



Course & Session Number	SOWK 650 S01	Classroom	HNSC 336
Course Name	Advanced Topics in Infant, Child, & Adolescent Mental Health		
Dates and Time	Start of Classes: September 8, 2023 End of Classes: December 1, 2023 Dates and Time: In-person Thursdays 9am-11:50 pm & 1-3:50pm; September 7, 14, 21, 28; October 5, 12 Add/Drop/Withdrawal Dates: Please refer to the course-specific deadline in your Student Centre ¹ .		
Instructor	Alan McLuckie, PhD, RCSW	Office Hours	As requested and by appointment.
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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 anti-oppressive lens, particularly intersectional, anti-colonial, anti-racist and decolonizing frameworks, will inform our work.

Please refer to our full statement of our [Commitment to Equity, Racial Justice, Diversity, Inclusion and Decolonization](#), our [Statement on Anti-Black Racism](#) and the work of the faculty's [Anti-Black Racism Task Force](#), our [Statement on Anti-Asian Racism](#), and the university's [Indigenous Strategy](#).

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

SYLLABUS STATEMENT

Critical examination of policies, theories, and models relevant to the assessment, formulation and treatment of infant, child, and adolescent mental health.

COURSE DESCRIPTION

In this practice-based course you will explore the clinical social work identity and philosophies of care, such as family-centred, trauma-informed, and culturally-informed approaches to mental health. We will conduct an in-depth examination of relevant theories, approaches and models of mental health, such as biopsychosocial and recovery models that integrate neurobiology with social determinants. We will also critically examine the practice implications of regional, provincial and national legislation, policies, and strategies within historical, economic, social and cultural contexts. Through practice-based learning, you will synthesize theory, research and policy to inform your developing clinical framework for the assessment, formulation and delivery of evidence-based anti-oppressive mental health services for infants, children, adolescents, and their families.

COURSE LEARNING OUTCOMES

Upon completion of this course, students will:

1. Demonstrate a working knowledge of theories, frameworks, policies, and legislation that informs ethical and effective social work practice with infants, children, and adolescents including, attachment, developmental psychopathology, neurobiological-informed practice, resilience, as well as frameworks of mental health including biopsychosocial and social determinants.
2. Demonstrate an understanding of risk and protective factors that influence children's mental health and their cognitive, social, and emotional development and how these influence, and are influenced, by interpersonal relationships, familial, and contextual/environmental factors.
3. Demonstrate a working knowledge of assessment procedures including the disorders and diagnostic procedures of childhood within mental health classification systems (i.e., DSM-5-TR), as well as a working knowledge of the use of screening tools/standardized assessment measures pertaining to infants, children, youth, and their families.
4. Demonstrate a working knowledge to develop, implement and evaluate a range of psychosocial interventions for mental health relevant to infants, children, youths, and their families from diverse and marginalized communities.
5. Demonstrate a working knowledge to move through the various phases of evidence based psychosocial intervention from engagement, assessment, formulation/case conceptualization, treatment planning, implementation, and evaluation.

LEARNING RESOURCES

REQUIRED TEXTBOOKS AND/OR READINGS

American Psychiatric Association [APA]. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed. Text Revision). APA. (Available at the bookstore for purchase)

Weisz, J. R., & Kazdin, A. E. (Eds.) (2017). *Evidence-based psychotherapies for children and adolescent* (3rd ed.). 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

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

This course is the first of four courses in the Infant, Child, and Adolescent Mental Health cluster. This course provides a foundation related to theory, frameworks, policies and practice-based clinical processes that will be explored in greater depth in the other three courses. These principles and practices will be applied to the respective populations covered in that particular course (i.e., Infant/early childhood, school-age children, and adolescence).

