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COURSE SYLLABUS

DSW 623

Emergent Intervention Methods for Complex Populations

College of Social Work

Spring 2018

Instructor: Phyllis Thompson, Ph.D., LCSW

Office: Henson Hall 320

Email: pthomp11@utk.edu

Time: Tuesday 6:30-8:30 pm

Class Meeting Format: Zoom

Office hours: Telephone or Zoom by appointment

Cell Phone: 210-748-1861

Registration Restriction: Doctor of Social Work – Social Work major. Graduate student

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

The Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

University Civility Statement

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its

members adhere to the principles of civility and community adopted by the campus:

<http://civility.utk.edu/>

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

Dimensions of Diversity

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors, including” age, class, color, culture, mental or physical disability and the ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

Right to Privacy

We acknowledge students’ right to privacy. Therefore, when dealing with personal information either in class or in an assignment, share only to the level at which you are comfortable.

Course Description:

Presents a review and exploration of emergent and cutting-edge intervention methods and clinical skills.

Learning Objectives

1. Students will demonstrate the ability to find and monitor information resources for emergent and cutting-edge intervention methods and clinical skills relevant for their particular practice populations.
2. Students will demonstrate skills in the critical evaluation of emergent and cutting-edge intervention methods and clinical skills.
3. Students will demonstrate the ability to evaluate the clinical and cultural appropriateness of emergent and cutting-edge intervention methods and clinical skills for specific complex populations.

Final Course Grading Scale

A = 94-100	A- = 91-93	B+= 88-90
B = 84-87	B- = 80-83	C+ = 77-79
C = 74-76	C- = 72-73	D/F = <72

Required Textbook

Ben-Shahar, T. (2007). *Happier*. The McGraw-Hill Companies: New York, NY.

Required articles can be found on your course *Canvas* for your convenience.

Recommended Textbook(s)

American Psychological Association. (2009). *Publication manual of the American Psychological Association*, (6th ed.). Washington, DC: Author.

Information Literacy/Technological Resources

This course will be conducted online using Canvas and Zoom. Students must have a working knowledge of all aspects of Canvas; particularly accessing assignments and learning resources.

Valuable Websites

American Academy of Child & Adolescent Psychiatry <http://www.aacap.org/index.htm>

American Professional Society on the Abuse of Children <http://www.apsac.org>

*California Evidence-Based Clearinghouse for Child Welfare (CEBC) <http://www.cebc4cw.org>

Campbell Collaboration <http://www.campbellcollaboration.org/>

Child Welfare Information Gateway <https://www.childwelfare.gov/can>

Children, Youth & Family Consortium <http://www.cyfc.umn.edu>

Effective Child Therapy: Evidence Based Mental Health Treatment for Children and Adolescents

<http://www.effectivechildtherapy.com>

Integrated Primary Care: <http://www.integratedprimarycare.com>

National Alliance on Mental Illness <http://www.nami.org>

National Association of Social Workers <http://www.nasw.org>

National Council on Disability <http://www.ncd.gov>

National Indian Child Welfare Association <http://www.nicwa.org>

National Institute of Child Health & Human Development <http://www.nichd.nih.gov>

National Institute of Mental Health <http://www.nimh.nih.gov>

National Mental Health Association <http://www.nmha.org>

*Promising Practices Network <http://www.promisingpractices.net>

Research & Training Center on Family Support & Children's Mental Health <http://www.rtc.pdx.edu>

the Williams Institute <http://williamsinstitute.law.ucla.edu>

*SAMSHA National Registry of Evidence-based Programs & Practices (NREPP)

<http://www.samhsa.gov/nrepp>

*Social Care Institute for Excellence <http://www.scie.org.uk>

Suicide Prevention Resource Center <http://www.sprc.org>

1900 TED Talks <http://www.ted.com/talks>

Telemedicine <http://www.hrsa.gov/ruralhealth/about/telehealth>

The Agency for Healthcare Research and Quality (AHRQ) Academy

for Integrating Behavioral Health and Primary Care: <http://integrationacademy.ahrq.gov>

The Melissa Institute for Prevention of Violence and Prevention <https://melissainstitute.org>

The National Child Traumatic Stress Network <http://www.nctsnet.org>

US DHHS Administration for Children & Families <http://www.acf.hhs.gov>

Learning Environment

This course includes both asynchronous and synchronous learning experiences in the online class

environment. The student is a co-creator of the learning experience and environment. It is the purpose of this class to provide knowledge and access to resources that will serve as a springboard for class collaboration. The course includes synchronous course discussions based on reading assignments and previous professional experiences that enhances collaborative learning.

Assignment Due Dates

All assignments are due by 11:59 pm of the due date.

Official Correspondence

University e-mail and Canvas serves as the official correspondence mediums with students. Please check your email and Canvas announcements for course-related information and announcements.

Extra Credit

Readings, activities and assignments are thoughtfully chosen to help you master the objectives that this course offers. Therefore, extra credit is not offered.

Written Materials

- Use inclusive language —avoid sexist, racist, or any other non-inclusive language both in the classroom and in written assignments. APA formatting is required.

ASSIGNMENTS

Assignments	Available Points 100
Critical Thinking Discussion Boards (6 @ 4 points each)	24 points
3 Quizzes Quiz 1 = 10 points Quiz 2 = 15 points Quiz 3 = 26 points	51 points
Mock TED presentation of a Critical Analysis of an Emerging Intervention and Skills with a Complex Case	25 points
TOTAL	100 points

Assignments

Critical Thinking Discussion Board: Six boards @ 4 points each = 24 points -Weeks: 3, 5, 9, 11, 13

This semester you will have six critical discussion boards. For five of the boards you are asked to demonstrate critical thinking by discussing and incorporating the videos and reading material. The sixth discussion board is to engage with the Mock Ted Talk presenters about their topic and to provide constructive feedback that demonstrate skills in the critical evaluation of emergent and cutting-edge intervention methods and clinical skills. The presenters are responsible to answer questions and provide clarification if needed. During the weeks a critical thinking discussion board is assigned (except for the Mock Ted Talk) we will not meet via Zoom. Please keep in mind that the discussion board is a tool to help you engage with each other about the material; become exposed to different perspectives; and share your professional experiences. It is therefore important to be checking the discussion board throughout

the week, which will allow more time to process the information and formulate thoughts. The discussion board is not a helpful tool when most of the postings come in at the end of the week. After the scheduled time for closing the discussion board has ended you may continue to discuss the material but there will not be any credit offered for late posts.

- A score of 4 is the highest score you can achieve. To earn 4 points you must: post one initial post and provide three substantive responses that can facilitate further discussion. At least one of the four posts must also include an outside research article that supports the discussion *in a scholarly and meaningful way*. Posts are well written and demonstrate concepts learned with applications and examples. Incorporation of material is cited according to APA.
- A score of 3 is *better than average* work. To earn 3 points you must: post one initial post and provide two substantive responses that can facilitate further discussion. Posts are well written and demonstrate concepts learned with applications and examples. APA is appropriately applied
- A score of 2 is *average work* that reviews the concepts and your interpretations and does little if anything to further the dialogue in either post. APA is appropriately applied.
- A score of 1 means that only one post was made. If more than one post was made the postings were only partially relevant, lacked substance, was poorly written and/or not proofed adequately.
- A score of 0 – Failure to make any posts or postings were not relevant or easily understood.

