

**UNIVERSITY OF TEXAS AT ARLINGTON**

**School of Social Work**

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| **Semester/Year: Spring, 2017****Course Title: Direct Practice in Mental Health****Course Prefix/Number/Section: SOCW 5352:006 (formerly 6336)****Class Day and Time: Tuesday – 2:00 – 4:50 p.m.****Location (Building/Classroom Number): School of Social Work, Room 316****Instructor Name: Norman H. Cobb, Ph.D., LCSW****Office Number: 204, Building A****Phone Number: 817 272-3181****Email Address: cobb@uta.edu****Office Hours: Monday, 2:00-3:30 & Tuesday, 1:00-2:00 or by appointment****Equipment: A laptop computer with wireless capability or equivalent is OPTIONAL for this course.****Blackboard:** <https://elearn.uta.edu/webapps/login/> |

**A. Catalog Course Description/Special Requirements (Prerequisites/Out of Class Meetings):**

Focuses on assessment and intervention with those evidencing acute and chronic mental health problems and disabilities. The course addresses the delivery of services to various populations (children, adolescents, and adults), service delivery systems (community mental health, managed behavioral health care), and a wide range of problems. Topics include well-being, ethics, case management, treatment planning, managed care, DSM, PIE, and substance abuse. Required of all DP students specializing in Mental Health. Prerequisite: SOCW 6325.

**B. Measurable Student Learning Outcomes - CORE/Advanced Practice Behaviors:**

**Competency-Based Performance Outcome Objectives for Advanced Skills and Practice Behaviors:**

1. The participants will describe an effective decision-making strategy for deciphering ethical dilemmas in mental health treatment.
2. Students will be able to define mental health, mental illness, and mental well-being.
3. Students will be able to describe the structure of the DSM-5 and conduct an assessment using the DSM criteria and structure.
4. Students will be able to describe causes (empirically validated and theoretical), advanced assessment methods, and the most effective treatments for a variety of disorders: Mood, anxiety, cognitive, substance abuse, sexual, eating, trauma, and so forth for adolescents, adults, and older adults.
5. Students will use critical thinking to adapt established assessment and treatment approaches to the unique characteristics and needs of diverse clients.
6. Students will be able to compare the various etiology and treatment options for substance abuse and addiction.

**C. *Required* Text(s) and Other Course Materials:**

Sands, R. G., & Gellis, Z. D. (2012). *Clinical social work practice in behavioral mental health (3rd ed.)*. Boston: Allyn and Bacon. ISBN-13: 978-0-205-82016-0 or 0-205-82016-6

DSM electronic copy from the library: <http://pulse.uta.edu/vwebv/holdingsInfo?bibId=2074817>

And other journal articles and book chapters as assigned in class.

**D. Additional *Recommended* Text(s) and Other Course Materials:**

Bentley, K. J., & Walsh, J. (2006). *The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers (3rd ed.)*. Belmont, CA: Brooks/Cole.

Corcoran, K. & Fischer, J., (2013). Measures for clinical practice (5th ed.), Vol. 2. New York: Oxford University Press. ISBN-10: 0199778604 | ISBN-13: 978-0199778607.

Gray, S. W. (2016). *Psychopathology: A competency-based assessment model for social workers (4th Ed.)*. Belmont, CA: Brooks/Cole.

**E. Major Course Assignments & Examinations:**

***Exams*** (Objective 1-6)

The exams will be in-class experiences. They will pull together the information from the class presentations and readings. The last four digits of your social security numbers will be used for identification and anonymity during grading. The exams address Student Learning Outcomes 1-4, and 6.

***Training Video***. (Objectives 2, 4, and 5).

You will assume the role of a trainer for a local community mental health agency and create a video (with a reference list) to demonstrate a particular type of client and treatment (approximately 30 minutes). You should select and present the essential and advanced skills to (a) touch on the assessment and ethical issues, (b) emphasize the treatment methods for the disorder, and (c) any other elements that are essential for working with the particular type of mental health client such as client’s age, gender, ethnicity, philosophical or theological perspectives, and personal orientations.