CLASS SCHEDULE

Important Dates for Fall 2023

- Start of Term: Monday, August 28, 2023
- First Day of Class: Tuesday, September 5, 2023
- End of Term: Friday, December 22, 2023
- Last Day of Class: Wednesday, December 6, 2023
- Fee Deadline: Friday, September 22, 2023
- Labour Day, no classes: Monday, September 4, 2023
- National Day for Truth and Reconciliation, no classes: Saturday, September 30, 2023
- Thanksgiving Day, no classes: Monday, October 9, 2023
- Remembrance Day, no classes: Saturday, November 11, 2023 (observed Monday, November 13)

Dates	Topic	Required Readings
Sept. 7 th Morning 9:00-11:50am	<p>Clinical social work: Part I- Our Subspeciality.</p> <ul style="list-style-type: none"> • Our identity (<i>The who</i>) as helping professionals: History, values, and identity of clinical social work. • Thinking (<i>The what</i>) in clinical social work: Epistemology/ontology, frameworks and theories • Clinical settings (<i>The where</i>) and clinical social work: Beyond direct practice: A subspecialty of the social work profession. 	<p>Drisko, J. W., & Grady, M. D. (2015). Evidence-based practice in social work: A contemporary perspective. <i>Clinical Social Work Journal</i>, 43(3), 274-282.</p> <p>Gonzales, M. J., & Gelman, C. R. (2015). Clinical social work practice in the twenty-first century: A changing landscape. <i>Clinical Social Work Journal</i>, 43(3), 257-262.</p> <p>Kourgiantakis, T., Ashcroft, R., Mohamud, F., Benedict, A., Lee, E., Craig, S., Sewell, K., Johnston, M., McLuckie, A., & Sur, D. (2022). Clinical social work practice in Canada: A critical examination of regulation. <i>Research on Social Work Practice</i>, 33(1), 15-28.</p>
Sept. 7 th Afternoon 1:00-3:50pm	<p>Clinical social work: Part II - Philosophies of Care, Paradigms of Practice; Professional standards and Legislation (Laws)</p> <ul style="list-style-type: none"> • Our way of being (How we be) clinical social workers: Philosophies of care (e.g., patient & family-centred care, trauma-informed care, recovery, and culturally-informed practice). • Thinking (<i>The what</i> and <i>The Why</i>) in clinical social work: Epistemology/ontology, frameworks and theories. • Doing clinical social work (The How): Paradigms of practice, approaches, models, and techniques. • Professional Ethics, Standards of Practice and Relevant Legislation/ Jurisprudence. 	<p>Berzoff, J., & Drisko, J. (2015). What clinical social workers need to know: Bio-psycho-social knowledge and skills for the twenty first century. <i>Clinical Social Work Journal</i>, 43(3), 263-273.</p> <p>Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. <i>Clinical Social Work Journal</i>, 43(1), 25-37.</p> <p>Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for indigenous people in Canada. <i>International Journal of Mental Health and Addiction</i>, 8(2), 271-281.</p> <p>Mental Health Commission of Canada [MHCC] (2015). <i>Guidelines for recovery-oriented practice: Hope. Dignity. Inclusion</i>. MHCC. Available from https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHCC_RecoveryGuidelines_ENG_0.pdf</p>

