



SW 628: Interpersonal Practice with Adult Individuals

Fall 2014

Monday, 6pm – 9pm

Alison Adlaf, LMSW

Office: SSW 2766

Phone: 734.834.1055

Email: alison.adlaf@gmail.com

Office Hours: Before and after class, and by appointment

Course Description

This course will approach work with individual clients from a person-in-environment perspective and build on the content presented in course SW521, the foundation course on interpersonal practice. The stages of the treatment process (i.e. engagement, assessment, planning, evaluation, intervention, and termination) will be presented for work with individual adults. The relevance and limitations of various theoretical approaches will be reviewed as they apply to assessment, planning, and intervention methods. This course will focus on empirically evaluated models of intervention and will teach students how to monitor and evaluate their own practice. Special attention will be given to issues of the key diversity dimensions such as ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation. The course will include identification of one's own social and cultural identities and group memberships and how these relate to working with clients, colleagues, and other professionals. The course will emphasize time-limited treatment methods and practice with involuntary clients.

Course Content

This course will present several models of intervention designed to prevent and treat psychosocial problems of individual adults. Emphasis will be placed on approaches that enhance social functioning, strengthen problem solving capacities, and support the coping capacities of individual adults. The various models will be time-limited, responsive to the impact of social environments, and supported by empirically based studies. Treatment models that focus on specific psychosocial problems associated with work, relationships, mood, anxiety, and impulse problems will be discussed. Several treatment models will be presented, including Brief Psychodynamic Therapy, Motivational Interviewing, Interpersonal Therapy, Cognitive and Dialectical Behavioral Interventions. These intervention models will also be evaluated for how well they fit the special needs of diverse populations. Each model that is presented will cover all phases of the intervention process: engagement and screening, assessment, planning, evaluation, implementation, and termination. Although evaluation will be discussed in much greater depth in the evaluation course, students will learn how to integrate evaluation techniques and measures into their on-going interventions with individual adults so that they can employ systematic measures of their effectiveness in the field. This course will carefully explore the issues that influence and determine client motivation because many individual adults come into the treatment process with varying degrees of willingness and sometimes are coerced to seek help by

authorities or family members. Strategies that workers can employ to engage reluctant or resistant clients will be presented. Intervention models in this course will be general enough to apply to a wide range of adult clients in a wide range of adult situations, since other courses will focus more specifically on special populations and problems. Course content will include ethical issues that relate to interpersonal practice with individual adults and those elements of the NASW code of ethics that especially impact on practice with individual adults (e.g., boundary and comportsment issues between worker and client).

Course Objectives

Upon completion of the course, students will be able to:

- 1) Describe how theory informs and shapes the kinds of intervention strategies that may be employed when working with individual adults, including the indications and contraindications of various IP models. (Practice Behaviors 3.IP, 6.IP)
- 2) Assess the effectiveness of various kinds of intervention models and procedures that may be utilized with individual adults. (Practice Behaviors 6.IP, 10.c.IP)
- 3) Demonstrate social work skills [with individual adults] in the pre-engagement, engagement, assessment, intervention, ending and evaluation phases of interpersonal social work practice. Critically apply in a practice setting a minimum of two empirically supported IP theories. (Practice Behaviors 3.IP, 10.a.IP, 10.b.IP, 10.c.IP, 10.d.IP)
- 4) Conduct an assessment of coping resources and strengths; biophysical, emotional, behavioral and cognitive functioning; intra-personal and environmental systems. Assess life-threatening problems, such as addictions and violence; and forms of oppression clients' experience. Identify and assess the effects of diversity dimensions (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation). (Practice Behaviors 4.IP, 9.IP, 10.b.IP)
- 5) Demonstrate their ability to form worker-client alliances and collaborations, communicate empathically, and help enhance motivation for change, cultivate hope, and address ambivalence and internal and external barriers to change. (Practice Behaviors 1.IP, 2.IP, 10.a.IP)
- 6). Identify ways to match or modify intervention methods effectively with [adult] client problems, across diverse populations, cultural backgrounds, sociopolitical contexts and available resources. (Practice Behaviors 4.IP, 9.IP, 10.c.IP)
- 7) Identify one's own social and cultural identities and group memberships, and how these relate to working with clients, colleagues, and other professionals. (Practice Behaviors 1.IP, 4.IP, 5.IP)
- 8) Evaluate the efficacy of interventions used with adult clients including the use of specific evaluation measures. (Practice Behavior 10.d.IP)
- 9) Apply and articulate social work values, ethical standards, and principles unique to interpersonal practice interventions [with adults] involving diverse populations and settings. (Practice Behavior 2.IP)