You may work in pairs for this project; however, each person will be responsible for his or her own video and materials. (Please do not submit one video for two people.) The following is a possible outline for the presentation:

**Part 1:** The video should contain information about typical clients with a particular mental health concern at your hypothetical agency. Part 1 is relatively short and merely describes the mental health issue, the treatment, and other relevant information. Be sure and pick a treatment that we have discussed in class and has strong evidence-informed practice credentials. If necessary you can use a script for this part, but for Part 2, a script will most likely detract from or discredit your learned clinical skills! (5-10 minutes)

**Part 2:** The scenes show the various elements or stages of the treatment approach (15 to 30 minutes total). Part 2 is where you demonstrate the skills with a non-client, volunteer who will play the role of the client. If the “client” wants to use a cheat sheet for answers, that will be fine.

Many interventions have many steps; so I’d suggest demonstrating 3 or 4 steps. Most importantly pick steps that allow you to show-off your clinical skills! (By the way, if you want to use deep muscle relaxation as a skill, feel free to stop after two or three muscle groups, otherwise, I will be asleep and miss the rest of your video!)

**Video Format:** The mp4 format is the easiest mode for me to read, but I do have other software. Feel free to use your home video (or neighbor’s) camera, computer/monitor camera, or iPhone (the iPhone has size issues; so you can only make many, short videos).

**Delivering Your Videos**: Your video will be too large for your email server; so you have two options:

**Flashdrive/Thumbdrive:** Load your video on a flashdrive/thumbdrive and hand-deliver or mail it to me: Box 19129, University of Texas at Arlington, Arlington, Texas 76019. Please title the video according the following format: “FIRST NAME.LAST NAME.VIDEOTITLE” For example, “susan.smith.depression”

**Upload the video on YouTube.** You can go online to YouTube and upload it. Please know that you must mark it as “Unlisted” rather than “public” or “private.” If you mark it as “public,” it will go viral. Marking it as “private” will only allow you to see it. After it loads, send me the YouTube address, and I will be able to see the “unlisted” video.

Personal Reminder: I will be the only person who will see your video. Sharing it would be illegal, wrong, and evil! Therefore, do not worry about your on-camera persona. Some people dress up for the video, and some people dress down. Your choice. The grade is dependent on the demonstration of your knowledge and clinical skills. Do not spend money on professional video services. (If you use the class assignment as an excuse to buy a video camera, tell you banker, partner, agency, etc. that I did not require or even slightly recommend it!)

Reference List: A reference list (using APA format) should be prepared showing the references you used to develop your video material. Emailing the reference list is the easiest method, and as mentioned above, please use the following file format to insure that you get credit for your references: For example: Susan.Smith.Depression References.

**F. Grading Policy:**

All references must be grammatically correct using APA style. References with many grammatical errors and misspellings will not receive a satisfactory grade.

 Exam I: March 7th 40%

 Training Video: May 2nd 20%

 Exam II: May 2nd 40%

**G. Make-Up Exam or Assignment Policy**:

In the event of a personal catastrophe that interferes with an exam or meeting due dates, please contact the professor.

**H. Attendance Policy:**

Attendance is taken in this class to enable the University to document the attendance of scholarship/loan recipients. I believe that you are responsible for your own behavior. My experience, however, is that people who do not attend class, do not do well on the exams.I encourage you to make this course a great learning opportunity.

**I. Course Schedule:**

As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. Should technical problems arise with course delivery, alternate but equivalent assignments may be given so long as the overall learning objectives, general time frame and grading structure for the course are sustained.

**Week 1 - 1/17/17: Social Workers and Mental Health Client.**

Introduction of course requirements and expectations; To put students at ease about the content and expectations of the course; Definitions: Mental Health, Mental Illness, Mental Well-Being; Mental Health Themes and Concepts; Social Deviance, Societal Reactions, Labeling, and, Community Norms; Historical and Professional Perspectives on Mental Health; Research Based Practice

**Week 2 – 1/24/17: Definitions, Themes, Concepts, Research, Social Context, and Assessment of Mental Disorders.**

Development of Mental Health Problems: Heredity, biology, genetics; Psychosocial development and social learning; Social stress, systems/ecological perspectives; Ethical Dilemmas in the Delivery of Mental Health Service; Categorizing Mental Illnesses – DSM IV; Racial, Ethnic, and Cultural Issues

Sands, R. G., & Gellis, Z. D. (2012): Scan Chapters 1-7.