<p>Sept. 14th Morning 9:00-11:50am</p>	<p>Neuroscience and in social work practice with infant, child, and adolescent populations</p> <ul style="list-style-type: none"> • Introduction to function of basic brain structures. • Genetics, epigenetics, gene-environment interactions (G X E), Gene-environment correlations (rGE). • Person-in-environment: Reciprocal ongoing transactions with complex environments, but don't forget about the person (biological, psychological, spiritual). 	<p>Dismukes, A. R., Shirtcliff, E. A., & Drury, S. S. (2019). Genetic and epigenetic processes in infant mental health. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (pp. 63-80). The Guilford Press.</p> <p>Gibson, M. F. (2021). The helpful brain? Translations of neuroscience into social work. <i>The British Journal of Social Work</i>, 51(7), 2665-2679.</p> <p>Peverill, M., & McLaughlin, K. A. (2017). Harnessing the neuroscience revolution to enhance child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), <i>Evidence-based psychotherapies for children and adolescent</i> (3rd ed.; pp. 520-536). The Guilford Press.</p>
<p>Sept. 14th Afternoon 1:00-3:50pm</p>	<p>Understanding mental health & disorders within complex and diverse developmental contexts: Moving beyond single-factor explanations of mental disorders</p> <ul style="list-style-type: none"> • Exploring frameworks (biopsychosocial, developmental and attachment) to understand developmental trajectories and disruptions to these trajectories and outcomes including stress-diathesis and differential susceptibility frameworks; gene X environment influences; attachment; and approaches to resilience. 	<p>Belsky, J., & Pluess, M. (2009). Beyond diathesis stress: Differential susceptibility to environmental influences. <i>Psychological Bulletin</i>, 135(6), 885–908.</p> <p>Bolton, D., & Gillett, G. (2019). The biopsychosocial model 40 years on. In D. Bolton & G. Gillett (Eds.), <i>The biopsychosocial model of health and disease</i> (pp. 1-35). Palgrave MacMillan.</p> <p>Cicchetti, D., & Toth, S. L. (2017). Using the science of developmental psychopathology to inform child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), <i>Evidence-based psychotherapies for children and adolescent</i> (3rd ed.) (pp. 484-500). The Guilford Press.</p>
<p>Sept. 21st Morning 9:00-11:50am</p>	<p>Engagement and planning in clinical social work practice: Part I</p> <ul style="list-style-type: none"> • Developing and maintaining collaborative, empowering therapeutic relationships. • Ethics of Practice: Informed consent processes/consent to service, record keeping, 	<p>Rollnick, S., Butler, C. C., Kinnersley, P., Gregory, J., & Mash, B. (2010). Motivational interviewing. <i>British Medical Journal</i>, 340(7758), 1242-1245. https://www-jstor-org.ezproxy.lib.ucalgary.ca/stable/40701844</p>

	<p>confidentiality, ethics in practice, standards of practice including confidentiality, age of consent to service/legally dependent persons.</p> <ul style="list-style-type: none"> • Patient and family-centred care in practice. • Practice Model(s) Critically Examined: <u>Motivational Interviewing</u>. 	<p>Waid, J., & Kelly, M. (2020). Supporting family engagement with child and adolescent mental health services: A scoping review. <i>Health & Social Care in the Community</i>, 28(5), 1333-1342.</p>
<p>Sept. 21st Afternoon 1:00-3:50pm</p>	<p>Engagement and planning in clinical social work practice: Part II</p> <ul style="list-style-type: none"> • Experiential learning & critical examination of the applications: <u>Motivational Interviewing</u>. 	<p>**No required readings</p>
<p>Sept. 28th Morning 9:00-11:50am</p>	<p>Assessment and formulation: Part I</p> <ul style="list-style-type: none"> • Critical exploration of assessment, formulation, treatment planning and evaluation. • In- depth examination of biopsychosocial assessment • In-depth examination of case formulation. • Developing effective treatment plans matching the client’s needs & evaluating change. • Practice model(s)/approaches critically examined: Biopsychosocial assessment framework. 	<p>De Los Reyes, A., Augenstein, T. M., & Aldao, A. (2017). Assessment issues in child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.) <i>Evidence-based psychotherapies for children and adolescent</i> (3rd ed.; pp. 537-554). The Guilford Press.</p> <p>Petrovich, A., & Garcia, B. (2015). Adding diversity and resiliency to the diagnostic process: A formulation. In <i>Strengthening the DSM: Incorporating resilience and cultural competence</i> (2nd ed.; pp. 29-64). Springer Publishing Company.</p> <p>Wiger, D. E. (2021). The biopsychosocial assessment. In <i>The Psychotherapy document primer</i> (4th ed., pp. 59-92). John Wiley & Sons.</p>
<p>Sept. 28th Afternoon 1:00-3:50pm</p>	<p>Assessment and formulation: Part II</p> <ul style="list-style-type: none"> • Experiential learning & critical examination of the applications: <u>Assessment and formulation</u>. 	<p>Weerasekera, P. (1993). Formulation: A multiperspective model. <i>Canadian Journal of Psychiatry</i>, 38(5), 351-358. (Available via D2L.)</p>
<p>Oct. 5th Morning 9:00-11:50am</p>	<p>The use of classification tools, the DSM and diagnosis in clinical social work</p> <ul style="list-style-type: none"> • Classification frameworks, taxonomy, nosology, and diagnosis. • DSM-5-TR, ICD-11, DC:0-5 • Diagnosis as a scope of clinical social work practice. 	<p>American Psychiatric Association [APA]. (2022). Introduction. In <i>Diagnostic and statistical manual of mental disorders</i> (5th ed.-TR; pp. 5- 20). APA.</p> <p>APA. (2022). Use of the manual. In <i>Diagnostic and statistical manual of mental disorders</i> (5th ed.-TR; pp. 21- 28). APA.</p>