Quizzes – Dates: 02/06/2018, 03/06/2018, 04/17/2018

This semester that will be three quizzes related to the covered material. The quizzes consist of multiple choice and true and false. *Quiz 1* covers weeks 1-3 and is worth 10 points. *Quiz 2* covers weeks 4-8 and is worth 15 points. *Quiz 3* covers weeks 9-13 and is worth 26 points. You may only take each quiz once so please make sure you do not accidentally close the exam because you will not be allowed access to it again. All exams will close after 2 hours. You may use any of your resources to answer the questions but you may not talk to anyone about it. This is an opportunity for you to think through the material on your own and apply your knowledge. Discussing this exam will lead to your grade turning into a zero. Beginning this exam means that you acknowledge these rules and agree to them. Good luck everyone.

Critical Analysis of an Emerging Intervention and Skills with a Complex Population:

Step 1. Research emergent and cutting-edge intervention methods and clinical skills relevant for their particular practice populations in order to demonstrate the ability to find and monitor information resources.

Mock TED Talk

Step 1. Provide brief background information of the population that you work with. Then facilitate a deep understanding of the layered complexities regarding a client/patient of another culture that you have worked with in the past.

Step 2. Identify the emerging intervention that you chose from your literature searches and reviews. Then provide a brief description of the intervention and the theoretical underpinnings. Also highlight the clinical skills necessary to use this intervention and how it fits for working with your client/patient.

Step 3. Provide a synthesis of the evidence to support your analysis that the intervention meets the emergent criteria level as established by CDC.

- Research methods

- Reliability and validity of the methodology
- Reliability and validity of any tools/instruments
- The sample (size, random, diverse, taken from the target group), tool(s), and research's relevance to the client(s) gender, ethnicity, race, sexual orientation, developmental level
- Research findings
- Methodological limitations
- Need for future research

Step 4. Evaluate the clinical and cultural appropriateness of the emergent and cutting-edge intervention.

- Race, sexual orientation, developmental level, culture, etc.
- Cultural limitations of the interventions
- Appropriateness of tools/instrumentation that was used for measuring the effectiveness of the intervention
- Suggestions regarding the use of clinical skills

Step 5. Specify the clinical adaptations that should be made to culturally align the intervention and skills with their client(s) and explain why.

Step 6. Provide information for where your audience can go to access information resources and monitor the research.

Quality of Presentation demonstrates: presenter preparedness, organization, high quality content, incorporation of a minimum of **10** peer reviewed journal articles, avoidance of reading, and completion of presentation within the **maximum time-limit of 15 minutes**.

Quality of Powerpoint: slides are professional, clear and concise, edited and proofed, application of APA citations as appropriate on each individual slide (as appropriate).

Mock Technology, Entertainment, and Design (TED) Talk (25 points) Please note that the following directions have been slightly adapted from <http://sites.psu.edu/rc120122013minbiole/assignments/unit-three-ted-talk> TED talks have recently become a phenomenon in the United States and even globally. TED stands for "Technology, Entertainment, and Design," though the subject matter of the talks can range even more broadly than that. Talks given as TED talks are delivered to a live audience and are recorded. Many are posted online where they end up attracting a larger (sometimes *much* larger) audience. You may visit to ted.com/talks to browse through and view TED talks on your own time. Put simply, TED talks *engage* the audience. This happens through a combination of two things: 1) offering engaging subject *matter* through rhetorical invention (choosing topics and arguments that are compelling, surprising, or counter-intuitive), and 2) developing an engaging *manner* of presentation. TED speakers do not use notes. They look at the audience. They move around the stage. In a word, they *perform*.

For this assignment, you will develop Mock Ted talk that draws from your professional practice wisdom and experiences with intervening with complex cases, the emerging research you have presented on, the clinical and cultural appropriateness of the research, any lessons learned that you would like others to know (or put differently, why this matters). You will record your Mock TED talk and provide a link for everyone to view. I also recommend including your recording in your portfolio.

This assignment has two main aims:

1. To work on developing a talk from existing research on an emerging intervention that has promise for working with a complex population. This will mean asking yourself if the intervention is information worth spreading.
2. To *perform* a talk (as opposed to deliver a speech). This will mean working on speaking from memory—which is to say memorizing key points and practicing enough so that you are able to stand up and present the points and research in a connected, coherent, and engaging way.

The following websites are to help you get started thinking about how to design your assignment. You will also find links to a number of other resources that can assist you.

- Anderson, C. (2016).: TED's secret to great public speaking
https://www.ted.com/talks/chris_anderson_teds_secret_to_great_public_speaking
- Cohen, J. (2010). *What makes a great TED Talk?*
<http://tlatnd.wordpress.com/2014/08/06/assigning-students-a-ted-style-talk>
- <http://www.presentationzen.com/presentationzen/2009/05/making-presentations-in-the-ted-style.html>
- 1900 TED talks: <http://www.ted.com/talks>

A great example for you to view is Solomon, A. (2013). *Depression: The secret we share*.
https://www.ted.com/talks/andrew_solomon_depression_the_secret_we_share (29:21) TedxMet that I have assigned for you to view before our first class. You will also notice that I have assigned a number of TED Talks to supplement your readings throughout the semester to provide you examples of different approaches presenters have taken. I hope that they will also serve to inform and inspire you.

An additional resource that you might find helpful for why this is a meaningful assignment I offer you this: Anderson, C. (2016). The Skill You Need Now: Presentation Literacy: <http://ideas.ted.com/the-skill-you-need-now-presentation-literacy/> (TED curator Chris Anderson discusses the transformative power of speaking to an audience from the heart.)

Course Outline Spring Semester 2018

Class/Date	Topics	Required Readings and Materials	Assignment & Due Dates
Class 1 01/16/2018 Synchronous	1) Welcome 2) Scheduling 3) Course overview 4) Review	Required Readings Ben-Shahar, T. (2007). <i>Happier</i> . The McGraw-Hill Companies: New York, NY. pp. 1-12. <i>Understanding Evidence Part I: Best Available Research Evidence</i> http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf *** Please pay attention to the criteria on the continuum of evidence effectiveness	

		<p>beginning on page 4. Since this class is looking at emerging interventions (not interventions that meet the level of evidence-based) this is the level of criteria (pp. 7-8) that the intervention you choose to critique will need to meet for your mock Ted talk.</p> <p>Required Lectures</p> <p>Cohen, J. (2010). <i>What makes a great TED Talk?</i> http://tlatnd.wordpress.com/2014/08/06/assigning-students-a-ted-style-talk</p> <p>Stephen, W. (2015). How to sound smart in your TED Talk. (5:55 min) TEDXNewYork – (A bit of humor with some ideas.) https://www.youtube.com/watch?v=8S0FDjFBj8o</p> <p>Solomon, A. (2013). <i>Depression: The secret we share.</i> https://www.ted.com/talks/andrew_solomon_depression_the_secret_we_share (29:21) TedxMet</p> <p>***Please pay attention to: topics/themes, the emotional hooks, background information, commentary/lessons, interweaving of research, humor, visuals, call to action. (The components that make an effective TED Talk.) This will help us to be able to deconstruct Dr. Solomon’s talk during class to help you to prepare for your talk.</p>	
<p>Class 2 01/23/2018 Synchronous</p>	<p>1) Third-Wave Interventions 2) Positive Psychology</p>	<p>Required Readings</p> <p>Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 13-30.</p> <p>Burke, C. A. (2009). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. <i>J Child Fam Stud</i>, 1-12. doi: 10.1007/s10826-00909282-x</p> <p>Greeson, J. M., Jubrg, M. K., Maytan, M., James, K., Rogers, H. (2014). A randomized control trial of Koru: A mindfulness program for college students and other emerging adults. <i>Journal of American College Health</i>, 62(4), 222-233. doi: 10.1080/07448481.2014.887571</p> <p>Hayes, S.C., Pistorello, J., & Levin, M. (2012). Acceptance and Commitment Therapy as a unified model of behavioral change. <i>The Counseling Psychologist</i>, 40(7), 976-1002.</p> <p>Hayes, S.C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive</p>	