Brown, H. (2013). *Mental therapists slow to adopt proven techniques*. NY: New York Times.

American Psychiatric Association. (2013). *Highlights of Changes from DSM-IV-TR to DSM-5*

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. In S. T. Fiske, D. L. Schacter, & C. Zahn-Waxler (Eds.), *Annual Review of Psychology, 52*, 685-716.

Duerr, H. A. (2013). Experts Discuss Changes, Updates in DSM-5.  *Psychiatric Times*, May 22: http://www.psychiatrictimes.com/conference-reports/apa2013/content/article/10168/2143387

Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Association for Psychological Science, 2*(1), 53-70.

Ownby, R. L. (2012). Mind and Body in Late-Life Anxiety. *Cognitive and Behavioral Practice, 19,* 151-154.

Gray, S. W. (2016). Chapter 1.

**Week 3 & 4 – 1/31 & 2/7/17:**

Clients with Depression; Multiple Dimensions of Assessment; Effective Treatments

Sands, R. G., & Gellis, Z. D. (2012): Chapter 8.

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. American *Journal of Psychiatry, 165*, 969-977.

Bentley, K. J., & Walsh, J. (2006). Chapter 4-5.

Bipolar Overview 2012.

Blazer, D. G. (2004). The epidemiology of depressive disorders in late life. In S. P. Roose, & H. A. Sackheim (Eds.), *Late life depression* (pp. 3-11). New York: Oxford University Press.

Dimidjian, S., Hollon, S. D., Dobson, K. S., et al. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression, *Journal of Consulting and Clinical Psychology, 74*(4).

Mixed Features Specifier 2013 - For depression Fact Sheet

Lebowitz, B. D., et al. (1997). Diagnosis and treatment of depression in late life. Consensus statement update. *Journal of the American Medical Association, 278*(14), 1186-90.

Pies, R. W. (2012). Bereavement and the DSM-5, One Last Time. Psychiatric Times, http://www.psychiatrictimes.com/mdd/content/article/10168/2119420

Ravindran, A. V., & Ravindran, L. N. (2009). Depression and Comorbid Anxiety: An Overview of Pharmacological Options. *Psychiatric Times. 26*(6).

Sanacora, G. (2013). Exploring new therapeutic areas in the treatment of depression and bipolar disorder. Psychiatric Times, August 07, http://www.psychiatrictimes.com/bipolar-disorder/exploring-new-therapeutic-areas-treatment-depression-and-bipolar-disorder

Wagner, K. D. (2012). Antidepressants: Risk vs Benefit in Depression. *Psychiatric Times. 29*(8)

Gray, S. W. (2016). Chapter 4-5.

**Week 5 & 6 – 2/14 & 21/17: Anxiety Disorders: Assessment and Treatment**

Explanatory Theories: The learning and maintenance of fears; Assessment and interventions; Effective Treatments

Sands, R. G., & Gellis, Z. D. (2012): Chapter 9.

Averill, P. M., & Beck, J. G. (2000). Posttraumatic stress disorder in older adults: A conceptual review. *Journal of Anxiety Disorders, 14,* 133-156.

Gray, M. J., & Acierno, R. (2002). Symptom presentation of older adult crime victims: Description of a clinical sample. *Anxiety Disorders, 16*, 299-309.

Marrick, R. P., & Petters, L. (1988). Treatment of severe social phobia: Effects of guided exposure with and without cognitive restructuring. *Journal of Consulting and Clinical Psychology, 56*, 251-260.

Ozar, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology, 58*, 472-486.

Gray, S. W. (2016). Chapter 6, 7, 8.