	<ul style="list-style-type: none"> • Assessment tools (DSM and screening & standardized measures). • Review of risk assessment & the Mental Health Status Exam. 	<p>APA. (2022). Culture and psychiatric diagnosis. In <i>Diagnostic and statistical manual of mental disorders</i> (5th ed.-TR; pp. 859-879). APA.</p> <p>Wiger, D. E. (2021). The clinical interview: Mental status exam. In <i>The psychotherapy document primer</i> (4th ed., pp. 93-110). John Wiley & Sons.</p>
Oct. 5 th Afternoon 1:00-3:50pm	<p>Differential Diagnosis</p> <ul style="list-style-type: none"> • Experiential learning & critical examination of the applications: Differential Diagnosis. 	**No required readings
Oct. 12 th Morning 9:00-11:50am	<p>Single-session Clinical Interview.</p> <ul style="list-style-type: none"> • Critical exploration of single-session clinical interviews as they relate children’s mental health populations and services. • Understanding the principles, practice, and changes process of single-session clinical interviews within complex and diverse contexts and considering factors such as power and social justice. • Practice Model(s) Critically Examined: Single-session clinical interviews (Solution-focused Therapy). 	<p>Dryden, W. (2021). An introduction. In <i>Single-session therapy (SST)</i> (1-25). Routledge.</p> <p>Greenberg, G., & Ganshorn, K. (2001). Solution-focused therapy: Counseling model for busy family physicians. <i>Canadian Family Physician</i>, 47(11), 2289-2295.</p> <p>Hoyt, M. F. (2018). Single Session Therapy: Stories, structures, themes, cautions, and prospects. In M. F. Hoyte, M. Bobele, A. Slive, J. Young, & M. Talmon (Eds.), <i>Single-session therapy by walk-in or appointment</i> (pp. 155-175). Routledge.</p> <p>Turnell, A., & Hopwood, L. (1994). Solution-focused brief therapy: An outline for second and subsequent sessions. <i>Case Studies in Brief and Family Therapy</i>, 8(2), 52-64. (Available via D2L).</p>
Oct. 12 th Afternoon 1:00-3:50pm	<p>Single-Session Clinical Interview</p> <ul style="list-style-type: none"> • Experiential learning & critical examination of the application: Single-session clinical interview (Solution-focused Therapy). 	**No required readings

ASSESSMENT COMPONENTS

Assignment 1: Demonstration of Knowledge Regarding Policy, Legislation, Professional Standards/Framework. (Grade value: Part A=15%; Part B = 10%; Total grade value 25%).

To support intentional clinical social work practice in the field of infant, child, and adolescent mental health, it is important to understand the nature of the policies and strategies that may influence or inform your practice with clients. Assignment 1 is a two-part assignment (Part A and B). Part A is completed in a small group (see instructions below) and Part B is completed individually. Students are required to participate in both part A and part B of Assignment 1. All members of the group in Part A of Assignment 1 will receive the same grade for this portion of the assignment. The late bank is **NOT** applicable for Part A of Assignment 1 (i.e., cannot be used for Assignment 1 Part A). All students will receive an individual grade related to the materials they post for Part B of Assignment 1.

Aligned Course Learning Outcomes: 1, 2, 4

Part A:

Due Date: To be uploaded to D2L by September 17th 11:59pm MST).