		<p>therapies. <i>Annu. Rev. Clin. Psychol.</i> 7(141), 141-168.</p> <p>Required Lectures Achor, S. (2011). <i>The Happiness Advantage: Linking Positive Brains to Performance</i>. Bloomington TEDx Talk (12.29 min) https://www.youtube.com/watch?v=GXY_kBVq1M</p> <p>Hayes, S. (2016). Psychological flexibility: How love turns pain into purpose TEDx University of Nevada https://www.youtube.com/watch?v=o79_gmO5ppg (19:39min)</p> <p>Hayes (2012). Acceptance and Commitment Therapy (1.36 min) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/1874622</p>	
<p>Class 3 01/30/2018 Asynchronous</p>	<p>1) Integrating neuroscience into therapeutic interventions 2) Positive Psychology</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 31-50.</p> <p>Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. <i>BMC Public Health</i>, 13, 119-139.</p> <p>Required Lectures Ivey, A. E. (2011). <i>Neuroscience: The cutting edge of counseling's future</i>. (Time: 55.46) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counseling-therapy/view/work/2033175?play=1</p> <p>Beaudoin, M. (2013). <i>Neurobiology and narrative therapy: Therapeutic practices for lasting changes</i>. (Time 1:15) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/2039345</p> <p>Porges, S., & Simon, R. (2012). <i>Understanding Polyvagal Theory: Emotion, Attachment and Self-Regulation</i> (59 min) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/psychology-counseling/view/work/2287050</p>	<p>Discussion Board #1 opens @ 7:00 am on 01/30/2018 and closes at 11:59 pm on 02/05/2018</p>
<p>Class 4 02/06/2018 Synchronous</p>	<p>1) Integrating neuroscience into therapeutic interventions for personality disorders</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 51-64.</p> <p>Mead, H.K., Beauchaine, T.P., & Shannon, K.E. (2010). Neurobiological adaptations to violence across</p>	<p>1) Quiz 1 on first three weeks. Opens at 7:00am on 1/30/2018 and closes at</p>

	2) Positive Psychology	<p>development. <i>Dev Psychopathol</i>, 22(1), 1-37. doi: 10.1017/S0954579409990228</p> <p>Required Lectures Wehrenberg, M. (2011). <i>Personality disorders: Targeted therapeutic interventions for neuroscience</i>. (Time 3:30min) **Please view first half of video http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/1777753</p> <p>Hanson, R., & Simon, R. (2012). How to Take in the Good: Overcoming the Brain's Negativity Bias. (1:05 min) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/psychology-counseling/view/work/2285423</p> <p>Siegel, D. J., & Simon, R. (2012). Interpersonal Neurobiology in the Consulting Room in Why Neuroscience Matters: Concrete Strategies for Your Practice (District of Columbia: Psychotherapy Networker, 2012), 1 hour. http://search.alexanderstreet.com.proxy.lib.utk.edu:90/psychology-counseling/view/work/2285425</p> <p>Brown, B. (2012). <i>Listening to Shame: TED Talk</i> https://www.youtube.com/watch?v=L0ifUM1DYKg</p>	11:59pm on 2/5/2018
Class 5 02/13/2018 Asynchronous	1) Integrating neuroscience into therapeutic interventions for personality disorders 2) Positive Psychology	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 65-82.</p> <p>Stepp, D., et al. (2014). Emotion dysregulation as a maintenance factor of borderline personality disorder features. <i>Comprehensive Psychiatry</i>, 55, 657-666.</p> <p>Marsha Linehan Reveals Her Own Fight with Borderline Personality Disorder (2011). <i>New York Times</i>. http://www.bpdfamily.org/2011/06/marsha-linehan-reveals-her-own-fight.html</p> <p>Required Lecture Wehrenberg, M. (2011). <i>Personality disorders: Targeted therapeutic interventions for neuroscience</i>. (Time 2:41) ***Please view second half of video http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/1777753</p> <p>Gronkjaer, P. R. (2014). Genetic Me. (52.01) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/c</p>	Discussion Board #2 opens @ 7:00 am on 02/13/2018 and closes 11:59 pm on 02/20/2018

		<p>counseling-therapy/view/work/2735567</p> <p>Treating Borderline Personality Disorder (1995) (47 min.) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counseling-therapy/view/work/1779085</p> <p>Brief interview of Linehan (2013) on DBT. (5 min.) https://www.youtube.com/watch?v=V1GBvPVvOhA</p> <p>Robbins, T. (2006). Why we do what we do. TED talk (22.30 min) https://www.youtube.com/watch?v=Cpc-t-Uwv1I</p>	
<p>Class 6 02/20/2018</p>	<p>1) Positive Psychology 2) Integrated healthcare 3) SBIRT Training Project</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 83-110.</p> <p>Heath, B., Wise, R. P., & Reynolds, K. A. (2013). <i>Standard Framework for Levels of Integrated Healthcare</i>. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. 1-13.</p> <p>Required Website and Videos Hari, J. (2015). Everything you think you know about addiction is wrong. (14:42) TEDGlobalLondon http://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong</p> <p>SBIRT Training Project website http://cmhsrct.utdev2.wpengine.com</p> <p>*SBIRT Training Project *What is SBIRT? *Core Curriculum videos (~ 90 minutes) *ICT Manual and Handouts ****Please review handouts as you go through the videos. You are not required to read the entire manual. I do ask that you at least take some time to skim it. The manual can also be used to help clarify information from the core training videos if needed.</p>	<p>1) Complete SBIRT Survey</p>
<p>Class 7 02/27/2018 Asynchronous</p>	<p>1) Positive Psychology 2) Integrated healthcare 3) SBIRT Training Project</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 111-124.</p> <p>Sheldon, C., et al. (2014). Telephone, assessment, support and counseling for depression in primary care medical clinics. <i>Cognitive and Behavioral Practice, 21</i>, 282-295.</p> <p>Required Videos McGonigal, J. (2012). The game that can give you 10 extra years of life (19:23)</p>	<p>2) Begin reviewing Mock Ted talks</p>

