

UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK

SW521 - Clinical Social Work Practice with Individuals

Course Outline

Fall 2005



Instructor: Renee L. Brotherton, L.C.S.W.

Meeting Time/Place: Tue. 9:00 – Noon (Rm TBA)

Contact: 324-7529 (office)

452-3751 (home)

489-2664 (cell)

rbrothe1@netscape.net

Office Hours : By Appointment

Required Texts

Cooper, M. & Lesser, J. (2002). Clinical social work practice: An integrated approach. Massachusetts: Allyn & Bacon.

Dumont, F. & Corsini R.J. (2000). Six therapists and one client. New York: Springer Publishing Company.

Supplemental Text

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 group project, 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. Guidelines and directions for all assignments are attached to this course outline.

The course grade will be computed as follows:

Class participation & attendance	25 pts.
Midterm assignment	100 pts
Project (Therapist Guide)	75 pts
Presentation	100 pts
Final Paper	100 pts.
Total points possible:	400

Frequent tardiness and class absences can affect your final grade.

Assignment of Final Grades. The final course grade will be based on the following point totals:

376-400 points = A (Superior performance, exceeds expectations)

348-375 points = B+ (Better than satisfactory performance)

328-347 points = B (Satisfactory performance, meets expectations)

308-327 points = C+ (Less than satisfactory performance)

280-307 points = C (Performance well below the standard expected of graduate students)

COURSE OUTLINE

WEEK #1 (8/30)

Introduction to the Course

Review of course requirements

Introduction to Social Work Theories

WEEK #2 (9/6)

The nature of Social Work Practice; the relationship of theory to practice; overview of the ecological model/strengths perspective; ethics in clinical practice.

Readings: Cooper, M. & Lesser, J. (2002). Clinical social work practice: An integrated approach Ch. 1, pp. 1-10.

Dumont, F. & Corsini, R. J. (1996). Six therapists and one client Ch.1

Germain & Gitterman, (1996). "The nature of clinical practice. The Life Model of Social Work Practice, Chapter 1 & 2, pp. 1-60.

Green, R. (1991). Human behavior theory and social work practice. NY: Aldine DeGrutyer, pp.282-283.

Meyers, L. L. & Thyer, B. A. (1997). Should social work clients have the right to effective treatment? Social Work, 42 (3), pp. 288-292.

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

WEEK #3 (9/13) – Psychodynamic models: treatment techniques and termination.

OUTLINE OF GROUP PRESENTATION DUE (OR THEORY CHOICES, FOR THOSE CHOOSING TO DO A PAPER)

Video - Therapy with the Experts: Object Relations Therapy

Readings: Cooper, M. & Lesser, J. (2002). Self Psychology: A Relational Psychodynamic Model. Clinical social work practice: An integrated approach Ch. 8, pp.111-125.

Goldstein, E. G. (1995). The nature of Ego-Oriented Assessment. Ego psychology and social work practice, (pp 166-199). New York: the Free Press.

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

New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report from the President's New Freedom Commission on Mental Health (2003). DHHS Pub. No. SMA-03-3832. Rockville, MD.

Yalom, Itvin (2002). The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients. New York: Harper Collins.

U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Ch. 1, *Overarching Themes in Mental Health* & Ch.2, *The Fundamentals of Mental Health and Mental Illness*. pp. 1-97. (entire document can be found online on the U.S. Surgeon General's home page).

Teyber, E. (1996). Establishing a collaborative relationship. Interpersonal process in psychotherapy (pp. 33-60). Brooks/Cole Publishing Co. Pacific Grove, CA.

Week 4 (9/20)

Establishing a collaborative, therapeutic relationship; honoring the clients' resistance; clinical practice models.

Video: Involuntary Practice I n Cross-Cultural Context

Readings: Cooper, M. & Lesser, J. (2002). The Clinical Interview: The process of Assessment (Beginning, Middle, and End Stages of Treatment). Clinical social work practice: An integrated approach, Ch. 4, pp. 41-57.

Dumont, F. & Corsini, R. J. (1996). Six therapists and one client. Ch 3, pp. 85-144.

Teyber, E. (1996). Honoring the Clients Resistance. Interpersonal process in psychotherapy (pp. 62-90). Brooks/Cole Publishing Co. Pacific Grove, CA.

Week 5 (9/27)

Psychodynamic models: theoretical background, key concepts, treatment techniques, worker/client relationship, assessment.

Readings: Cooper, M. & Lesser, J. (2002). Object Relations Theory: A Relational Psychodynamic Model. Clinical social work practice: An integrated approach. Ch. 7, pp.95-109.

Goldstein, E. G. (1995). The scope and evolution of ego psychology. Ego psychology and social work practice, (pp 3-28). New York: the Free Press.

Goldstein, E. G. (1995). The emergence and assimilation of ego psychology into social work practice, (pp 29-52). Ego Psychology and Social Work Practice. New York: the Free Press.

