

**UNIVERSITY OF TENNESSEE  
COLLEGE OF SOCIAL WORK  
NASHVILLE CAMPUS**

**SW 521 Clinical Social Work Practice with Individuals  
Fall, 2002  
Tuesday Class**

**Professor:** Shan Sanders-Wooley  
**Contact:** 373-3487 (home)  
351-0588 (work)

**Day:** Tuesdays, 9:00am-11:50  
**Office Hours:** After Class

**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.csu.utk.edu](http://www.csu.utk.edu))

**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, 2002*).

**STUDENTS WITH DISABILITIES**

"If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact the Office of Disability Services at 191 Hoskins Library at 974-6087. This will ensure that you are properly registered for services."

**COURSE DESCRIPTION**

Clinical Social Work Practice with Individuals is one of the core required methods courses in the Clinical Concentration. Building upon the Foundation courses in social work practice and human behavior, this course examines theory, knowledge, and skills for clinical practice with individuals. The therapeutic process and treatment strategies are examined, incorporating content from psychodynamic and cognitive models. These content areas are compared and contrasted in terms of theoretical assumptions, intervention methods and techniques, and empirical evidence regarding practice outcomes. Attention is given to translating and utilizing practice models in ways consistent with the ecological and strengths perspectives and the application of these to vulnerable and high risk populations. Emphasis is given to the therapeutic process, the use of relationships, and clinical strategies for change. While the focus of the course is on intervention with individuals, clients are seen as influenced by their family and social

contexts. A feminist perspective that stresses client empowerment is examined as a means of critiquing theoretical models. The overall goal of the course is to produce social work clinicians who are flexible and able to assess the utility of interventions consistent with social work values and ethics.

## **RATIONALE**

Clinical social workers face complex human situations presented by clients from diverse backgrounds. Social workers must be prepared to make differential assessments and choose intervention strategies that will prove effective with specific client problems. Faced with a plethora of treatment theories, clinicians must have sufficient knowledge to make these critical choices. Guided by an ecological and strengths perspective, social workers must be skilled in strategies that will improve clients' coping behaviors and environmental competence. Psychodynamic and cognitive models are examined because they are widely utilized by practitioners; are evident in ample literature and are adaptable to an ecological perspective. This course is designed to provide students with advanced knowledge and skills necessary for clinical practice with individuals.

## **OBJECTIVES:**

By the completion of the course, students are expected to be able to:

1. Describe the scope, nature, and focus of clinical social work with individuals, including issues in establishing effectiveness of treatment.
2. Describe the nature of clinical practice that incorporates ecological and feminist orientations.
3. Describe and analyze different clinical models, e.g. psychodynamic and cognitive, and their utilization in various practice settings and situations.
4. Describe the therapeutic relationship as the medium of intervening and the use of self within this context.
5. Describe and analyze the therapeutic process, including the underlying assumptions about change, knowledge and skills necessary for clinical assessment of individuals and development of treatment plans.
6. Design appropriate clinical strategies and procedures to utilize with individuals, including rationale for decisions, recognition of clients' strengths, and short term intervention.
7. Discuss different client problems and the selection of appropriate strategies, including consideration of the effects of race, gender, sexual orientation, age, and socio-economic class.

8. Explicate an understanding of ethical issues encountered in clinical social work with individuals and the ability to thoughtfully analyze ethical dilemmas that may arise.
9. Discuss the evaluation of outcomes and implications of research for clinical practice for improving practice.

### **Required Texts**

Beck, A., T. (1979). Cognitive therapy of depression. New York: Guildford Press

Goldstein, E, G. (1995). Ego psychology and social work practice. New York: the Free Press

### **COURSE REQUIREMENTS/GRADING**

The course grade will be based on student participation, a mid-term assignment, a presentation and a final paper. Students are expected to read the assigned articles/chapters thoughtfully and to come to class prepared to ask questions, make comments and add to the overall discussion. The guidelines for the presentation and paper are outlined in a separate hand-out. The description of the mid-term assignment is included at the end of this syllabus. The course grade will be computed as follows:

|                     |     |
|---------------------|-----|
| Class participation | 10% |
| Midterm assignment  | 45% |
| Presentation        | 45% |

### **COURSE OUTLINE**

#### **WEEK #1**

8/27 Introduction to the Course

#### **WEEK #2**

9/3 The nature of Social Work Practice - the relationship of theory to practice; overview of the ecological model; the strengths perspective

Readings: Colon, E., Appleby, G..A., and Hamilton, J. Affirmative practice with people who are culturally diverse and oppressed. In. Appleby, C., Colon, E., & Hamilton, J. (2001) Diversity, Oppression and Social Functioning: Person-in-Environment Assessment and Intervention Boston: Allyn & Bacon

Green, R. (1991). Human behavior theory and social work practice. NY: Aldine

De Grutyer, 282-283.