		<p>https://www.ted.com/talks/jane_mcgonigal_the_game_that_can_give_you_10_extra_years_of_life</p> <p>SBIRT Training Project website http://cmhsrc.utdev2.wpengine.com</p> <p>*SBIRT Demonstration videos (~ 75 minutes) *ICT Manual and Handouts ****Please review handouts as you go through the videos. Please continue to skim the manual and use it to help clarify information from the core training videos if needed.</p>	
<p>Class 8 03/06/2018 Synchronous</p>	<p>1) Ethnopharmacology 2) Positive Psychology</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 125-129.</p> <p>Malik, M., Lake, J., Lawson, W.B., Shashank, J.V. (2010). Culturally adapted pharmacotherapy and the integrative formulation. <i>Child Adolesc Psychiatric Clin N Am</i>, 19, 791-814. doi: 10.1016/j.chc.2010.08.003</p> <p>Woods, D. L., Mentes, J. C., Cadogan, M., Phillips, L. R. (2015). Aging, genetic variations and ethnopharmacology: Building cultural competence through awareness of drug responses in ethnic minorities elders. <i>Journal in Transcultural Nursing</i>, 1-7. doi: 10.1177/1043659615606202</p> <p>Yu Xu (2009). Keeping patients safe: Ethnopharmacology and its challenge to health care providers. <i>Home Health Care Management & Practice</i>. 1-3. Sagepub.com doi: 10.1177/1084822309334320</p> <p>Required Lecture Goldacre, B. (2012). <i>What doctors don't know about the drugs they prescribe</i>. TEDMED (13.29 min) https://www.youtube.com/watch?v=RKmxL8VYy0M</p>	<p>1) <i>Quiz 2 on weeks 4-8 Quiz opens at 7:00am on 3/06/2018 and closes at 11:59pm on 3/12/2018</i></p> <p>2) <i>Continue reviewing Mock Ted talks</i></p>
03/13/2018		<i>Enjoy Spring Break!</i>	
<p>Class 9 03/20/2018 Asynchronous</p>	<p>1) Depression & Suicide 2) Positive</p>	<p>Required Readings Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 130-.134</p> <p>Forkmann, et al. (2014). Effects of mindfulness-based</p>	<p>1) <i>Discussion Board #3 opens on 03/20/2018 @ 7:00 am and closes @ 11:59</i></p>

	Psychology	<p>cognitive therapy on self-reported ideation: Results from a randomized controlled trial in patients with residual depressive symptoms. <i>Comprehensive Psychiatry</i>, 55, 1883–1890. http://dx.doi.org/10.1016/j.comppsy.2014.08.0430010-440X</p> <p>Insel (2010). Faculty circuits. <i>Scientific American</i>. pp. 44-51.</p> <p>Required Videos and Lectures</p> <p>Gupta (2012). Deep brain stimulation for depression: CNN presents with Sanjay Gupta (13:01) https://www.youtube.com/watch?v=Lq5rILcVgA</p> <p>Nelson, B. (2015). Transcranial Magnetic Stimulation (TMS): Initial Clinical Experience (56:57). The first 18 minutes is history and is not required to view but you are invited to enjoy if the history interests you. https://www.youtube.com/watch?v=Pgk-OtUsMMo</p> <p>Meichenbaum, D. (2011). Integrated treatment strategies for depression and suicide. (Time 5:20) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/avon/view/work/1776061 (There is a handout on Canvas that you can use for this presentation.)</p>	<p><i>pm on 03/26/2018</i></p> <p>2) Continue viewing Mock Ted talks</p>
<p>Class 10 03/27/2018 Synchronous</p>	<p>1) Technology Interventions 2) Positive Psychology</p>	<p>Required Readings</p> <p>Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 135-140.</p> <p>Barak, A., & Grohol, J. M. (2011). Current and future trends in Internet-supported mental health interventions. <i>Journal of Technology in Human Resources</i>. 29, 155-196. doi: 10.1080/15228835.2011.616939</p> <p>Danaher, B. G., Brendryen, H., Seeley, J. R., Tyler, M. S., Woolley, T. (2015). From black box to toolbox: Outlining device functionality, engagement activities, and the pervasive information architecture of mHealth interventions. <i>Internet Interventions</i>, 2, 91-101. http://dx.doi.org/10.1016/j.invent.2015.01.002</p> <p>Wodarski, J., & Frimpong, J. (2013) Application of E-Therapy Programs to the Social Work Practice, <i>Journal of Human Behavior in the Social Environment</i>, 23(1), 29-36. doi: 10.1080/10911359.2013.737290</p> <p>Required Lecture</p> <p>O'Connell (2013). A Game that Maps the Human Brain: Claire O'Connell at TEDxAtlanta (19:01)</p>	<p>1) Continue viewing Mock Ted talks</p>

		https://www.youtube.com/watch?v=8L_ATqifjBY	
Class 11 04/03/2018 Asynchronous	1) Technology Interventions 2) Bio feedback and neuro therapy 3) Positive Psychology	<p>Required Readings</p> <p>Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 141-146.</p> <p>Hilty, D. M., Parish, M. B., & Callahan, E. J. (2014). The effectiveness of telemental health: A 2013 review. <i>Telemedicine and e-Health</i>, 19(6), 444-454.</p> <p>Riley, W. T., Serrano, K. J., Nilsen, W., Atienza, A. A. (2015). Mobile and wireless technologies in health behavior and the potential for intensively adaptive interventions. <i>Current Opinion in Psychology</i>, 5, 67-71.</p> <p>Robinson, J., Hetrick, S., Cox, G., Behndall, S., Yuen, H. P., Yung, A., & Pirkis, J. (2014). Can an internet-based intervention reduce suicidal ideation, depression and hopelessness among secondary school students: results from a pilot study. <i>Early Intervention in Psychiatry</i>, 1-8. Wiley Publishing. doi:10.1111/eip.12137</p> <p>Yuen, E.Y., et al. (2013). Acceptance based behavior therapy for social anxiety disorder through video-conferencing. <i>Journal of Anxiety Disorders</i>, 27, 389-397.</p> <p>Required Video Lecture</p> <p>Myers, J., & Sweeney, T. (2012). <i>Biofeedback for counselors: Empowering clients for sustained and positive lifestyle change</i>. (Time 19:51) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2033769?play=1</p> <p>Russell-Chapin, L., & Chapin, T. (2014). <i>Neurotherapy: A New Treatment for Psychological and Behavioral Problems</i>. Hanover, MA: Microtraining Associates (44 min) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/1779359</p>	<p>1) Discussion Board #4 opens on 04/03/2018 @ 7:00 am and closes @ 11:59 pm on 04/09/2018</p>
Class 12 04/10/2018 Synchronous	1) Ambiguous Loss 2) Grief and Bereavement 3) Positive Psychology	<p>Required Readings</p> <p>Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 147-149.</p> <p>Hall, C. (2014). Bereavement theory: Recent developments in our understanding of grief and bereavement. <i>Bereavement Care</i>, 33(1), 7-12. doi: 10.1080/02682621.2014.902610</p>	<p>1) Continue viewing Mock Ted talks</p>