Course Design

This course will employ a number of pedagogical strategies to promote skill development such as: lecture, discussion, case presentations, gamed simulations, case analysis, interactive media simulations, exercises in vivo, practice within the classroom through role playing, didactic presentation of theory/models/procedures, modeling with demonstration on video, etc. The instructor also welcomes any innovative ideas from students as to other modalities. Please know that this course syllabus represents a guide for the course and does not preclude changes deemed necessary by the professor or faculty at large. Such changes could include: the introduction of additional content, changes in order of content, changes in assignment and exam due dates, etc. Likewise, students are encouraged to act as critical reviewers of the course content throughout the semester and give comment and suggestions to the professor for consideration.

Relationship of the Course to Four Curricular Themes

- *Multiculturalism and Diversity* will be addressed through careful analysis of how clinical models can be applied and modified to fit the special needs of various groups. Resistance and motivation of adults to interventions will be covered to demonstrate how effective intervention models must be adapted to the fit the needs of various ethnic and racial groups. This course will emphasize that mono-cultural clinical models must be adapted to fit the definitions of “problem” and “treatment” that exist in diverse groups in order for social workers to practice with adults from diverse backgrounds.
- *Social Justice and Social Change* will be addressed by recognizing that, historically, clinical services have excluded poor and oppressed clients from “talking therapies.” Often these clients were given the harshest and most restrictive treatments (e.g. shock, sterilization, medications, and lobotomies), whereas more privileged clients were granted more benign interventions (e.g. outpatient family therapy). This course will examine these differences as well as how socioeconomic exclusion arises in screening criteria that exclude clients because of intelligence, verbal ability, insight, and motivation.
- *Promotion, Prevention, Treatment, and Rehabilitation* will be addressed through a focus on intervention models and intervention procedures that can be used to prevent and treat psychosocial problems of adults.
- *Behavioral and Social Science Research* will be addressed through careful selection of intervention models for which there is empirical evidence on efficacy. Students will learn that although many time-limited models of practice with adults have proliferated over the past two decades, not all of them have generated research that demonstrates their efficacy.

Relationship of the Course to Social Work Ethics and Values

In working with adults, social workers must encourage self-determination and empower adult clients to choose and pursue their own change goals. Ethical issues such as sexual relations between client and worker, involuntary treatment, primacy of client interests, and precipitous withdrawal of services will be considered as they impact individual clients.

Attendance in Class Sessions

As an advanced practice course, it is important that you attend each class session. Participation and class attendance are professional responsibilities. The class sessions involve skill development experiences that go beyond course readings. It is important to be prepared to discuss assigned readings and to share experiential knowledge. To maximize individual and group learning, attendance and participation are expected. It is especially helpful when we share examples from our experiences (field

and others). Also, feel free to draw on current events and literature related to course topics in order to promote our learning.

If for any reason you miss **more than two** sessions, the grade will be lowered five points for each session or half session over unless the session is made up. To make up a session find out from other students what was covered in the missed sessions and develop a make-up plan to be submitted via email for my approval. The plan should focus on the topic of the missed session, and should involve three or more hours of effort.

Students in Need of Accommodations

If you have a documented disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Office of Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

Incompletes and Extensions

Incompletes and extensions are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course and/or assignment. The student must formally request an incomplete from the instructor prior to the final week of classes, and an extension as soon as the need arises.

Work Expectation

The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Thus, you are expected to spend a minimum of six hours per week of preparation for this class. The assignments in this class have been developed to help the student systematically gain social work knowledge, to develop social work practice skills and values, and to enable the student to achieve successfully the goals and objectives of the course.

