required. Please reach out to your instructor if you experience challenges that prevent you from having your camera turned on. You are expected to behave in a professional manner during all Zoom sessions. Please do not share the Zoom links with anyone who is not registered in this course.

MEDIA RECORDING FOR ASSESSMENT OF STUDENT LEARNING (By Instructor)

RECORDINGS OF ONLINE CLASSES (By Students)

Recording of lectures is generally not permitted. You must seek authorization from your instructor to record any lecture. Any student with a disability who is registered with Student Accessibility Services (SAS), and who requires an accommodation to make audio recordings of course material shall be provided with such an accommodation if determined necessary by an Access Advisor in SAS. Please refer to the Recording of Lectures Policy and Student Non-Academic Misconduct Policy for the additional information.

ASSESSMENT COMPONENTS

Assignment 1: Annotated Bibliographies

Weight: 40% (10% each)

Due: October 31st, Nov 7th, Nov 19th, and Nov 28th (in D2L by 11:59pm)

Aligned Course Learning Outcomes: 1, 2, 3, 5

Assignment Description:

You will choose **one (1) of the assigned readings for each week highlighted above** and complete an annotated bibliography for that chosen reading. There will be a **total of eight (4)** annotated bibliographies required to be completed. To complete an **Annotated Selected Bibliography:** You can consult the Online Writing Laboratory of Purdue University at

http://owl.english.purdue.edu/owl/resource/614/01/ for information and suggestions for completing an annotated bibliography. The link specifically for annotated bibliographies is:

https://owl.purdue.edu/owl/general_writing/common_writing_assignments/annotated_bibliographies/index.html . You can also access writing supports that include literature reviews and annotated bibliographies at: The University of Toronto at http://www.writing.utoronto.ca/advice/specific-types-of-writing/literature-review

In your bibliographies, provide a succinct summary of each reading, highlight any key themes or concepts that stand out for you, and critically assess the reading in relation to strengths and challenges presented. Conclude with a section on how this material impacts or influences you personally and professionally as an emerging social work leader in your field; provide specific personal/professional examples to illustrate some of your points. Each annotated bibliography should not exceed a maximum of 2 pages (excluding title page), should be double-spaced, and cited per APA (7th Edition).

We will engage in discussions of the readings during each class, so it is suggested that you complete your annotations in advance of each class session to support being prepared to apply what resonates with you.

Assignment 2: Group Assessment Model Presentation/Simulation

Weight: 25%

Due: November 24, 2024 (40 minute in-class interactive role play/presentation)

Aligned Course Learning Outcomes: 1, 2, 3, 5

Assignment Description:

Building on the work you have completed in SOWK 661 where you have interrogated critical theoretical perspectives for social work practice in mental health and questioned current mental health services as an extension of Eurocentrism and colonial technologies, you will create a non-standardized assessment 'tool' that integrates more holistic conceptions of health and wellness for a population you choose. Your assessment process will be highlighted in a visual/graphical representation of key areas and ways to gain an understanding of the service user's context. Examples might include utilizing the *Medicine Wheel* or creating an *Eco Map* or *Concept Map* to start to conceptualize and contextualize the influencing factors impacting your identified vulnerable population. Create an emerging case scenario to provide some brief highlights of issues the person is presenting. This case scenario and draft graphical representation of an emerging non-standardized assessment tool will be something you will build upon for your final group paper in Assignment #3.

You will develop a brief narrative case scenario that highlights the theoretical underpinnings of your model of social work practice and grounds your holistic assessment process. Position your understanding of the issues and impact on your vulnerable population in a theoretical context that addresses issues of diversity, oppression, and social justice. Start to develop a holistic understanding of the issues facing your service user and create an approach to health and wellbeing that encapsulates a non-standard assessment of the influencing factors involved in your case scenario, starting to apply a critical and anti-racist framework for practice. Integrate the Social Determinants of Health (SDH) and Social Determinants of Mental Health (SDOMH) in your work here. Construct a visual model that undergirds your emerging community-informed assessment model and map out key influencing factors that inform your assessment of the case detailed in your *case scenario*.

This assignment will serve as a starting point that you will build upon for your final assignment. You will work in groups of 5 to 6 students to create a 30-minute presentation and simulation, followed by a 10-minute facilitated discussion, that includes the following:

- 1. Develop a brief case scenario related to a vulnerable population.
- 2. Identify key factors impacting your identified service user(s), for example, social issue/problem; bio-psychosocial considerations; influencing community-informed factors; etc. Consider a holistic approach to assess all influencing factors present.