IOR THERAPY 27, 417-439, 1996

**Week 7 – 2/28/17: Sexual Disorders & Review for Exam I**

Survey of Sexual Disorders: Dysfunction and conditioning

Gender Dysphoria 2013 Fact Sheet

Paraphilic Disorders 2013 Fact Sheet

Inelman, E. M., Gasparini, G., & Enzi, G. (2005). HIV/AIDS in older adults: A case report and literature review. *Geriatrics, 60*(9), 26-30.

Segraves, R, Balon, R, & Clayton, A. (2007). Proposal for changes in diagnostic criteria for sexual dysfunctions. *Journal of Sexual Medicine, 4*(3), 567-580.

**Week 8 – 3/7/17: Mid-Term Exam**

**Spring Break – 3/12-18/17**

**Week 9 – 3/21/17: Eating Disorders**

Types of eating disorders; Assessment and Treatment

Baer, R. A.., Fischer, S., & Huss, D. B. (2006). Mindfulness and acceptance in the treatment of disordered eating mindfulness and acceptance in the treatment of disordered eating. Journal of Rational-Emotive & Cognitive-Behavior Therapy. DOI: 10.1007/s10942-005-0015-9

Cooper, M. J. (2011). Working with imagery to modify core beliefs in people with eating disorders: A clinical protocol. *Cognitive and Behavioral Practice, 18*, 454-465.

Didie, E. R., Reinecke, M. A., Phillips, K. A. (2010). Case Conceptualization and Treatment of Comorbid Body Dysmorphic Disorder and Bulimia Nervosa. Cognitive and Behavioral Practice 17, 259–269.

Eating Disorders 22013 Fact Sheet

Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behavior therapy for eating disorders: A “transdiagnostic” theory and treatment. Behavour Reseach and Therapy, 41, 509-528.

Juarascio, A. S., Forman, E. M., & Herbert, J. D. (2010). Acceptance and commitment therapy versus cognitive therapy for the treatment of comorbid eating pathology. *Behavior Modification. 34*(2) 175–190.

Kristellar, J. L., Baer, R. A., & Quillian-Wolever, R. (n.d) Mindfulness-based approach to eating disorders. In Baer, R. (Ed.) (2006). Mindfulness and acceptance-based interventions: Conceptualization, application, and empirical support. San Diego, CA: Elsevier.

[Murphy](http://www.sciencedirect.com/science/article/pii/S0193953X10000468), R. , [Straebler](http://www.sciencedirect.com/science/article/pii/S0193953X10000468), S., [Zafra Cooper](http://www.sciencedirect.com/science/article/pii/S0193953X10000468), Z., & [Christopher G. Fairburn](http://www.sciencedirect.com/science/article/pii/S0193953X10000468), C. G. (2010). Cognitive behavioral therapy for eating disorders. [Psychiatric Clinics of North America](http://www.sciencedirect.com/science/journal/0193953X), [33(3](http://www.sciencedirect.com/science/journal/0193953X/33/3)), June, 611–627.

Perri, M. G., McAllister, D. A., Gange, J. J., Jordan, R. C., McAdoo, W. G., & Nezu, A. M. (1988). Effects of four maintenance programs on the long-term management of obesity. Journal of Consulting and Clinical Psychology, 56, 529-534.

Yarborough, B. J., DeBar, L. L., Firemark, L., Leung, S., Clarke, G. N., & Wilson, G. T. (2013). Tailoring cognitive behavioral treatment for binge eating in adolescent girls. *Cognitive and Behavioral Practice, 20,* 162-170.

Wilson, G. T. (1996). Acceptance and change in the treatment of eating disrobers and obesity. *Behavior Therapy, 27,* 417-439.

Gray, S. W. (2016). Chapter 11.

**Week 10 & 11 – 3/28 & 4/4/17: Psychotic Disorders: Assessment and Treatment of Schizophrenia**

Severe Mental Disorders: Theories, Concepts, and Philosophies; Theoretical Issues; Effective Treatment

Sands, R. G., & Gellis, Z. D. (2012): Chapter 10 - 12.

Bentley, K. J., & Walsh, J. (2006). Chapter 6-7.

Gray, S. W. (2016). Chapter 3.