A Note on the Learning Environment

While all of us come to this course with various experiences, skill sets and values, it is important that we respect diverse opinions and perspectives. The class is designed as a co-learning environment and one where class members are encouraged to try new skills and take risks. Your contribution as a “teacher and a learner” in the class will enhance the learning for all class members.

Academic Honesty

Please consult the Student Guide <http://www.ssw.umich.edu/studentGuide/> [Student Code of Academic and Professional Conduct] to make sure you are not committing plagiarism in your written reports. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. Plagiarism can be grounds for expulsion from the School. A useful reference:

1) University Library and CRLT web resources on academic integrity:
<http://www.lib.umich.edu/acadintegrity/>

Writing Assistance

For assistance with writing, you may go to the Writing Workshop, 1139 Angell Hall, 764-0429. Also, I am happy to review any drafts of assignments, provided they are given to me no less than one week before they are due.

Technology in the Classroom

Laptops are NOT allowed. I have found that they cause too much distraction and/or distraction temptation, for both user and non-user classmates. If you need to utilize a laptop during class due to a (dis)ability or special circumstance, please let me know. Feel free to doodle, knit, use a stress ball, etc. if you listen best while utilizing kinetic energy.

If you must use your cell phone during class time, please make sure the ringer is silenced, and that **ALL phone activity (texting included) takes place outside the classroom**. Texting inside the classroom will result in your class participation grade being lowered, as well as potential embarrassment for both you and me when I call you out on it.

Readings

All readings are available on the CTools site for this class, under the "Resources" section. A few will need to be accessed through Mirlyn, as noted.

As this is primarily a treatment class, very little time will be spent on diagnostics. The following are superb (optional) resources for information related to mental health diagnoses, as well as treatment, culture, and overall mental health themes. Specific relevant chapters are noted, and are posted on CTools. The reports are available online in their entirety.

Mental Health: A Report of the Surgeon General

Chapter 2: The Fundamentals of Mental Health and Mental Illness

Chapter 4: Adults and Mental Health

Mental Health: Culture, Race and Ethnicity (A Supplement to Mental Health: A Report of the Surgeon General)

Chapter 2: Culture Counts: The Influence of Culture and Society on Mental Health

Assignments

This course will employ 3 grading mechanisms:

Biopsychosocial Assessment	30%
Small reflection papers	60%
Active engagement/participation in class	10%

Assignments are due at the beginning of class on the due date, either as a hard copy or via the Drop Box on CTools; anything turned in later than this will be considered one day late. Assignments will be marked down by 5% for every day late. In order to be fair to all class members, this policy needs to be uniform.

Please pay attention to assignment length requirements.

If you are unhappy with your feedback and/or grade on a paper, the paper may be rewritten and turned in no later than 1 week after it has been returned to you. The average of the two grades will then be your grade for the actual paper. The second paper should be turned in with the changes highlighted and any deletions crossed out.

Letter grades in the course will be assigned on the following basis:
100=A+, 95-99=A, 90-94=A-, 87-89=B+, 83-86=B, 80-82=B-, 77-79=C+ etc.

Descriptions of the assignments are at the end of the syllabus.

Course Outline

September 8

Introduction to Course

Theories of Psychosocial Intervention/Treatment

Intervention: Biopsychosocial Assessment

Clinical Issue: Evidence-Based Interventions
Building the Therapeutic Alliance

Readings:

American Psychological Association, (2006). *Evidence-Based Practices in Psychology*.

Andermann, L.F., & Lo, H-T. (2006). Cultural competence in psychiatric assessment. In Goldbloom, D.S. (Ed.), *Psychiatric Clinical Skills*, 21-28. Mosby, Inc.

Segal, D.L., June, A., & Marty, M.A. (2010). Basic issues in interviewing and the interview process. In Segal, D.L., & Hersen, M. (Eds.), *Diagnostic Interviewing*, 1-21. Springer Science + Business Media, LLC.