		<p>McClatchey, I. S., Vonk, M.E., Lee, J., & Bride, B. (2014). Traumatic and complicated grief among children: One or two constructs? <i>Death Studies</i>, 38, 69-78. doi: 10.1080/07481187.2012.725571</p> <p>Required Lecture</p> <p>Boss, P. (2012). <i>Ambiguous Loss</i>. (Time First 2 min) https://www.youtube.com/watch?v=C2vYyefAgZ0&nohtml5=False</p> <p>Mancini, J. & Boss, P. (2013). <i>A Conversation about Ambiguous Loss Research</i>. Sponsored by the University of Minnesota's Department of Family Social Science, Ambiguous Loss Visiting Scholar Dr. Jay Mancini, and Emeritus Faculty Dr. Pauline Boss had a conversation about ambiguous loss research on Wednesday, May 22, 2013, in McNeal Hall on the U of M Twin Cities' St. Paul campus. (1.01) https://www.youtube.com/watch?v=tUGKjG9M3sw</p> <p>R. Simons, & Boss, P. (2014). <i>Ambiguous Loss And Approaches For Working With Families Of The Missing</i> (Time- 100:07) https://www.youtube.com/watch?v=IXuGEMqVX-s&nohtml5=False</p> <p>Boss, P. (2013). <i>Finding meaning as an important step in coping with ambiguous loss</i> (4 min) https://www.youtube.com/watch?v=IAFfE3fvcYA&nohtml5=False</p> <p>Boss, P. (2013). The importance of adapting family rituals to minimize disruption when dealing with ambiguous loss. (Time- 3:23 min.) https://www.youtube.com/watch?v=9B50T9MshIk&nohtml5=False</p> <p>Park, B. (2014). <i>How to comfort a grieving teen</i>. TEDx (6:05 min) https://www.youtube.com/watch?v=ySeZLAqnuo</p>	
<p>Class 13 04/17/2018 Asynchronous</p>	<p>1) Treating Complicated Grief 2) Positive Psychology</p>	<p>Required Readings</p> <p>Ben-Shahar, T. (2007). <i>Happier</i>. The McGraw-Hill Companies: New York, NY. pp. 150-156.</p> <p>O'Conner, M. F., & Arizmendi, B. J. (2014). Neuropsychological correlates of complicated grief in older spousally bereaved adults. <i>Journals of Gerontology, Series B: Psychological Sciences and Social Sciences</i>, 69(1), 12-18.</p>	<p>1) Discussion Board 5 opens on 4/17/2018 @ 7:00 am and closes 11:59 pm on 04/24/2018</p> <p>2) Quiz 3 on weeks 9-13 Quiz opens at 7:00am</p>

		<p>doi:10.1093/geronb/gbt025</p> <p>Shear, M. K., Ghesquiere, A., & Glickman, K. (2013). Bereavement and complicated grief. <i>Curr Psychiatry Rep</i>, 15(406), 1-7. doi: 10.1007/s11920-013-0406-z</p> <p>Required Lecture</p> <p>Winslade, J., & Hedtke, L. (2011). "Re-membering Conversations": A Postmodern Approach to Death-Grief. (Time 1:04) http://search.alexanderstreet.com.proxy.lib.utk.edu:90/view/work/1779347</p> <p>Gilbert, D. (2007). <i>Why are we happy? Why aren't we happy?</i> TED talk (22.02 min.) https://www.youtube.com/watch?v=LTO_dZUvbJA</p> <p>Video Material</p> <p>Cake (2014 Film) Plot from Wikipedia: The story centers on Claire Bennett (Aniston) as she struggles to come to terms with not only with the aftermath of the car accident that killed her son and left her partially disabled by chronic pain, but also with the suicide of Nina Collins (Kendrick), a woman from her chronic pain support group. The film documents how Claire's pain and grief affect her behavior, her relationships with other people, and her ability to function from just after Nina's death until she reaches a breakthrough point in her own path.</p>	<p>on 4/17/2018 and closes at 11:59pm on 4/23/2018</p> <p>3) Continue viewing Mock Ted talks</p>
<p>Class 14 04/24/2018 Synchronous</p>	1) Course Wrap-up	<p>Honore, C. (2005). In praise of slowness. http://www.ted.com/talks/carl_honore_praises_slowness (19:15)</p> <p>Complete viewing Mock Ted Talks</p>	<p>1) All discussion board posts for Mock Ted talk due by 4/27/17</p>

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Video Lectures (Recommended)

Abblett, M. (2010). *Evidence-based steps to the effective treatment of difficult clients*. (Time 5:43)
Abstract: Learn clear, concise evidence-based strategies and interventions to immediately resolve problems with difficult clients before they lead to negative treatment outcomes such as: premature termination treatment noncompliance “acting out” behaviors in-session power struggles clinician burnout secondary traumatization Utilize simple, comprehensive tools to quickly assess problem dynamics, enhance treatment plans, use proven interventions for responding to clients and move the therapeutic interaction toward positive change. Derived from Acceptance and Commitment Therapy, mindfulness and the latest techniques from our new understanding of

neuroscience, you will discover and implement an effective system for understanding these difficult “tug of war” interactions with your most difficult clients. Through the use of compelling case examples, video clips and practice of skills, you will be able to apply the skills from this seminar recording immediately to your most challenging clients. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1827012>

Adler, J. (2009). *Dance therapy and authentic movement: Looking for me, still looking.* (Time 1:25) <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779234?play=1>

Arden, J.B. (2011). *Brain-Based therapy with adolescents.* (Time 50:19)

Abstract: Relying on research in developmental neurobiology, neuroscience, temperament, and attachment studies as well as evidence-based psychotherapeutic practices, Brain-based Therapy with Adolescents addresses the importance of understanding how the brain develops and functions during the actual work of child and adolescent psychotherapy. It offers tips on helping children and adolescents re-regulate such neuro-dynamically important processes as sleep and the mind-body relationship. Arden works with a teenage boy struggling with social anxiety; he uses his knowledge of the brain to skillfully help the teen understand his emotions and the way the brain works. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counselingtherapy/view/work/2033771>

Arden, J.B. (2011). *Brain-Based therapy.* (Time 1:03)

Abstract: Recent advances in the neurosciences have increased our knowledge of how and why people change. Brain-based therapy synthesizes neuroscience, evidence-based treatment, and attachment theory into a hybrid therapeutic model. Using this model, Arden demonstrates treatment strategies for an African American woman who presents with anxiety. Viewers will develop a new way of conceptualizing the therapeutic process and move beyond the traditional theoretical school approach.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counselingtherapy/view/work/2033773>

Beaudoin, M. (2013). *Neurobiology and narrative therapy: Therapeutic practices for lasting changes.* (Time 1:15) <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counseling-therapy/view/work/2039345?play=1>

Callahan, C. (2012). *Dialectical behavior therapy for children and adolescents.* (Time 5:52)

Abstract: As children grow and mature, successful youth learn self-regulation skills. These skills involve learning to label and regulate arousal, how to tolerate emotional distress, how to trust one’s own emotional responses and grieve, how to set and achieve goals, and how to solve life’s problems. Practical techniques to teach children and adolescents how to regulate emotions, find self-validation, work through crises, and problem solve will be presented in this seminar recording. You will learn to practice the clinical application of DBT and other skills with children and adolescents to reduce crisis and high risk behaviors, to improve the daily functioning of youths, and to provide important coping skills for young people. Acquire DBT skills to enhance therapy and clarify treatment goals Implement principles of DBT into the treatment of children & adolescents. Gain effective clinical intervention skills Learn to reduce impulsive behavior and minimize crisis seeking and high risk behaviors in youths. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1833788>

Carlson, J., Kjos, D., & Shapiro, F (2000). *E.M.D.R.: Working with grief.* (Time 1:49)

