

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

**SW 521 Clinical Social Work Practice with Individuals
Course Outline
Fall, 2003
Thursday Class**

Professor: Sheryl Margolis MSSW LCSW

Day: Thursdays

Contact: 271-1763 (office)

Office Hours: By Appointment

MargolisSheryl@aol.com

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 written assignment, a group presentation and a process recording. Extra credit will be given for additional process recordings. 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 course grade will be computed as follows:

Class participation and attendance	10%
Written assignment	40%
Group Presentation	40%
Process Recording	10%

COURSE OUTLINE

WEEK #1

8/21 Introduction to the Course. Clinical interviewing skills. Explanation of Process Recording.

WEEK #2

8/28 The nature of Social Work Practice - the relationship of theory to practice; overview of

the ecological model; the strengths perspective

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

WEEK #3 Theoretical Models - Feminist Theory; a feminist critique; a feminist approach to
9/4 practice

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.

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.

WEEK #4 Theoretical Models - Feminist Theory continued; Introduction to Ego Psychology
9/11 and the Psychodynamic Model (theoretical background, key concepts)
Video - A Feminist Therapy with Dr. Laura Brown@ - @ 1 hr?

Readings: Goldstein - chapters 3 & 4

WEEK #5 Theoretical Models - Psychodynamic; key concepts continued; worker/client
9/18 relationship; assessment

Readings: Goldstein - chapters 7 & 9

WEEK #6 Theoretical Models - Psychodynamic; treatment techniques and termination
9/25 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
10/2 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 No Class
10/9

WEEK #9 Cognitive Therapy - Worker-client relationship; structure of therapy; assessment
10/16

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

WEEK #10 Theoretical Models - Cognitive Therapy; Techniques for intervention; termination
10/23 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)

WEEK #11 ****CLIENT ASSESSMENT PAPERS DUE****
Theoretical Models - Brief Therapies overview, Crisis Intervention
10/30 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 #12 Theoretical Models - Brief Therapies continued (Problem-Solving, Task Centered and Solution-Focused)
11/6

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.

Video - ~~AI=d~~ Hear Laughter@Solution-Focused Therapy with Kim Soo Berg

WEEK #13 Theoretical Models - Trauma theory; sexual abuse treatment, disaster debriefing. Treating complicated bereavement.

11/13 Group presentation

WEEK #14 Working with Children

11/20

Case Studies - Student Presentations

(Week#15 Case Studies - Student Presentations; Course Evaluations

Classes end on December 2

Each semester is only 14 classes (weeks))

WRITTEN ASSIGNMENT - CLIENT ASSESSMENT

Your paper should be 10-12 pages and include references. You must follow the guidelines below:

SECTION 1

- A. Overview of psychodynamic theory (1 page)
- B. Psychodynamic social work assessment (2 pages)
 - a. CLIENT IDENTIFICATION (DISGUISED)
 - b. PRESENTING PROBLEM
 - c. CURRENT SITUATION
 - d. RELEVANT HISTORY
 - e. EGO STRENGTHS/ LIMITATIONS
 - f. FAMILY AND ENVIRONMENTAL SUPPORTS/LIMITATIONS
 - g. DYNAMIC FORMULATION (HYPOTHESIS)
- C. Summarize potential psychodynamic treatment strategies (use examples) (1-2 paragraphs)
- D. Consider any ethical dilemmas that you have or may encounter. If there are none you must clearly state this. (1-2 paragraphs)
- E. Discuss the limitations and strengths of the model as it relates to your case.

SECTION 2

- A. Overview of Cognitive Behavioral theory (1 page)
- B. Cognitive Behavioral assessment of same client as above. (1-2 pages)

DO NOT REPEAT THE PSYCHODYNAMIC ASSESSMENT!! Do not use the same outline given for psychodynamic approach. Reformulate the client situation and relevant information utilizing CBT concepts and language. Develop your own presentation outline utilizing CBT concepts taught in class, class hand-outs and the CBT textbook. Include a discussion of how clients underlying beliefs/assumptions influence their thoughts, behavior and feelings. Examine how client's childhood events may have formed core-beliefs and how these core beliefs influence client's automatic thoughts and then feelings/behaviors. Include the type of cognitive distortions your client typically utilizes (from common cognitive distortions handout). Students can use the cognitive conceptualization diagram given in class either to fill out and include as part of this section, or can use the form as a guide to be certain you are examining your client from a cognitive behavioral perspective.
- C. Summarize treatment strategies, give examples (1-2 paragraphs) (may attach thought records etc. if used with client)
- D. Consider ethical dilemmas (1-2 paragraphs)

E. Consider the limitations/strengths of the model as it applies to your client (1-2 paragraphs)

SECTION 3

WOULD A FEMINIST PERSPECTIVE OR FEMINIST THERAPY BE USEFUL FOR YOUR CLIENT? IF SO, IN WHAT WAY? IF NOT, WHY NOT? GIVE EXAMPLES. (1-2 paragraphs)

GROUP PRESENTATION

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:

8. Demonstrate a thorough knowledge of the selected problem and ethical considerations in the treatment of clients with this type of problem/situation
9. Demonstrate a thorough understanding of the practice model and an ability to *apply* practice theory to assessment, goal development and development of intervention strategies
10. Demonstrate an ability to creatively apply elements of the treatment process to work

- with clients with this problem
11. Demonstrate evidence of familiarity with the literature
 12. 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
-
1. 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
 2. You will have 45 minutes for your presentation - this is to include about 5 minutes for question/answer and discussion period
 4. 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 2 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

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

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

16. Succinct and clear case presentation

1 2 3 4 5

17. Application of clinical model(s) to assessment

1 2 3 4 5

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

1 2 3 4 5

19. Evidence of planning and coordination among group members

1 2 3 4 5

20. 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.