Hutchings, P.S., & Virden, T.B. (2010). Presenting problem, history of presenting problem, and social history. In Segal, D.L., & Hersen, M. (Eds.), *Diagnostic Interviewing*, 39-59. Springer Science + Business Media, LLC.
(entire book available online through Mirlyn)

Optional - Chapter 2 – Some Hypotheses Regarding the Facilitation of Personal Growth
in Rogers, C. (1961). *On Becoming a person: A therapist's view of psychotherapy*. Boston:
Houghton Mifflin Company.

September 15

Intervention: Assessment, cont'd
Cognitive Behavioral Therapy (CBT) – the Basics
CBT – Depression

Clinical Issue: Building the Therapeutic Alliance, cont'd
Ethics

Readings:

Chapter 11: Cognitive-Behavioral Theory and Techniques
in Sue, D., & Sue, D.M. (2008). *Foundations of counseling and psychotherapy: Evidence-based practices for a diverse society*. Hoboken, NJ: John Wiley & Sons, Inc.

Chapter 2 - Depression

in Leahy, R.L., & Holland, S.J. (2000). *Treatment plans and interventions for depression and anxiety disorders*. New York, NY: Guilford Press.

Chapter 1: You Can Change the Way You Feel

Chapter 5: How to Change the Way You Feel: The Four Steps to Happiness

in Burns, D.D. (1999). *The feeling good handbook*. New York, NY: Penguin Putnam. Inc.

Tjeltveit, A.C., & Gottlieb, M.C. (2010). Avoiding the road to ethical disaster: Overcoming vulnerabilities and developing resilience. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 98-110.

NASW Code of Ethics

September 22

Intervention: CBT – Depression, cont'd
CBT – Bipolar Disorder

Clinical Issue: Diversity in Treatment

Readings:

Chapter 7: Cognitive Therapy

In Johnson, S.L., & Leahy, R.L. (2003). *Psychological treatment of bipolar disorder*. New York, NY: Guilford Press.

Nelsen, J.C. (2002). Diversity as an influence on clients with anxiety and depressive disorders: What the responsible social worker should know. *Families in Society*, 83 (1), 45-53.

Yan, M.C., & Wong, Y-L.R. (2005). Rethinking self-awareness in cultural competence: Toward a dialogic self in cross-cultural social work. *Families in Society*, 86(2), 181-188.

Sue, D.W., Capodilupo, C.M., Torino, G.C., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. In *Readings in Multicultural Practice*. Gamst, G.C., Der-Karabetian, A., & Dana, R.H. (Eds.). Los Angeles: Sage Publications, 293-315.

Lee (K.H.), L.J. (2005). Taking off the mask: Breaking the silence – The art of naming racism in the therapy room. In Rastogi, M., & Wieling, E. (Eds.), *Voices of Color: First-person accounts of ethnic minority therapists*, 91-115. Thousand Oaks: SAGE Publications.

Ali., S.R., Flojo, J.R., Chronister, K.M., Hayashino, D., Smiling, Q.R., Torres, D., & McWhirter, E.H. (2005). When racism is reversed: Therapists of color speak about their experiences with racism from clients, supervisees, and supervisors. In Rastogi, M., & Wieling, E. (Eds.), *Voices of Color: First-person accounts of ethnic minority therapists*, 117-133. Thousand Oaks: SAGE Publications.

Mental Health: Culture, Race and Ethnicity (A Supplement to Mental Health: A Report of the Surgeon General)

Chapter 2: Culture Counts: The Influence of Culture and Society on Mental Health

September 29

Intervention: CBT – Anxiety Disorders

Clinical Issue: Diversity in Treatment, cont'd

Readings:

Chapter 1 – Overview and History of Exposure Therapy for Anxiety.

in Abramowitz, J.S., Deacon, B.J., & Whiteside, S.P.H. (2011). *Exposure therapy for anxiety: Principles and practice*. New York, NY: Guilford Press.

Chapter 4 – The disability experience: Affect and everyday experiences

in Olkin, R. (2001). *What psychotherapists should know about disability*. New York, NY: Guilford Press.

Chapter 1 – What Are the Anxiety Disorders?

in Bourne, E.J., (2000). *The anxiety and phobia workbook*. New Harbinger Publications, Inc.