Magnavita, J. J. (2002). Freud and his followers: The birth, evolution and controversy of twentieth century psychoanalytic psychology. Theories of personality: Contemporary Approaches to the science of personality (pp71-108). John Wiley & Sons, Inc., New York.

WEEK #6 (10/4)

Time will be allotted for students to read the material, and work on the presentation, project, and paper. By the next class period, you should have read all of the readings including those for week #7

Readings: Beulow, G., Herbert, S., & Beulow, S. (2000). Psychotherapist's Resource on Psychiatric Medications, pp.1-32. Brooks/Cole.

Cooper, M. & Lesser, J. (2002). Clinical social work practice: An integrated approach Ch. 2-3, pp.13-39.

Dumont, F. & Corsini, R. J. (1996). Six therapists and one client. Ch.5-6, pp.175-268.

WEEK #7 (10/11)

Cognitive Therapies: theoretical background, key concepts, treatment techniques, worker/client relationship, assessment.

Guest Speaker: To be Announced

Readings: Beck, A. (1979). Cognitive Therapy of Depression (pp.1-44). Chapter 1-2, pp.1-44.

Cooper, M. & Lesser, J. (2002). Cognitive Theory: A Structured Approach. Clinical social work practice: An integrated approach Ch. 10, pp.141-159.

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

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

WEEK #8 (10/18)

Cognitive- Behavioral Therapy: theoretical background, key concepts, treatment techniques, worker/client relationship, assessment, termination.

Video – “Constructivist Cognitive-Behavioral Therapy”

Readings: Beck, A. (1979). Cognitive Therapy of Depression Ch. 3, pp.45-60.

Beck, A. (1979). Cognitive Therapy of Depression Ch. 4, pp.61-86.

Beulow, G., Herbert, S., & Beulow, S. (2000). Psychotherapist's Resource on Psychiatric Medications Ch.2, pp. 35-77.

Cooper, M. & Lesser, J. (2002). Behavior Therapy: A structural Approach. Clinical social work practice: An integrated approach Ch. 11, pp.161-172.

Dumont, F. & Corsini, R. J. (1996). Six therapists and one client. Ch 7, pp.269-322.

WEEK #9 (10/25)

Cultural competence in therapeutic practice: theoretical underpinnings, key concepts, treatment approaches, worker/client relationship

MIDTERM ASSIGNMENT DUE

Readings: Canda, E., & Furman, L. (1999). Creating a Spiritually Sensitive Context for Practice. Spiritual Diversity in Social Work Practice, pp. 183-213. New York: The Free Press.

Cooper, M. & Lesser, J. (2002). Cross Cultural Practice. Clinical social work practice: An integrated approach Ch..6, pp.77-93.

Phillips, F. (1990). NTU Psychotherapy: An Afrocentric approach. Journal of Black Psychology, Fall 1990, 17(1), pp. 55-74.

Goldstein, E, G. (1995). Ego-oriented Intervention with Diverse and Oppressed Populations. Ego psychology and social work practice, Ch. 10, pp 230-256.

Sands, R. (2001). Racial, ethnic and cultural issues. Clinical Social Work Practice in Behavioral Mental Health, pp. 138-164.

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., pp. 279-300. Thousand Oaks, CA: Sage.

Mental Health: Culture, Race & Ethnicity- Executive Summary (2001). A Supplement to Mental Health: A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (This entire document can be found on the U.S. Surgeon General's web page).

WEEK #10 (11/1)

Feminist Therapy: theoretical background, key concepts, treatment techniques, worker/client relationship, assessment, termination.

Video - "Feminist Therapy with Dr. Laura Brown"

Recommended video (for home viewing) – "Girl Interrupted"

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

Cooper, M. & Lesser, J. (2002). The Psychology of Women. Clinical social work practice: An integrated approach, Ch. 9, 127-139.

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

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

Sands, R. (2001). Racial, ethnic and cultural issues. Clinical Social Work Practice in Behavioral Mental Health, Ch. 6, pp. 116-133.

Week #11 (11/8)

Brief Therapies: theoretical background, key concepts, treatment techniques, worker/client relationship, assessment, termination.

Video – “Treating Time Effectively”

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, pp.252-254.

Myer & Hanna (1999). 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 (11/15)

Brief therapies continued; termination and next step

PROJECT DUE – THE THERAPIST GUIDE

Video - “I Hear Laughter” Solution-Focused Therapy with InSoo Kim Berg
(if time permits)

Readings: Cooper, M. & Lesser, J. (2002). Solution Focused Therapy: A Postmodern Approach. Clinical social work practice: An integrated approach. Ch. 13, pp.127-139.

Cunningham, M. & Zayas, L. (2002). Reducing depression in pregnancy: Designing multimodal interventions. Social Work, 47 (2), pp. 114- 123

DeShazar, et al. (1986). Brief therapy: Focused solution development. Family Process, 25, pp.207-221.

Reid, W. (1996). Task-centered social work. In F. Turner (ed.). Social Work Treatment. New York: The Free press, pp. 617-640.