Abstract: Eye Movement Desensitization and Reprocessing (EMDR) has been used effectively with a wide range of trauma victims. In this video, EMDR founder Francine Shapiro demonstrates her treatment approach with a client struggling with the sudden loss of her lover. Dr. Shapiro demonstrates that what once took months, or sometimes even years, can be resolve much more rapidly with EMDR.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counselingtherapy/view/work/1779315?play=1>

Cook, R. (2011). *Interweaving narrative and cognitive approaches to therapy.* (Time 1:01)

Abstract: Brainstorm and explore how we might enact an interweaving of narrative explorations of the social constructed nature of problems with the cognitive explorations of the meaning-making that has internalized social messages in problematic ways. It will explore how strategies such as externalization might be employed alongside

identification of automatic thinking in a coherent approach to practice.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2033173>

Cortman, C., & Shinitzky, H. (2011). *Stress: Things your doctor may not tell you*. (Time 1:44)

Abstract: In today's fast pace society, we experience pressure and stress in every aspect of our lives. Drs. Cortman and Shinitzky cover the most helpful steps to address and resolve life's stress. This entertaining and educational presentation will focus not only on understanding the causes and impact of chronic stress but also place a strong emphasis on prevention and healthy coping skills. The speakers cover the latest evidence-based research along with decades of clinical experience and examples.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779343?play=1>

Curtis, R. & Christian, E. (2012). *Integrated care in action: Demonstrating effective strategies*. (Time 26:58)

Abstract: Integrated care is the collaboration of behavioral health and medical professionals, often providing services to patients within the same primary care location. It is increasingly recognized as a promising strategy for increasing the quality of health care while decreasing costs. In this video, eight clinical vignettes are presented demonstrating how integrated care professionals work effectively to provide enhanced patient care. Topics demonstrated include: introducing primary care patients to the counseling process, conducting brief assessments, integrating motivational interviewing, brief solution-focused and positive psychotherapy counseling strategies, providing care to patients who experience chronic pain, consulting with a physician, and insuring quality assurance within the primary care setting. Introductions and summaries are provided with each vignette highlighting the major concepts introduced in each patient scenario.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2033759?play=1>

Dietzel, L. (2012). *Who's running the show? Executive dysfunction & how to help the disorganized child*. (Time 6:04)

Abstract: Executive dysfunction is common in students with ADHD, LD and PDD and poses very real challenges for therapists, teachers and parents. Many of these children are extremely variable in their day-to-day functioning, which makes it hard to determine if they can't succeed independently or are just unmotivated.

Children and adolescents with executive dysfunction are often viewed as lazy, forgetful or not trying hard enough and are frequently brighter than their performance suggests. Dr. Laurie Dietzel uses humor and case examples to differentiate between brain-based deficits and a lack of motivation and to develop the knowledge and skills you need to assist disorganized children and their parents. Using a long-term developmental perspective, she will focus on capitalizing on strengths and compensating for weaknesses. Learn to help frustrated and overwhelmed parents and teachers manage kids with executive dysfunction and set realistic expectations. Most importantly, help children and adolescents understand the reasons for their frustration, confusion and distress, so that they can benefit from support and participate in appropriate interventions.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1825036>

Firestone, L. (2012). *Suicide: Treating the self-destructive client*. (Time 6:25) Abstract: Suicide is the most common clinical emergency and occupational hazard for all practicing therapists. Therapists often experience difficulty in dealing with clients in suicidal crises because of the heightened anxiety caused by these life threatening situations. Watch this seminar by Dr. Lisa Firestone, world renowned expert on suicidality, assessment and treatment, and learn the most current information on risk factors for suicide. Take home:

Complete knowledge of the dynamics underlying suicide
Critical crisis intervention skills
Long-term effective treatment for self-destructive individuals. Dr. Firestone will also share filmed excerpts from interviews with three individuals who made very lethal suicide attempts. These powerful interviews will take you into the mind of a suicidal individual. The candid interviews included the client's developmental histories as well as what was happening during their suicidal crisis, and what treatments have been effective. This state-of-the art seminar will include coverage of the legal and ethical issues involved with treating this high-risk population and opportunities for case consultation from the attendees' current clinical cases.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1833751>

Foxman, P. (2011). *Anxiety disorders in children and adolescents: Recognizing & treating the emerging epidemic*. (Time 5:52) Abstract: Anxiety disorders are now recognized as the most common emotional problem in 10 out of 17 countries surveyed by the World Health Organization, including the United States. The increasing rate of stress and trauma to children, which includes divorce, family breakdown, violence in society, the media, and a failing school system, has produced a “shell shocked” generation suffering from anxiety in many cases. The challenge for clinicians is to recognize anxiety in children and help them cope. Dr. Paul Foxman will present a template for how and why anxiety develops in children and adolescents. He will present practical treatment strategies that can be applied immediately. The seven key anxiety disorders along with case examples to be addressed include: Separation anxiety disorder Panic disorder Overanxious disorder Obsessive-compulsive disorder Social anxiety disorder Phobias Post-traumatic stress disorder Other co-occurring disorders (e.g. behavior problems, medical conditions, depression, ADHD, learning disabilities, selective mutism) will also be discussed. Emphasis will be on creative interventions involving insight-oriented, cognitive-behavioral, biological, mindfulness, expressive arts and family systems approaches.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1775665>

Goldsmith, D. (2011). *Counseling children using the interaction of all five senses*. (Time 1:09)

Abstract: This workshop will demonstrate a range of different multimodal approaches that can be used in the context of family intervention/domestic violence. This is to produce artistic data within a child’s counseling session and as such will provide participants with ideas for using this artistic data within the counseling environment. Although this workshop’s focus is on children exposed to family violence, the workshop will provide some immediate ready-to-use simple and practical artistic tools for mental health professionals working outside the context of family intervention. These tools are transferable to other children, young people, adolescents or adults. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2033161>

Gurian, M. (2011). *How do you help him? Working with boys and men in therapeutic settings*. (Time 1:58)

Abstract: No matter the helping profession we work in, gender powerfully influences our clients. Depending on the gender of the child or adult, some interventions will work, some will not work. Especially with boys and young men, many of our traditional interventions do not work, and males tend to leave our therapy practices too early, or gravitate towards prisons and other punitive institutions, in crisis numbers. Based on twenty years of collaborative research in brain science, gender psychology, and cross-cultural anthropology, this session provides a new vision of what boys and men need from clinicians. Because effective clinical practice grows from new thinking and new “doing,” this workshop focuses not only on science-based gender theory, but also on effective practical tools, and evidence-based strategies that will transform your clinical setting, school, hospital, or other environment. These tools and strategies do not replace present psychological theories, but instead blend with all psychological theories to help ensure their clinical effectiveness with both boys and men.. Understand the significant challenges boys and men face today, including challenges in psycho-therapy, mental health care, and education. Learn what neuro-science is showing us about the equally powerful impact of both nature and nurture on male development Take home more than a dozen practical tools and strategies for use tomorrow with the boys and men in your care. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776046?play=1>

Ifill, G. (2013) Study shows many teens at risk for suicidal behavior despite mental health help. PBS NewsHour (Time 7:50)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2198306?play=1>

Ivey, A. E. (2011). *Neuroscience: The cutting edge of counseling’s future*. (Time: 55.46)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counselingtherapy/view/work/2033175?play=1>

Jobes, D.A. (2011). *Managing suicidal risk in clinical practice*. (Time 6:07) Abstract: This workshop provides a sensible approach for understanding the “functional” utility of suicidal thoughts and behaviors among patients as a means for guiding successful care. An evidence-based approach developed by Dr. Jobes called the “Collaborative Assessment and Management of Suicidality” (CAMS) will be discussed. This approach is now

being used all over the world in various outpatient and inpatients settings and is extensively supported by peer-reviewed publications. Contemporary issues concerning hospitalization, managed mental health care, psychopathology, and the role of medications will be discussed. This seminar recording relies heavily on illustrative case examples to clarify key points. Dr. Jobes will help instill a sense of professional confidence and competence as the best means for providing effective care, thereby decreasing the risk of malpractice liability, and perhaps helping to save your patient's life!