**Week 12 – 4/11/17: Substance Abuse Treatment and Comorbid Disorders**

Dual Diagnosis and Substance Abuse; Etiology of Substance Use Disorders; Assessment,

Sands, R. G., & Gellis, Z. D. (2001): Chapter 13.

Farkas, K. (2004). Substance abuse problems among older adults. In S. L. Ashenberg-Straussner (Ed.), *Clinical work with substance-abusing clients (2nd ed*., pp. 330-346). New York: Guilford Press.

Verheul, R. (2001). Co-morbidity of personality disorders in individuals with substance use disorders, *European Psychiatry, 16* : 274-82

Zarit, S. H., & Zarit, J. M. (2007). Other common mental health problems in later life (pp. 99-114). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd ed.). New York: Guilford Press.

Gray, S. W. (2016). Chapter 14.

**Week 13 & 14 – 4/18 & 4/25/17: Delirium, Dementia, and Bereavement & Exam II Review**

Gray, S. W. (2016). Chapter 15.

**Week 15 – 5/2/17: Exam II**

### Note*: Grades will be posted to the campus MyMav system at course completion and made available on the University Schedule for posting of grades. Grades cannot be given by email or individually by the instructor, per University Policy.*

**J. Expectations for Out-of-Class Study**:

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional three hours (for each hour of class or lecture per week) of their own time in course-related activities, including reading required materials, completing assignments, preparing for assignments and exams, and reviewing online content, etc.

**K. Grade Grievance Policy**:

See BSW/MSW Program Manual.

**L. Student Support Services:**

UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit or contact Ms. Jennifer Malone, Coordinator of the Office of Student Success and Academic Advising located on the third floor of Building a of the School of Social Work Complex. Dr. Chris Kilgore serves as a writing coach and resource as well and has posted an online writing clinic. Also, the Maverick Resource Hotline may be contacted at 817-272-6107, or send a message to resources@uta.edu, or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**M. Librarian to Contact:**

The Social Sciences/Social Work Resource Librarian is John Dillard. His office is in the campus Central Library. He may also be contacted via E-mail: dillard@uta.edu or by Cell phone: **(817) 675-8962, b**elow are some commonly used resources needed by students in online or technology supported courses:

<http://www.uta.edu/library/services/distance.php>

The following is a list, with links, of commonly used library resources:

Library Home Page <http://www.uta.edu/library>

Subject Guides <http://libguides.uta.edu>

Subject Librarians <http://www-test.uta.edu/library/help/subject-librarians.php>

Database List <http://www-test.uta.edu/library/databases/index.php>

Course Reserves <http://pulse.uta.edu/vwebv/enterCourseReserve.do>

Library Catalog <http://discover.uta.edu/>

E-Journals <http://utalink.uta.edu:9003/UTAlink/az>

Library Tutorials <http://www.uta.edu/library/help/tutorials.php>

Connecting from Off- Campus <http://libguides.uta.edu/offcampus>

Ask a Librarian <http://ask.uta.edu>

**N. Emergency Exit Procedures:**

Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exits, which are the stairwells located at either end of the adjacent hallway. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist handicapped individuals.

**O. Drop Policy:**

Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships

(<http://wweb.uta.edu/aao/fao/>).

**P. Americans with Disabilities Act:**

The University of Texas at Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including the *Americans with Disabilities Act (ADA)*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability) or by calling the Office for Students with Disabilities at (817) 272-3364.

**Q. Title IX:**

The University of Texas at Arlington is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX).

**R. Academic Integrity:**

Students enrolled in all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence. I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. Per UT System *Regents’ Rule* 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University.

**S. Electronic Communication:**

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

**T. Student Feedback Survey:**

At the end of each term, students enrolled in classes categorized as “lecture,” “seminar,” or “laboratory” shall be directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**U. Final Review Week**:

This ONLY applies to courses administering a major or final examination scheduled in the week and locations designated for final examinations following last classes. A period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**V. School of Social Work - Definition of Evidence-Informed Practice:**

Evidence-informed practice (EIP) is a guiding principal for the UTA-SSW. This approach is guided by the philosophy espoused by Gambrill (2006) and others who discuss evidence-based practice (EBP). Though many definitions of EIP/EBP saturate the literature, we offer two definitions that most closely define our understanding of the concept and serve to explicate our vision of EIP for the UTA-SSW:

The use of the best available scientific knowledge derived from randomized, controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgment, and practice wisdom (Barker, 2003, p. 149). ...the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances (Strauss, et al., 2005).