Germain & Gitterman, (1996). "The nature of clinical practice. The Life Model of Social Work Practice, Chapter 1.

Saleeby, D. (1996). "The strengths perspective in Social Work practice: Extensions and cautions. Social Work, 41, 296-305

Smith, A. (1997) Cultural diversity and the coming-out process *implications for clinical practice*. In Beverly Green, (ed) Ethnic and Cultural Diversity Among Lesbians and Gay Men.

Mallon, G.P. (1999) Knowledge for practice with transgendered persons. In Gerald P. Mallon (ed.) Social Services with Transgendered Youth

Swann, S. & Herbert, S. (1999) Ethical issues in the mental health treatment of gender dysphoric adolescents. In Gerald P. Mallon (ed.) Social Services with Transgendered Youth

Lindhurst, T. (1997). Lesbians and gay men in the country: practice implications for rural social workers. In Smith, J.D. & Mancoske, R. (ed) Rural Gays and Lesbians: Building on the Strengths Perspective

**WEEK #3** Theoretical Models - Feminist Theory; a feminist critique; a feminist approach to practice  
9/10

Readings: Nes, J. & Iadicola, P. (1989). Toward a definition of feminist Social Work: A comparison of liberal, radical, and socialist models. Social Work, Jan., 12-21.

Leedy, M.G. (1997) Effects of client gender and diagnostic label on clinical social worker's assessment. Arete, 21 (2) 1-12

Lundy, M. (1993). Explicitness: the unspoken mandate in feminist social work. Affilia, 8, 184-199.

Walters et al. (1988). Toward a feminist perspective in family therapy. The invisible web. New York: Guilford Press.

Hooks, B. (1984). Black women: Shaping feminist theory. Feminist theory from margin to center. Boston; South End Press.

Atwood, N.C. (2001). Gender bias in families and its clinical implications for women. Social Work, 46, 23-35.

**WEEK #4** Theoretical Models - Feminist Theory continued; Introduction to Ego Psychology

9/17 and the Psychodynamic Model (theoretical background, key concepts)  
*Video* - “Feminist Therapy with Dr. Laura Brown” - @ 1 hr?

Readings: Goldstein - chapters 3 & 4

**WEEK #5** Theoretical Models - Psychodynamic; key concepts continued; worker/client  
9/24 relationship; assessment

Readings: Goldstein - chapters 7 & 9

**WEEK #6** Theoretical Models - Psychodynamic; treatment techniques and termination  
10/1 *Video* - Therapy with the Experts: Object Relations Therapy

Readings: Goldstein - chapter (5 & 8)

Lawrence, L. (1992). “Till death do us part: The application of object relations theory to facilitate: mourning in a young widows’ group. Social Work in Health Care, 67-81

**WEEK #7** Theoretical Models - Cognitive Therapy; the cognitive therapy model, principles  
10/8 of CT

Readings: Beck, A. (1979). Cognitive Therapy of Depression - Chapter 1

Freeman, et al. (1990). Clinical applications of Cognitive Therapy. NY: Plenum Press, pp.3-24.

Dia, D. (2001). Cognitive-behavioral therapy with a six-year-old boy with separation anxiety disorder: A case study. Health & Social Work, 26, 125-128.

**WEEK #8** Cognitive Therapy - Worker-client relationship; structure of therapy; assessment  
10/15

Readings: Beck, A. - chapters 3, 4, & 5

**WEEK #9** Theoretical Models - Cognitive Therapy; Techniques for intervention; termination  
10/22 and follow-up

*Video* - “Constructivist Cognitive-Behavioral Therapy”

Beck, A. - chapters 6,7, and 8 (\* if you have time, I also recommend reading chapter 12)