- 3. Develop an initial non-standardized, community-informed assessment model to apply to your case scenario that is grounded within a relevant theoretical orientation that considers equity, diversity, anti-racist, and decolonizing approaches to assessment and social work practice.
- 4. Create a simulation (role play) that brings to life your brief case scenario and emerging assessment model that will inform your approach to social work practice in this presenting case.
- 5. Ground your work in relevant, scholarly, peer-reviewed literature, as well as grey literature that may support more holistic understandings and conceptualizations to bring into the practice context for your work on this project.
- 6. Develop an emerging visual/graphical representation of your community-informed assessment model (i.e., concept mapping, ecomaps, logic models, etc.). You can be creative in how you develop your assessment tool (or map) and you will build on this assessment model for your final group paper.
- 7. Include a facilitated discussion with your peers as part of your overall presentation.

Assignment 3: Final Group Paper: Community Informed Health and Wellness Non-Standard Assessment Plan

Weight: 35%

Due: December 9th 2024 by 11:59pm (in D2L Drop Box)

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

Assignment Description:

Through an examination of the historical context of colonization and relations with social work practice, you will build on your understanding of your professional social work role in identifying and addressing issues related to diversity, oppression, and social justice in the context of a holistic approach to health and well-being on an area of social work practice supporting those identified as at-risk or vulnerable, that you have chosen. You will write a cumulative paper not exceeding 8-10 pages (double-spaced using APA 7th edition formatting), where you will apply research to practice by integrating theory, research, and evidence-based knowledge to articulate, demonstrate and develop a non-standard assessment that is considered anti- oppressive and anti-racist, and by extension, develop a framework of practice that can be applied to the Canadian health system and be utilized in other diverse multicultural settings.

In your group paper, you will engage in an analysis and critique of the following:

- 1. Identify the vulnerable population you have been focusing on in your group presentation/simulation project. Detail the service context and provide your brief case scenario, not exceeding half to three quarters of one page.
- 2. What is the impact of colonization on this setting and your chosen population? Describe the historical, social, and economic contexts influencing this issue. What has the role for social work been in relation to this issue...historically? and in the current environment?
- 3. Ground your understanding of the issues and impact on your vulnerable population in a theoretical context that addresses issues of diversity, oppression, and social justice (building on your work from SOWK 661).
- 4. Detail a holistic understanding of the issues and develop an approach to health and wellbeing that encapsulates a non-standard assessment of the influencing factors involved in your case scenario that is based on evidence-informed knowledge that articulates your understanding of the issues that applies a critical and anti-racist framework for practice that can be applied to your case scenario. Build out your initial assessment model (from assignment #2) into a

- comprehensive, community-informed, non-standardized assessment model; revise your visual representation that was started in assignment #2, including Instructor feedback/suggested revisions, and include as a figure in your final paper.
- 5. Consider how you will move forward in supporting a social work practice approach that is holistic in promoting community-based health and wellbeing, identifying tensions and debates surrounding your topic area and the impact on your own professional practice frameworks, weaving in some of your own individual and/or collective reflections in the concluding section of your paper.

Integrate course readings, concepts, and additional scholarly literature to support your points throughout your paper. Include a <u>minimum</u> of 8 peer-reviewed references. Your annotated bibliographies should be relevant here and support this process. Think critically, consider alternative perspectives on your issue, and be critically reflective as you map out a non-standard approach to practice for your chosen area. The maximum length of your paper should not exceed 10 pages, excluding title page and references.

ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION

ATTENDANCE AND PARTICIPATION EXPECTATIONS

Students are expected to be fully present and engaged in all class activities and discussions.

GUIDELINES FOR SUBMITTING ASSIGNMENTS

Please submit all assignments electronically through our respective Dropbox in D2L. Assignments should be submitted in Word format. Assignments should have a file name as follows: "Last name, initial and assignment number" (e.g., Smith,J_Assignment_2)." Assignments are due by 11:59pm on their due date. Please note that it is the student's responsibility to keep a copy of each submitted assignment and to ensure that the proper version is submitted."

LATE ASSIGNMENTS

Assignments and papers are to be submitted on time, absolutely NO extensions, unless legitimate reasons are provided. Late assignments will be accepted only in exceptional circumstances and at the discretion or the instructor and the instructor must receive 24 hours' notice.

Late assignments will be downgraded by 5% of the assignment due date and an additional 1% grade per day including weekends, holidays and study weekdays. There is a seven-day maximum limit by which to accept late assignments where students have not asked for extension. No assignments will be accepted beyond this seven-day limit.

EXPECTATIONS FOR WRITING

Writing quality is a component of all written assignments and utilize APA 7th edition formatting for referencing. As such, all assignments will be assessed partly on writing skills. Writing skills include not

only surface correctness (grammar, punctuation, sentence structure, etc.) but also general clarity and organization. Sources used in research papers must be properly documented and referenced in APA 7th edition format. 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

Final, overall grades only will be rounded up to the nearest whole number (not individual assignments). For example, a final course numeric grade of 84.5% will be rounded up to 85%. 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 <u>Graduate Grading System</u> and Faculty of Social Work Percentage Conversion will be used. This grading system overrides the grading system in D2L.