Grade Value: (Value 15%)

Assignment Description:

In a small group (maximum 5 students) you will select one (1) policy, strategy, legislation, OR professional guideline/framework relevant to clinical social work practice with infant, child, and adolescent populations. A list of the possible topics for the presentations will be provided by the instructor (i.e., a list of policies, legislation, guidelines etc. from which to choose). The composition of the groups (i.e., group membership) will be established by the students, with assistance from the instructor if required.

The presentation will consist of 5-7 slides (which will include audio recordings of group members presenting the materials). The maximum number of slides is seven (7), including title page and reference page. Please clearly label the names of all group members on the uploaded slide presentation. One member of each group is responsible for uploading their group's slide show/presentation to the D2L Discussion board, by the due date. The focus of the presentation will be a critical review of the key aspects of the selected document (e.g., policy/strategy/legislation/framework), including, but not limited to:

- a) A clear and concise overview of the values, principles, and philosophies of the select document,
- b) A clear and concise review of the clinical/practice implications the core tenets of this document have in relation to practice with infants, children and/or adolescent mental health populations.
- c) A critique of the document, based on social work values (considered in other social work courses to date), including issue of power, privilege/oppression, and diversity.
- d) Identifying and describing any possible areas for improvement of this document from a social work perspective relative to infant, child, and/or adolescent mental health populations (e.g., Is something missing? Does it require updating in some manner? Is there any identified bias?).
- e) Compare and contrast (clearly/concisely) with similar documents (e.g., Alberta Mental Health

Strategy vs: Ontario Mental Health Strategy; ACSW Code of Ethics vs: Canadian Code of Ethics for Psychologists).

- f) Provide clear and accurate references for all materials and present these in a manner consistent with APA 7th edition formatting.

Assessment Criteria: A grading/marking rubric will be available via D2L. The Late Bank is **NOT** applicable for Part A of Assignment 1 (i.e., the late bank cannot be used for Part A). The group receives one grade for their submission with all members sharing the same grade.

Part B:

Due Date: To be uploaded to D2L discussion board by Sept 24th 11:59pm MST).

Grade Value: (10%)

Assignment Description:

Part B of this assignment is completed individually. Every student in the class is required to post one (1) comment related to another group's presentation on D2L. Please post your commentary immediately below the group presentation in D2L's discussion board. Students get to decide which specific presentation they offer commentary on (please be considerate of your colleagues and avoid commenting exclusively on some presentations, while neglecting others).

The specific nature of the comments posted to the D2L discussion board should be well considered, thoughtful, clear, and concise, offering a critical discourse related to the document (i.e., strategy, policy, legislation) being presented. The focus of this assignment is **NOT** to evaluate/adjudicate superficial aspects of the presentation itself (i.e., "I really like your choice of fonts!")—rather, the purpose of this part of the assignment is for students to develop their knowledge of policies, strategies, frameworks, legislation etc. as well as their competency to be critical (not dismissive) of these documents. It is, however, important to remember that communicating your ideas, thoughts, opinions with others is a key social work skill set, particularly when you are commenting on 'things' important to others (e.g., in this case a group's presentation). These comments need not be lengthy (i.e., maximum 500 words) as the focus is on the quality of discourse versus the quantity of materials posted. Students may consider the following areas when developing their posts/ discussion comments:

- a) Which values, principles, and philosophies of the presented document resonated with you, and why?
- b) Which practice implications resonated with you, and why?
- c) If the presenting group focused on a particular segment of the population covered in this specialization stream (i.e., they focused more so on infant mental health), as is their right/purview, what thoughts might you offer regarding the applicability of these materials to another segment of the population covered in this course (i.e., children or adolescents)?
- d) What thoughts might you offer to extend the presentation's critique of the document related to social work values (considered in other social work courses to date), including issue of power, privilege/oppression, and diversity? Are there other aspects of the discourse that illuminate tension points, or important power-based dynamics that resonate for you?
- e) Given that you engaged in an in-depth review of a different policy/strategy/legislative document with your own group (i.e., Part A), what points of comparison might you offer between your group's

document and the current document you are examining individually?

- f) Are there reference materials (e.g., journal articles, other strategy/policy documents etc.) that you consider important to the presentation topic area? If so, consider list these using appropriate APA 7th formatting.