MIDTERM ASSIGNMENT DUE

- WEEK #10** Theoretical Models - Brief Therapies overview, Crisis Intervention  
10/29 Video - "Treating Time Effectively" (50 minutes)
- Readings: Wells, R. (1994). Short-term treatment: Overview and evidence. In R. Wells (ed.). Planned short-term therapy. NY: Free Press, pp. 1-20.
- Ell, K. (1996). Crisis theory and social work practice. In F. Turner (ed.). Social work treatment. New York: The Free press, pp. 168-190.
- Weiss & Parish (1989). Culturally appropriate crisis counseling: Adapting an American method for use with Indochinese refugees. Social Work, 34, 252-254.
- Myer & Hanna. Working in hospital emergency departments: guidelines for crisis intervention workers. In A. Rhodes (ed). Crisis Management & Brief Treatment: Theory, techniques, and applications., pp. 37-59. Chicago: Nelson-Hall
- WEEK #11** Theoretical Models - Brief Therapies continued (Problem-Solving, Task Centered  
11/5 and Solution-Focused)
- Readings: Turner & Jaco (1996). Problem-solving theory and social work treatment. In F. Turner (ed.). Social work treatment. New York: The Free press, pp. 503-522.
- Reid, W. (1996). Task-centered social work. In F. Turner (ed.). Social work treatment. New York: The Free press, pp. 617-640.
- DeSahzar et al. (1986). Brief therapy: Focused solution development. Family Process, 25, 207-221.
- WEEK #12** Theoretical Models - Brief Therapies continued; Case Studies - Student  
11/12 Presentations  
Video - "I'd Hear Laughter" Solution-Focused Therapy with Kim Soo Berg
- WEEK #13** Case Studies - Student Presentations  
11/19 \*\*Final Papers Due\*\*
- WEEK #14** Thanksgiving Week  
11/26
- Week#15** Case Studies - Student Presentations; Course Evaluations  
12/3

## MIDTERM ASSIGNMENT

In this paper you are to utilize a case from field or other practice experience and to examine this case from 1 of the theoretical perspectives we have discussed so far in class. You may choose between the feminist, cognitive, or psychodynamic models.

1. Briefly describe the case (about 1 page).
2. State which model you will use to conceptualize the case/problem situation and the **reasons** you have chosen this model - what about this model do you think will be especially helpful to you in conceptualizing this case? (1-2 paragraphs)
3. Describe the model you have chosen, i.e. what are its major concepts (describe the concepts, do not just list them) - you will need references for this section
4. Describe how your client's problem would be conceptualized using your chosen model - i.e., conduct an assessment focusing on those areas indicated by the model's theoretical orientation. Give examples to demonstrate.  
*For example:* if you chose CBT as your model you would need to examine your client's cognitions, his/her underlying assumptions, and the feelings/behaviors that these lead to. What types of cognitive distortions is your client making? Give an example of these. What are the client's underlying assumptions? Give examples. How are these related to the client's feelings/behaviors?
5. Discuss any ethical dilemmas that were present in your work with your client up through the assessment phase related to elements of your client's situation, your work environment or the application of your chosen model to the assessment of this client. If you were to apply your chosen model to treatment with your client, do you foresee any ethical conflicts that might arise? If no ethical dilemmas were present and/or after thoughtful consideration you can not foresee any ethical conflict that may be present in the application of the treatment to the client, *you must state this clearly.*
6. Discuss what you found to be the strengths and limitations of this model in helping you to understand and assess the client and his/her situation. (1-2 paragraphs)

In using case material, permission should be obtained from your field instructor. Also be sure to maintain confidentiality by disguising information that would identify the client and agency.

Grades will be based on the clarity with which you are able to describe and apply the chosen models to your case, the depth of your analysis, and the quality of your writing (i.e. organization, clarity, spelling, and grammar).

**Papers must be typed, double-spaced**

**Length Maximum: 7 pages (excluding references)**

**Use APA (4<sup>th</sup> edition) style**

**Papers that are turned in late without prior approval of the instructor will not be accepted**

## FINAL ASSIGNMENT

As a clinical social worker, there is a body of knowledge and a range of skills that you are expected to have in order to engage in responsible and effective practice. The following assignment is intended to help you to continue to develop this knowledge and skill.

Select a clinical problem (or a problem in living) about which you would like to develop some expertise as a clinical social worker. This expertise should reflect itself in knowledge of the nature of the problem, characteristics of the problem, the impact of the problem (i.e. biopsychosocial factors) and ethical considerations that should be taken when treating clients with this problem. Then decide on a practice model that you will use in order to conceptualize the case, complete an assessment, and plan intervention strategies. You must use one of the models discussed in class. You may also use an integrated model (i.e. combine 2 of the practices models discussed in class). However, if you do so, you must clearly state which models you are using and your rationale for combining these particular models for use with the identified clinical problem.

With your group members research the problem and discuss appropriate interventions with individuals with this problem.. Find a case vignette around which you can discuss the above components of the treatment process. In other words, develop an assessment and a treatment plan, decide on techniques to be used and why (i.e. what are you hoping to accomplish with each technique). Finally, present a plan for evaluation of outcomes.