The University of Texas at Arlington School of Social Work vision statement states that the “School’s vision is to promote social and economic justice in a diverse Environment.”  Empowerment connects with the vision statement because, as Rees (1991) has pointed out, the very objective of empowerment is social justice.  Empowerment is a seminal vehicle by which social justice can be realized.  It could well be argued that true social justice cannot be realized without empowerment. Empowerment, anchored with a generalist base, directs social workers to address root causes at all levels and in all contexts, not simply “symptoms”.  This is not a static process but an ongoing, dynamic process, a process leading to a greater degree of social justice and equality.

University of Texas at Arlington-School of Social Work: Definition of Empowerment

Empowerment is defined by Barker (2003:142) as follows: In social work practice, the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances.

*Note: Please also consider conserving paper by formatting and two-sided printing of syllabi with ½ inch margins. Please help our fragile environment by recycling all paper when finished, as well as plastic bottles, cans, etc., in the many recycling stations available in the Social Work Complex. Thank you.*

**Extended References**

1. **General Texts:**

Corcoran, J. (2005). *Cognitive-behavioral methods: A workbook for social workers.* Boston, MA: Allyn & Bacon.

Corcoran, K., & Briggs, H. E. (Ed.). (2001). *Social work practice: Treating common client problems.* Chicago, IL: Lyceum Books.

Davidson, L. (2003). *Living outside mental illness: Qualitative studies of recovery in schizophrenia.* New York, NY: NYU Press.

DiClemente, C. C. (2003). *Addiction and change: How addictions develop and addicted people recover.* New York, NY: Guilford Press*.*

Dorfman, R. (1988). *Paradigms of clinical social work*. New York: Brunner/Mazel.

Drake, R. E., Merrens, M. R., & Lynde, D. W. (2005). *Evidence-based mental health practice: A textbook*. New York, NY: W. W. Norton.

Gray, S. W. & Zide, M. R. (2007). *Psychopathology.* Belmont, CA: Thomson, Brooks/Cole.

Hoffman, S. & Tompson, M. (2002). *Treating chronic and severe mental disorders: A handbook of empirically supported interventions*. New York, NY: Guilford Press.

Lieberman, J. A., Stoup, T. S. & Perkins, D. O. (2011). *Essentials of Schizophrenia. APA Publishing.*

Miller, R. & Mason, S. E. (2002). *Diagnosis schizophrenia*. New York, NY: Columbia University Press.

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders.* New York, NY: Guilford Press.

Roberts, A. R. & Greene, G. J. (Eds.). (2002). *Social workers desk reference.* New York, NY: Oxford University Press.

Rohrer, G. E. (2005). *Mental health in literature: Literary lunacy and lucidity*. Chicago: Lyceum.

Sands, R. G., & Gellis, Z. D. (2001). *Clinical social work practice in behavioral mental health*. Boston Allyn and Bacon.

Taleff, M. J. (2006). *Critical thinking for addiction professionals.* New York, NY: Springer.

Thyer, B. & Wodarski, J. S. (2007). *Social work in mental health: An evidenced based approach.* Hoboken, NJ: Wiley.

Watkins, T. R., Lewellen, A., & Barrett, M. C. (2001). *Dual diagnosis: An integrated approach to treatment*. Thousand Oaks: Sage.

Williams, J. B. W. & Ell, K. (Eds.). (1998). *Advances in mental health research: Implications for practice.* Washington, DC: NASW Press.

Zarit, S. H., & Zarit, J. M. (2006). Other common mental health problems in later life (pp. 99-114). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd ed.). New York: Guilford Press.

1. **References on Recovery**

Behrman, A. (2003). Electroboy: A memoir of mania. Random House Trade Paperbacks. (Personal account of bipolar disorder)

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