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776114>

Klott, J. (2011). *Suicide & mutilation*. (Time 5:44)

Abstract: Suicide and self-mutilation have been viewed as correlated dynamics of the human condition. Effective assessment and treatment relies on exploring the distinct nature of each behavior and how they differ based on the goal and outcome each behavior is designed to achieve. Jack Klott—using case studies taken from his 45-year-career as a suicideologist—will bring to life the ideas, theories and concepts presented in this one-of-a-kind workshop. After examining the goals of suicide and the goals that the self-mutilator desires to achieve, you will delve into treatment strategies that will help guide your client to achieve those goals with other, less damaging strategies. You will learn which personality types are most vulnerable to acts of suicide and self-mutilation, as well as the essential link between these behaviors and addiction disorders. Most importantly, your attention will be focused on the treatment relationship and the key to hope for both the suicidal and the self-harm clients.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1824566>

Logan, C. R. (2013). *Working effectively and affirmatively with queer and questioning youth*. (Time 56:38)

Abstract: The life experiences of queer and questioning youth are, in general, not that different from other adolescents' experiences in today's world. The most profound difference is that queer and questioning youth experience a challenging developmental stage through the harsh lens of societal homophobia. Each stage and transition is compounded by societal bigotry and discrimination, locally, nationally, and globally. Add to this experience the additional multiple ethnic and racial identities and adolescence becomes, at best, extraordinarily complicated and, at worst, harrowing and potentially life-threatening. The Presenter will demonstrate how to effectively address the myriad issues of adolescence while affirmatively acknowledging and honoring different and unique identities emphasizing strengths and possibilities while ameliorating pain and disenfranchisement.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2303877?play=1>

Meichenbaum, D. (2011). *Integrated treatment strategies for depression and suicide*. (Time 5:20)

Abstract: This is an opportunity to learn the latest developments about the treatment of depression and suicidality from one of the world's leading psychotherapists. Dr. Donald Meichenbaum is one of the founders of Cognitive Behavior Therapy and was voted "one of the 10 most influential psychotherapists of the 20th century". He recently received a Life-time Achievement Award from the Clinical Division of the American Psychological Association for his work on suicide prevention. Depression and the accompanying risk of suicidality begin in late childhood and adolescence. Thus, there is a need for a life-span treatment approach that is developmentally sensitive and that is attuned to both cultural and gender differences. You will learn how to use a Case Conceptualization Model that informs assessment and treatment decision-making, assess for suicidal risk potential, engage in safety planning, and implement the Core Tasks of psychotherapy and apply evidenced-based interventions on both a treatment and preventative basis. This "strengths-based" treatment approach will highlight ways to promote resilience in high-risk populations, as well as ways to conduct relapse prevention procedures, given the recurrent nature of depression.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776061>

Moonshine, C. (2011). *Advanced dialectical behavior therapy*. (Time 4:22) Abstract: Use DBT flexibly, creatively and effectively. Increase your DBT toolkit with more than 50 skills. Apply DBT to many clinical presentations, age groups and diversity. Practice streamlined chain analysis protocols. Take home more than 25 client worksheets and other resources. In this seminar you will learn more than 50 DBT skills that can be taught to

a variety of clients in different formats and settings. This seminar individualizes DBT to Axis I & Axis II disorders. Additionally it will adapt DBT to age, cognitive ability and cultural diversity. We will explore strategies for motivating clients to use DBT in their lives as well as practicing a user friendly chain analysis protocol.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1775622>

Myers, J. & Sweeney, T. (2012). *Biofeedback for counselors: Empowering clients for sustained and positive lifestyle change*. (Time 19:51) Abstract: Biofeedback for therapists delivers a wellness-oriented approach that contributes in a powerful way to sustained, positive lifestyle change. It illustrates tools that counselors can use to help clients feel a sense of stability when their lives may feel out of control. Biofeedback also can help therapists cope with the stresses and challenges of their demanding jobs. By practicing and modeling these techniques counselors can become even more effective advocates for a positive life style.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2033769?play=1>

O'Hanlon, B. (2010). *Unstuck: Effective interventions for your most challenging and resistant clients*. (Time 5:59) Abstract: Interventions for clients who are: Ambivalent Resistant Demanding Angry Stuck Self-Harming All of us sometimes get stuck. Certain clients or patients hook us; some don't change despite our best efforts; some are angry and resistant to our usually successful interventions. These clients include: Ambivalent clients: Mixed in their efforts or motivations; wrestling with inner conflicts, want to change and don't want to change or afraid to change Resistant clients: Who don't do what you have asked or suggested to make change happen Demanding clients: Who ask more of you than it would be appropriate to give or express dissatisfaction with your efforts, no matter how great Angry clients: Who blame you or regularly criticize you Stuck clients: Who are sincere in their efforts but no results Self-harming clients: Who hurt themselves or threaten to during treatment This program offers ten-plus innovative ways of getting unstuck, decreasing resistance and increasing positive results in your work. It also focuses on what therapists can do to keep themselves alive in this challenging work. Whether you are working with borderline issues, trauma survivors, substance abusers, self-hatred or self-harm, you will learn the latest most effective and empirically supported inventions to move clients towards change and optimum outcomes. <http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1778393?play=1>

Premashakti Alvis, D. (2012). *Yoga and mindfulness: Clinical applications for anxiety and depression*. (Time 5:49) Abstract: Recovery from anxiety and depression presents a formidable challenge for both clients and clinicians. Yoga and mindfulness facilitate clients' movement through recovery and beyond - rewiring the brain to experience greater happiness. These tools encourage therapeutic presence and self-compassion, allowing for greater intimacy in the client/therapist relationship. Yoga and mindfulness provides clients with new experiences for the mind and the body. Cumulatively, these experiences create an alternative view and new neural pathways supporting clients in responding to distressing experiences rather than reacting to them. In this seminar explore empirically supported approaches of yoga and mindfulness through lectures, small group work and gentle postures. You will learn brief, easily implemented, clinical interventions for regulating emotions, improving mood and cultivating positive thinking. In addition, you will review scientific evidence supporting these approaches in clear language designed to encourage and motivate clients. Learn why these practices are effective and how they work to treat anxiety and depression.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1858155?play=1>