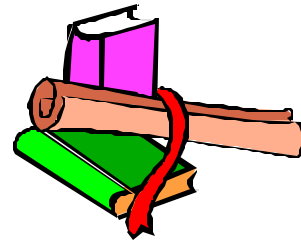
STUDENT PRESENTATIONS

WEEK #13 (11/22)
Student Presentations

WEEK #14 (11/29)
Student Presentations

WEEK #15 (12/6)
Course wrap-up
Course Evaluation

Party???



FINAL PAPER DUE

PROJECT – *THERAPIST GUIDE*

You have just been hired to supervise the Child and Family Department of a community mental health center. This department does not have a good reputation in the community and has recently received low scores on the state audit in the area of client outcomes. The director of the program is strongly committed to restructuring the way clinical services are provided to clients. The director is adamant that the program be based on empirically sound theory and techniques. She wants the department to be apprised of current therapies in use and has instructed you and your staff to present a different therapy each month. Your task is to prepare the first presentation.

Task

Your task is to develop material for clients, practitioners, interns and administrative staff that helps them to understand the therapeutic process from a particular therapeutic perspective. Therefore, you must choose the perspective and provide current information about it. You should choose a process rooted in one of the following theoretical frameworks: psychodynamic, cognitive, cognitive behavioral, feminist, or culturally based. This may be done in the form of a word document, brochure, PowerPoint presentation, video, web page, or other media that is approved by the professor. You may do this individually or work with a group. You must address all of the following:

1. Provide a brief summary of the theory

- Provide a definition of the theory
- Identify the purpose and global goals
- Briefly discuss the history (include persons credited with developing the approach)
- Summarize how this approach works (basic underlying assumptions)
- Discuss the role of the therapist (is the therapist directive, nondirective, structured, non-structured, etc.)
- Identify the major focus of the assessment
- Discuss basic strategies used in this approach

2. Discuss treatment outcomes

- Identify and discuss research that supports or provides evidence for this approach
- What type of client is it best suited for?
- What presenting problems is it best used with? Is there any evidence that this approach is effective for treating specific kinds of disorders/problems?

3. Examine this approach from a gendered perspective?

4. Discuss how this approach fits with a culturally diverse population (consider the effects of race, sexual orientation, age, class, citizen status)?

5. What are the strengths of this approach?

6. What are the weaknesses?

7. Are there any contraindications? (when should it be avoided)

8. Address any other information that you feel is important in understanding and implementing this technique

9. Provide a list of additional resources that interested parties could access to obtain additional information. You may include books, journal articles or websites, In addition to the citation you must include a brief summary of the resource.

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 cognitive, cognitive behavioral or psychodynamic models. If you have experience with another model and a strong desire to focus on it in your paper, please come and talk with me.

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: 7-10 pages (excluding references)

Use APA writing style (5th edition)

FINAL ASSIGNMENT – GROUP PRESENTATION

As a clinical social worker, there is a body of knowledge and a range of skills that you and your colleagues are expected to have in order to engage in responsible and effective practice. The following assignment is intended to help you, in a group format, to continue to develop this knowledge and skill. Select a clinical problem (or a problem in living) about which your group 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 role-plays, videotaped role-plays, 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:

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 an outline of the planned material for 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.

FINAL PAPER OPTION

A student may choose to do a final paper instead of participating in a group presentation. Students who choose this option usually do so because a) they are interested in a topic that was not selected by the class as a group presentation topic; or b) their schedule makes participation in a group project very difficult or impossible.

Final Paper Guidelines

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, and the impact of the problem (i.e. bio-psycho-social factors). Then select **two** theories of social work practice and apply these theories to the problem that you have selected. The paper is compare the two theories including their key assumptions, goals, and key methods, and describe how each would intervene to treat the problem.

In the paper you should:

1. Succinctly demonstrate a thorough knowledge of the selected problem (2 pages)
2. Name the 2 theories you will using and present a clear rationale for using these 2 theories – look in the literature to see which approaches have strong theoretical and/or empirical support for treating the problem you have selected (1 page)
3. Compare the 2 theories - key assumptions/concepts, goals, key methods (4 pages)
4. Describe how each theory would guide you to approach assessment and treatment of someone with the problem you selected (4 pages)
5. Your critique - how helpful do you believe each of these theories would be in guiding your assessment or treatment of someone with the problem you selected, i.e. - based upon your critique would you use one or both of these theories to guide your treatment of a client with this problem? If you would use one or both - how would you use them? Is one particularly helpful for assessment purposes and other for the actual treatment? Or is one model more helpful with a certain aspect of the problem and another model more helpful with a different aspect? (1page)

The paper should not exceed 12 pages in length, excluding references. The paper is to be well referenced. Grades will be based on the clarity with which you are able to clearly and succinctly describe the problem, describe and apply the chosen models to you're the problem you selected, the depth of your analysis, and the quality of your writing (i.e. organization, clarity, spelling, and grammar). Use APA (5th edition) style through-out the paper. Papers are due November 18th. Papers that are turned in late without prior approval of the instructor will not be accepted.

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.