Kort, J. (2004). Queer eye for the straight therapist: Creating an affirming practice for gay clients.

Psychotherapy Networker, 28(3).

Barbara, A.M. (2007). Asking the right questions, 2: Talking about sexual orientation and gender identity

in mental health, counseling, and addiction settings. Centre for Addiction and Mental Health.

October 6

Intervention: CBT – Anxiety Disorders, cont'd

Clinical Issue: Boundaries
Self-Disclosure

Readings:

Chapter 8 – Clinical Perspectives on Therapist Disclosure

in Farber, B.A. (2006). *Self-disclosure in psychotherapy*. New York, NY: Guilford Press.
Entire book available online through Mirlyn.

Other readings TBD

October 13

Study Break – No class

October 20

Intervention: Dialectical Behavioral Therapy (DBT)

Clinical Issue: Difficult clients

Readings:

Chapter 1 – Overview of Dialectical Behavior Therapy
in Dimeff, L.A., & Koerner, K. (2007). *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York, NY: Guilford Press.

Chapter 3 – Dialectical Behavior Therapy: Treatment Stages, Primary Targets, and Strategies
in Miller, A.L., Linehan, M.M., & Rathus, J.H. (2006). *Dialectical behavior therapy with suicidal adolescents*. New York, NY: Guilford Press.
Entire book available online through Mirlyn

Chapter 5 – Patients Who Test Our Patience
in Kottler, J.A. (2003). *On being a therapist*. Jossey-Bass.

Germer, C.K. (2005). Mindfulness: What Is It? What Does It Matter? In Germer, C.K., Siegel, R.D., & Fulton, P.R., *Mindfulness and psychotherapy* (3-27). New York, NY: The Guilford Press.

October 27

Intervention: DBT, cont'd, and other Mindfulness-Based Therapies
Self-Injury
Suicidality

Readings:

Chapter 6 – Mindfulness-and Acceptance-based Strategies
Optional - Chapter 5 – Offering the Client an Acceptance-Based Behavioral Model of Human Functioning
in Roemer, L., & Orsillo, S.M. (2009). *Mindfulness- and acceptance-based behavioral therapies in practice*. New York, NY: The Guilford Press.

Chapter 6 – Initial Therapeutic Responses
Chapter 15 – Managing the Reactions of Therapists and Other Caregivers to Self-Injury
Optional - Chapter 1 – Definition, Differentiation from Suicide, and Classification
in Walsh, B.W. (2006). *Treating self-injury: A practical guide*. New York, NY: Guilford Press.

Chapter 1 – You Have Only Moments to Live
Chapter 2 – The Foundations of Mindfulness Practice: Attitudes and Commitment
in Kabat-Zinn, J. (2005). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Random House, Inc.

Sakinofsky, I. (2006). Suicide and suicidality. In Goldbloom, D.S. (Ed.), *Psychiatric Clinical Skills*, 145-163. Mosby, Inc.
Entire book available online through Mirlyn.

November 3

Intervention: Solution-Focused Therapy

Readings:

Cheung, S. (2009). Solution-focused brief therapy. In J.H. Bray & M. Stanton (Eds), *The Wiley-Blackwell*

Handbook of Family Psychology, 212-225. Blackwell Publishing Ltd.

November 10

Intervention: Interpersonal Psychotherapy (IP)

Clinical Issue: Spirituality

Readings:

Weissman, M.M., Markowitz, J.C., & Klerman, G.L. (2007). *Clinician's quick guide to interpersonal psychotherapy*. Oxford University Press.

Frank, E., & Swartz, H.A. (2003). Interpersonal and social rhythm therapy. In Johnson, S.L., & Leahy, R.L. (Eds.), *Psychological Treatment of Bipolar Disorder*, 162-183. New York, NY: Guilford Press.

Chapter 7 – Ethical Issues

in Miller, G.A. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and technique*. John Wiley & Sons, Inc.

November 17

Intervention: Brief Psychodynamic Therapy

Clinical Issue: Transference and Countertransference

Readings:

Chapter 6 – Psychodynamic Theory and Techniques

in Sue, D., & Sue, D.M. (2008). *Foundations of counseling and psychotherapy: Evidence-based practices for a diverse society*. Hoboken, NJ: John Wiley & Sons, Inc.