Rainer, J. (2011). *Life after loss: New models and treatments for typical and complicated grief*. (Time 5:26) Abstract: Conventional wisdom has taught us that grief is a five-stage process that one enters, completes, and leaves. However, grief practitioners and those who have experienced the loss of a loved one know that grief is a sloppy process, rarely defined in discrete, tidy stages. Contemporary research and practice demands that we constantly rethink our road map of grief and bereavement. This workshop will focus on life and death decisions

that emerge in the presence of death. Best practices will be discussed throughout the day.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776091>

Rogers, N. (2012). *Expressive arts therapy, Client 1*. (Time 1:55) Abstract: Combining the person-centered philosophy of her father and the expressive arts background from her mother, Rogers uses artwork to allow her clients to go beyond words, and provides an environment that allows each individual to tap into his or her inner resources and full potential.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/2279982?play=1>

Rubin, J. A. (2008). *The Arts as therapy with children: Children & the arts*. (Time 1:11)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779230?play=1>

Rubin, J. A. (2008). *Expressive arts therapy groups: The green creature within*. (Time 1:13)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779229>

Rubin, J. A. (2011). *Art therapy: A universal language for healing*. (Time 45 min) Abstract: This film is a collage about art therapy pioneers, educators and practitioners from around the world. Comprised of interviews, photos, news broadcasts, and archival footage selected from 200 hours contributed by over 100 professional colleagues, it demonstrates the power of art as a universal language for healing in all cultures. From its beginnings in Europe to its development in the US and the UK, art therapy has spread rapidly to all parts of Europe, as well as to Central and South America, Oceania, Asia, Africa and the Middle East. The DVD, funded by the Prasad Family Foundation, can be viewed either in its entirety or as 10 unique chapters.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1874663>

Rubin, J. A., & Irwin, E. C. (2010). *Creative healing in mental health*. (Time 1:20 min)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779233?play=1>

Rubin, J. A., & Irwin, E. C. (2008). *Art therapy with older adults: Beyond words*. (Time 1:09)

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1779231>

Siegel, R.D., (2011). *Harnessing mindfulness: Tailoring the practice to the problem*. (Time 6:18)

Abstract: Mindfulness-based psychotherapy is the most popular new treatment approach in the last decade—and for good reason. Mental health professionals are enthusiastically discovering that mindfulness practices hold great promise not only for their own personal development, but also as remarkably powerful tools to augment virtually every form of psychotherapy. Mindfulness is not, however, a one-size-fits-all remedy. Practices need to be tailored to fit the needs of particular individuals—and this program will show you how. Once you understand the components of mindfulness practices and how they work to alleviate psychological distress, you'll be able to creatively adapt them to meet the needs of diverse people and conditions. Over the past several years, clinicians and researchers have developed specific practices to work with anxiety, depression, stress-related medical problems, addictions, and even interpersonal conflict. Some are best suited to more vulnerable or fragile individuals, while others are most effective for people with greater internal resources. In this seminar recording, you'll learn how mindfulness practices work to resolve psychological difficulties and how you can adapt them to meet the needs of your particular patients or clients. Through lecture, experiential exercises, case examples, scientific research, and Q & A, you'll gain practical knowledge and skills that will take your practice of mindfulness-based psychotherapy to the next level.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776026?play=1>

Siegel, D. J. (2010). *The mindful therapist: A new approach to cultivating your own neural integration from the inside out*. (Time 6:04)

Abstract: The study of neural integration—how we can promote the linkage of differentiated areas of the nervous system through the focus of our attention?—reveals that we can develop scientifically-based practices to develop our own well-being and presence as therapists. Mindsight is a term used to denote the skill of sensing the internal world and then shaping that flow of energy and information toward

integration. In this seminar recording, you will come to understand the science behind Mindsight and the practical applications of this approach. You will learn both experiential exercises and fundamental concepts that can significantly enhance therapeutic practice. This seminar recording reveals how you can enhance your efficacy by deepening your ability to be present in the therapeutic relationship. Learn how cultivating presence can transform your work with your clients and the impact it can have on your own life. Daniel J. Siegel, M.D. is the leading authority on interpersonal neurobiology. His work is changing our understanding of the brain and improving the outcomes of psychotherapy. Mindsight comes from his years of research and clinical practice in the areas of mindfulness, neuroscience and attachment. Daniel Goleman, Ph.D., author of Emotional Intelligence, compares the potential of Mindsight to Darwin's theory of evolution and Freud's theory of the unconscious. Transform the practice of psychotherapy by enhancing the therapist's own internal integration, which is at the root of therapeutic presence. Activate integrative circuits and revitalize the experience of being a therapist, create more resilience, and sharpen your skills of empathy and insight. Acquire a new way of viewing mindfulness, personal transformation, and the therapeutic relationship. Use these insights to harness the power of the focus of attention to actually change the structure of the brain toward integration.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1778306>

Smith, H. I. (2011). *Coping with grief: Clinical interventions for normal and complicated grief*. (Time 5:46) Abstract: Join national grief expert, author, and respected speaker Harold Ivan Smith for a seminar recording filled with treatment strategies for all faces of grief. Harold Ivan has trained more than 20,000 professionals in bereavement workshops across the country, sharing innovative, practical techniques for promoting healing in a therapeutic setting. In one short recording, you will... Develop practical tools, techniques you can use immediately to help grieving persons. Learn cutting-edge strategies for working with normal, complicated and traumatic grief. Know what to do when someone is drowning in guilt. Create safe havens for clients in the presence of rage, guilt, despair, helplessness. Gain greater confidence in your ability to foster hope and healing. Experience Harold Ivan's passion for his work with grief in an energized learning environment... OBJECTIVES Discuss creative, cutting-edge approaches to assist those who grieve. Recognize how grief work is often a life-long process of meaning making. Identify warning signs and treatments of complicated grief. Describe caring responses for different types of denial. Integrate journaling, poetry and music into bereavement counseling. Recognize ways to gain greater confidence in your ability to foster hope and healing.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1775966>

Wehrenberg, M. (2011). *Personality disorders: Targeted therapeutic interventions for neuroscience*. (Time 6:11) Abstract: Watch this high-impact seminar recording and learn the latest in effective, evidence-based treatment techniques for Personality Disorders - all informed by neuroscience. You will learn practical methods to enhance your clinical work and improve treatment outcomes with clients who have personality disorders. When you respond to clients with empathetic, correctly targeted interventions, their ability to self-regulate negative emotion improves and heals the original attachment wound, or the brain-based underpinnings, of their disorder. Neuroscience has made strides to identify the underlying causes of personality disorder, resulting in greater possibilities for effective treatment. Join national trainer, expert clinician, and author Dr. Margaret Wehrenberg in this practical seminar recording designed to help you identify how personality traits reflect neurobiological outcomes of early life experience (attachment issues, abuse, and neglect).

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/counseling-therapy/view/work/1777753>

Zucker, R. (2011). *Journey from loss to renewal: Clinical interventions for normal and complicated grief*. (Time 6:14) Abstract: With so many facing the challenges of creating new meaning after loss, it's essential for mental health professionals to have cutting edge assessment skills and specialized therapeutic techniques to treat all faces of grief. Rob Zucker, national trainer, author and bereavement expert, will bring you new, effective, and practical techniques for promoting healing in a therapeutic setting. He will also be sharing techniques to successfully bridge the recognized gap between bereaved adults and their grieving children and teens.

<http://search.alexanderstreet.com.proxy.lib.utk.edu:90/vast/view/work/1776084>