Assessment Criteria: A grading/marking rubric will be available via D2L. Part B of Assignment 1 is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this part of the assignment). Students will receive an individual grade for Part B of Assignment 1 pertaining to their commentary materials posted in relation to another group's presentation.

Assignment 2: Demonstration of Clinical Competencies: Informed-consent (video) (worth 20%).

Due Date: September 27th by 11:59pm MST

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

Assignment Description:

The informed consent process is a key competence (skill and knowledge) that is integral to all clinical social work services. This assignment will help support the student moving from a position of possessing theoretical knowledge of the informed consent process towards synthesizing this knowledge into their skill set and clinical practice repertoire. Each student is required to produce a brief video (approximately 10-minutes duration) demonstrating their working through an informed consent process with a simulated partner. A brief clinical vignette/case scenario will be provided in class (i.e., posted to D2L) to provide ample context/background material to guide the informed consent role-play.

Students are encouraged to complete this assignment with a partner from class (i.e., who plays the role of the interviewee). However, this is not a strict requirement, only a suggestion, as this allows students to gain the valuable experience of being an interviewer as well as being interviewed. Regardless, this interview skill demonstration must be completed with another person, who is able to participate fully in such an activity. It is preferred that videos be completed with the interviewer and interviewee in the same room (i.e., the in-person simulated interview is video recorded). However, if this is not possible students are permitted to conduct the interview via Zoom, with the caveat that the cameras of both participants must be turned on and both the interviewer and interviewee must be visible throughout the interview. For example, in Zoom, you are required to use the gallery view that shows both parties throughout the entire video, regardless of who is speaking. Students are responsible to ensure that video and sound quality are adequate prior to uploading their video file to D2L for evaluation. As noted above, it is recommended, although not required for you to use a partner from class to role-play a 'client'. If the student elects to use a simulated client that is not a classmate, it is **NOT permitted to use an actual client** in your video recording.

Students should practice prior to completing their final video recording for submission. The student is able to inform their demonstration via notes (i.e., they can refer to notes, including a checklist provided via D2L related to the informed consent process) throughout the video demonstration. It is **NOT** expected for this demonstration to be done from memory (i.e., without notes). The focus of this assignment is to practice the skill of **task engagement** while navigating the informed consent process and the application of knowledge (i.e., ethics) to a clinical scenario (i.e., clinical vignette provided). The student is practicing their **accuracy** related to covering the key points of the informed consent process with the client, while also displaying their ability to **establish rapport**. Therefore, the video recorded demonstration should **NOT** be a scripted interaction, nor should the student simply read from their notes. The Zoom recording or a link to this Zoom recording (video and audio) should be submitted via Dropbox.

Assessment Criteria: A grading/marking rubric will be available via D2L. Assignment 2 is eligible for the Late Bank (i.e., you are permitted to use the late bank days for Assignment 2).

Assignment 3: Demonstration of Clinical Competencies: (Working) Formulation (i.e., 4P Grid) (worth 15%).

Due Date: October 4th by 11:59pm MST

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

Assignment Description:

The ability to develop a working formulation is integral to guide/inform intentional clinical social work practice in the field of mental health. The working formulation (i.e., represented by the 4P Grid) is also an important intermediary step that informs the development of formal written case formulations/case conceptualizations (i.e., a step that will be covered in future courses in the MHA cluster). From a case scenario provided in class, students will adopt the stance/perspective that they are the clinical social worker working with this case. The task of this clinical social worker is to complete a “4 P Formulation Grid” examined in the course including identifying the presenting problem, predisposing, precipitating, perpetuating, and protective factors, in relation to biological, psychology, socio-structural contexts relevant to the case vignette provided. A template for the Formulation Grid will be provided. Students will be required to write succinctly in bulleted/point-form (8-point Ariel Narrow font) typing the relevant information from the case vignette into the area of the Grid they determine to be most relevant/applicable to the information provided in the case-vignette.