Grade	Grade Point	Description	Percentage Range
A+	4.0	Outstanding performance	95-100
Α	4.0	Excellent performance	95-100
A-	3.7	Very good performance	90-94
B+	3.3	Good performance	85-89
В	3.0	Satisfactory performance. Note : The grade point value (3.0) associated with this grade is the minimum acceptable average that a graduate student must maintain throughout the programme as computed at the end of each year of their program.	80-84
В-	2.7	Minimum pass. Note : 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 of "C+" or lower are indicative of failure at the graduate level and cannot be counted toward Faculty of Graduate Studies course requirements.	70-74
С	2.00		65-69
C-	1.70		60-64

D+	1.30		55-59
D	1.00		50-54
F	0.00		Below 50
CR		Completed Requirements. Carries no weight in calculating the grade point average. This will be noted in the calendar description as "Not Included in GPA" where applicable.	

COURSE EVALUATION

At the close of each term, students can provide feedback on their academic learning experience in their courses, including their instructors, through university-wide online surveys. Student feedback contributes to ensuring academic excellence in the university's curriculum by bringing direct feedback to instructors.

Students will receive an email from **UCalgary Course Experience Surveys** with direct links to their current course surveys, or they can access within the D2L course shell. For more information, visit: https://www.ucalgary.ca/provost/teaching-learning/student-surveys/usri

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

ADDITIONAL SUGGESTED READINGS

- Campbell, C., & Burgess, R. (2012). The role of communities in advancing the goals of the Movement for Global Mental Health. *Transcultural Psychiatry*, 49(3-4), 375-39. https://journals-sagepub-com/doi/full/10.1177/1363461512454643
- Cosgrove, L., & Karter, J. M. (2018). The poison in the cure: Neoliberalism and contemporary movements in mental health. *Theory and Psychology*, *28*(5), 669-683. doi:10.1177/0959354318796307
- Francis, A. (2014). Strengths-based assessments and recovery in mental health: reflections from practice. *International Journal of Social Work and Human Services Practice*, *2*, 264-271. doi: 10.13189/ijrh.2014.020610

https://www.hrpub.org/download/20141201/IJRH10-19290159.pdf

- Jacobson, N., & Greenley, D. (2001, April). What is recovery? A conceptual model and explication. *Psychiatric Services*, *52*(4), 482-485.
- Kidd, S. A., George, L., O'Connell, M., Sylvestre, J., Kirkpatrick, H., Browne, G., & Thaban, L. (2010). Fidelity and recovery-orientation in Assertive Community Treatment. *Community Mental Health*, 46, 342–350. doi:10.1007/s10597-009-9275-7
- Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health, and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271-281. doi:10.1007/s11469-009-9239-8
- Lewis, M. E., Hartwell, E. E., & Myhra, L. L. (2018). Decolonizing mental health services for Indigenous clients: A training program for mental health professionals. *American Journal of Community Psychology*, 62, 330–339. doi:10.1002/ajcp.12288

Pincus, H. A., Spaeth Rublee, B., Grant, S., Goldner, E., Prince, P. N., Ramanuj, P., . . . Patt. (2016). A review of mental health recovery programs in selected industrialized countries. *International Journal of Mental Health Systems*, 10(73), 1-9. doi:10.1186/s13033-016-0104-4

https://ijmhs.biomedcentral.com/articles/10.1186/s13033-016-0104-4

- Sundararajan, L., Misra, G., & Marsella, A. J. (2013). Indigenous Approaches to Assessment, Diagnosis and Treatment of Mental Disorders. In F. A. Paniagua, & A.-M. Yamada, *Handbook of Multicultural Mental Health* (pp. 69-88). Oxford: Academic Press
- Swarbrick, M. (2009). A wellness recovery model for state psychiatric hospitals. *Occupational Therapy in Mental Health*, *25*, 343-351. https://www-tandfonline-/doi/full/10.1080/01642120903084117
- Tedmanson, D., & Guerin, P. (2011). Enterprising social wellbeing: Social entrepreneurial and strengths-based approaches to mental health and wellbeing in "remote" Indigenous community contexts. *Australian Psychiatry*, 19, 30-33. doi:10.3109/10398562.2011.583078

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's <u>Code of Conduct</u>.

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 <u>Canadian Association for Social Workers, Code of Ethics</u> (2005) and the <u>Alberta College of Social Work Standards of Practice</u> (2019).

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. 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. Please refer to the full policy on Student Accommodations.

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 before beginning the assignment.

Academic Misconduct

For information on academic misconduct and its consequences, please refer to the <u>Integrity and Conduct</u> section in the University of Calgary Calendar.

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 who use materials protected by copyright are expected to comply with the University of Calgary policy on <u>Acceptable Use of Material Protected by Copyright</u> and requirements of the <u>Copyright Act</u> 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 <u>Non-Academic Misconduct Policy</u>.

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 and Gender-Based 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 <u>Sexual and Gender-based Violence Policy</u> 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.

Other Important Information

Please visit the Registrar's website 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