This work will result in a final presentation by your group to the class.

Objectives of this assignment - students should:

1. Demonstrate a thorough knowledge of the selected problem and ethical considerations in the treatment of clients with this type of problem/situation
2. Demonstrate a thorough understanding of the practice model and an ability to *apply* practice theory to assessment, goal development and development of intervention strategies
3. Demonstrate an ability to creatively apply elements of the treatment process to work with clients with this problem
4. Demonstrate evidence of familiarity with the literature
5. Present a plan for outcome evaluation

For your group presentation

1. Spend a short period of time (about 5 minutes) describing the clinical problem or problem in living
2. Clearly state which practice model(s) you will be using and why
3. *Briefly* present the case to the class
  
4. Demonstrate assessment and intervention techniques - be creative! You may use live roleplays, videotaped roleplays, present the case at a mock staff meeting, etc. You may also use overheads, posters, power point whatever you think will help

- you *clearly* present the material in an *engaging* manner
5. You will have 45 minutes for your presentation - this is to include about 5 minutes for question/answer and discussion period
  6. Use **hand-outs** to highlight the main aspects of your presentation

NOTE WELL:

1. You may use one of your field practice cases for this assignment in lieu of a “canned” case situation
2. On week #7 your group is to turn in to the instructor a **brief** description of your presentation including who will be responsible for which aspects and how you are thinking of presenting this material to the class
3. Your work should be a collaborative effort - should be well integrated and demonstrate a sense of continuity or wholeness. Work that gives evidence of having been pieced together will not be viewed positively
4. Presentations will be graded based upon the degree to which the above objectives have been met. Presentation grades will also be based upon the creativity used to convey ideas/demonstrate techniques. **Presentations that are dry and uncreative or that consist of group members reading to the class from their notes will be marked down by ½ to 1 full letter grade.** Group members should not read from their notes. Use of overheads, flip charts, etc. and a thorough knowledge of your own material should eliminate the need to read from notes.

**GRADING:** The group will receive a grade for the overall presentation. Each group member will receive an individual grade for their contribution to the presentation project. Each student’s final grade for the presentation will be calculated by averaging their group and their individual grades.

**Group Presentation Evaluation**

The degree to which the group presentation fulfilled the following objectives:

1= poor      2=fair      3=adequate      4=well      5=excellent

1. Succinct and clear discussion of the nature of the clinical problem/problem in living

1      2      3      4      5

2. Succinct and clear discussion of ethical considerations in the treatment of clients with this type of problem/situation

1      2      3      4      5

3. Clear statement of and rationale for using the clinical model(s) used given the nature of the problem

1      2      3      4      5

4. Succinct and clear case presentation

1      2      3      4      5

5. Application of clinical model(s) to assessment

1      2      3      4      5

6. Application of clinical model(s) to goal development and intervention strategies

1      2      3      4      5

7. Evidence of planning and coordination among group members

1      2      3      4      5

8. Presentation carried out in a creative and engaging manner

1      2      3      4      5

**SW 521: Bibliography**

- Cipriano, L.A. (1991). Psychoanalytic perspectives on substance abuse: implications for treatment, program planning and social policy. Social Work in Health Care. 15(3): 9-46.
- Gilbar, O. (1991). Model for crisis intervention through group therapy for women with breast cancer. Clinical Social Work Journal. 19(3): 293-304.
- Lorber, J. (1994). Paradoxes of gender. New Haven: Yale University Press.
- McCarthy, B.W. (1998). Treatment of incest families: A cognitive-behavioral model. Journal of Sex Education & Therapy, 16(2), 101-114.
- Michelson, L., Marchione, K., Greenwald, M., Glanz, L., Testa, S., Marchione, N. (1990). Panic disorder: Cognitive-behavioral treatment. Behaviour Research and Therapy. 28(2): 141-52.
- Newhill, C.E. (1993). Short-term treatment of a severely suicidal Japanese American client with schizoaffective disorder. Families in Society, 74(8): 503-507.
- Peveler, R.C. & Fiarburn, C.G. (1989). Anorexia nervosa in association with diabetes mellitus—a cognitive-behavioral approach to treatment. Behaviour Research and Therapy. 27(1), 95-99.
- Reinecke, M., Dattilio, F., & Freeman, A (1996). Cognitive therapy with children and adolescents.  
New York: Guilford Press.
- Scharlach, A.E. (1985). Social group work with institutionalized elders: A task-centered approach. Social Work with Groups. 8(3): 33-47.