Assessment Criteria: A grading/marking rubric will be available via D2L. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

Assignment 4: Knowledge-based Quiz Regarding the DSM-5-TR Classification tool (i.e., DSM-5-TR Introduction, Use of the Manual, and Culture and Psychiatric Diagnosis) (worth 10%).

Due Date: To be completed in-class (9:00-9:30am) October 12, 2023.

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

Assignment Description:

Knowledge of the DSM-5-TR is an essential tool for clinical social work practice. This closed book 10-question multiple choice quiz evaluates your knowledge of materials covered in the course specific to DSM-5-TR chapters as reviewed included, Introduction; Use of the Manual; as well as Culture and Psychiatric Diagnosis. This quiz is **completed within class**.

Assessment Criteria: This a multiple-choice quiz with four potential responses (A, B, C, D). Correct responses are summed to a total score and converted to a percentage of the course total.

Assignment 5: Demonstration of Clinical Competencies: Motivational Interviewing OR Single-Session Interview (video) (worth 30%).

Due Date: October 15th by 11:59pm MST

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

Option A or B:

Students must complete either option A OR option B. Students choose to demonstrate via video recording their conducting of an interview informed by either Motivational Interviewing OR Single Session Interview (Solution-focused Therapy). You are **NOT** permitted to complete a demonstration comprised of general/generic interview skills or eclectic techniques/skills from Motivational Interviewing and Solution-focused Therapy. You will upload your video to D2L Dropbox. When submitting their video, it is the student's responsibility to clearly state in the D2L description box which option that are demonstrating (i.e., Single Session or Motivational Interviewing), as well as which aspect of the model they will be demonstrating (i.e., first half or second half).

Description for Assignment 5 Option A: Motivational Interviewing

The ability to conduct an interview informed by Motivational Interviewing (MI) is an important competence (skill and knowledge) for social workers engaged with mental health populations/service users. This assignment will help support students moving from a theoretical knowledge/understanding of MI towards synthesizing this knowledge into their skill base and clinical practice repertoire. Students are required to produce a brief video (approximately 30 minutes duration) demonstrating a shortened/truncated interview. For the purposes of this assignment the student will conduct a portion of an interview informed by Motivational Interviewing including **either 1.)** the beginning-middle phase, including session launch (assuming that consent has been completed off camera) engagement, focusing, evocation phases of MI, **OR 2.)** pretending to have completed the first portion of the interview begin with the focusing phase and move into the evoking and planning phases. Due to time constraints of the video demonstration assignment, it will **NOT** be possible to complete an entire session (please do **NOT** try and rush to complete a full interview in 30 minutes, as this will negatively impact the quality of your demonstration). This video demonstration assignment will **NOT** include the informed consent process, as this has been demonstrated in a previous assignment.

Students are encouraged to complete this assignment with a partner from class (i.e., who plays the role of the interviewee). However, this is not a strict requirement, only a suggestion, as this allows students to gain the valuable experience of being an interviewer as well as being interviewed. Regardless, this interview skill demonstration must be completed with another person, who is able to participate fully in such an activity. It is preferred that videos be completed with the interviewer and interviewee in the same room (i.e., the in-person simulated interview is video recorded. However, if this is not possible students are permitted to conduct the interview via Zoom, with the caveat that the cameras of both participants must be turned on and both the interviewer and interviewee must be visible throughout the interview. For example, in Zoom, you are required to use the gallery view that shows both parties throughout the entire video, regardless of who is speaking. Students are responsible to ensure that video and sound quality are adequate prior to uploading their video file to D2L for evaluation. As noted above, it is recommended, although not required for you to use a partner from class to role-play a 'client'. If the student elects to use a simulated client that is not a classmate, it is **NOT permitted to use an actual client** in your video recording.

Assessment Criteria: A grading/marking rubric will be available via D2L. Only the student acting in the role of the simulated clinical social worker will be evaluated/graded for this assignment. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

Description for Assignment 5 Option B: Single Session Interview :

The ability to conduct a single-session interview is an important competence (skill and knowledge) for social workers engaged with mental health populations/user groups. This assignment will help support students moving from a theoretical knowledge/understanding of single-session interviewing towards synthesizing this knowledge into their skill base and clinical practice repertoire. Students are required to produce a brief video (approximately 30 minutes duration) demonstrating a shortened/truncated single-session interview. For the purposes of this assignment the student will conduct a portion of a single-session interview informed by Solution-focused therapy [SFT] including **either 1.)** the beginning-middle phase of the interview, including session launch (assuming that consent has been completed off camera) exploring the client’s story, reason for attending/client’s hopes regarding service engagement, exploration of current coping, identifying a focus for the session, providing a bridging/formulation statement, and presenting the miracle question with post-miracle deconstruction) **OR 2.)** pretending to have completed the first portion of the single session interview (SFT session) begin at the Miracle Question, followed by post-miracle deconstruction, exploring exceptions, scaling/next steps, break, accolades/normalizers/home-based task/session ending.) Due to time constraints of the video demonstration assignment, it will **NOT** be possible to complete an entire SFT session (please do **NOT** try and rush to complete a full interview in 30 minutes, as this will negatively impact the quality of your demonstration). This demonstration will **NOT** include the informed consent process, as this has been demonstrated in a previous assignment.

Students are encouraged to complete this assignment with a partner from class (i.e., who plays the role of the interviewee). However, this is not a strict requirement, only a suggestion, as this allows students to gain the valuable experience of being an interviewer as well as being interviewed. Regardless, this interview skill demonstration must be completed with another person, who is able to participate fully in such an activity. It is preferred that videos be completed with the interviewer and interviewee in the same room (i.e., the in-person simulated interview is video recorded. However, if this is not possible students are permitted to conduct the interview via Zoom, with the caveat that the cameras of both participants must be turned on and both the interviewer and interviewee must be visible throughout the interview. For example, in Zoom, you are required to use the gallery view that shows both parties throughout the entire video, regardless of who is speaking. Students are responsible to ensure that video and sound quality are adequate prior to uploading their video file to D2L for evaluation. As noted above, it is recommended, although not required for you to use a partner from class to role-play a ‘client’. If the student elects to use a simulated client that is not a classmate, it is **NOT permitted to use an actual client** in your video recording.

Assessment Criteria: A grading/marking rubric will be available via D2L. Only the student acting in the role of the simulated clinical social worker will be evaluated/graded for this assignment. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION

ATTENDANCE AND PARTICIPATION EXPECTATIONS

Students are expected to attend class regularly and to be fully present and engaged in class activities and discussions. These are part of the participation grade, as outlined in the assessment components section above.

GUIDELINES FOR SUBMITTING ASSIGNMENTS

Submission instructions for each assignment are individually outlined. For assignments with a Dropbox, assignments may be submitted in Word format. Assignments should have a file name as follows: "Full name and assignment number" (e.g., Jane Smith Assignment 2). Assignments are due by 11:59 p.m. 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

A 5 day 'Late Bank' will be available to all students, and they can use these days at their own discretion and without explanation. You do not need to let the instructor know ahead of time that you are using days in your Late Bank for a task. Rather, simply make a note in Dropbox when you submit the task that you are using your late bank days when you submit. **The late bank is only available for Assignments 1 Part B, Assignment 2, Assignment 3, and Assignment 5** (i.e., you cannot use the late bank for Assignment 1 Part A or Assignment 4). Please note that the five (5) days in your late bank is **five days total** (i.e., not 5 days per assignment). Once you have used up your 5 Late Bank days, a penalty of 10% per day will apply for assignments submitted late, without prior communication and approval from the course instructor.

EXPECTATIONS FOR WRITING

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

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 Range
A+	4.0	Outstanding performance	95-100
A	4.0	Excellent performance	95-100
A-	3.7	Very good performance	90-94
B+	3.3	Good performance	85-89
B	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
B-	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
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
CR		Completed Requirements	

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. Student feedback (optional) will also be sought weekly through the student feedback form posted to D2L.

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 [Code of Conduct](#).

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).

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 [Integrity and Conduct](#) 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 [Acceptable Use of Material Protected by Copyright](#) and requirements of the [Copyright Act](#) 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 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 [Sexual and Gender-based 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.

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