Chapter 12 – Our Patients' Feelings about Us and Our Feelings about Our Patients

Chapter 18 – Learning to Intervene

Chapter 21 – Transference

Chapter 22 - Countertransference

in Cabaniss, D.L., Cherry, S., Douglas, C.J., & Schwartz, A. (2010). *Psychodynamic psychotherapy: A clinical manual*. John Wiley & Sons, Ltd.

Entire book available online through Mirlyn.

November 24

Intervention: Substance Abuse Treatment

Intervention: Motivational Interviewing (MI)

Clinical Issue: Boundaries & Self-Disclosure

Readings:

Chapter 4: What is Motivational Interviewing?

Chapter 5: Change and Resistance

Chapter 6: Phase 1 – Building Motivation for Change

in Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York, NY: Guilford Press.

Chapter 1

in Straussner, S.L.A. (2002). *Ethnocultural factors in substance abuse treatment*. New York, NY: Guilford Press.

December 1

Intervention: Substance Abuse Treatment, cont'd

Intervention: Dual Diagnosis

Clinical Issue: Involuntary Clients
Managed Care

Readings:

Cameron, C.L. (2006). Brief psychotherapy: A brief review. *American Journal of Psychotherapy*, 60 (2), 147- 152.

Chapter 1 – Dual Disorders: An Overview

Chapter 2 – Chemical Dependency: Treatment and Recovery

in Daley, D.C., Moss, H., & Campbell, F. (1993). *Dual disorders: Counseling clients with chemical dependency and mental illness*.

December 8

Intervention: Crisis Intervention

Intervention: Trauma Treatment

Clinical Issue: Self-care
Supervision and support

Clinical Issue: Termination

Class Party!

Chapter 1 – Overview of Crisis and Trauma Intervention

Chapter 2 – Basic Principles of Crisis Intervention

Chapter 5 – Common Crisis Intervention Strategies

in Wiger, D.E., & Harowski, K.J. (2003). *Essentials of crisis counseling and intervention*. John Wiley & Sons, Inc.

Chapter 8 – Alternative Therapies for Therapists

in Kottler, J.A. (2003). *On being a therapist*. Jossey-Bass.

Chapter 1 – Valuing the Person of the Psychotherapist

in Norcross, J.C., & Guy, J.D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York, NY: Guilford Press.

Entire book available online through Mirlyn.

Chapter 1 – Types of Endings

Chapter 2 – The Importance of Closure

Chapter 3 – Tasks for Ending

in Walsh, J. (2007). *Endings in clinical practice: Effective closure in diverse settings*. Chicago, IL: Lyceum Books, Inc.

Optional - Wilson, J.P. The lens of culture: Theoretical and conceptual perspectives in the assessment of psychological trauma and PTSD.

Assignment Details

This course will employ 3 grading mechanisms:

Biopsychosocial Assessment	30%
Small reflection papers	60%
Active engagement/participation in class	10%

Late papers will be marked down by 5% for every day they are late.

Letter grades in the course will be assigned on the following basis: 100=A+, 95-99=A, 90-94=A-, 87-89=B+, 83-86=B, 80-82=B-, 77-79=C+ etc.

A. Biopsychosocial Assessment

30% of grade

Due October 20

Conduct a clinical interview with a classmate, and complete the following:

1. Write up a Biopsychosocial Assessment (an outline and example will be handed out in class).
2. Describe your thoughts and feelings about being interviewed. (2 pages) Consider the following:
 - what was the experience like?
 - how did your interviewer try to build rapport with you?
 - did you gain any new insights about what it may be like for clients undergoing a biopsychosocial assessment?
3. Share your thoughts and feelings about being the interviewer. (2 pages) Consider the following:
 - what was the experience like?
 - culturally, how similar are you to the interviewee? Did this impact the interview in any way?
 - how did you try to build rapport with the interviewee?
 - what do you perceive are your strengths as an interviewer? What skills do you need to work on?
4. Obtain feedback from your partner regarding their experience of you as interviewer. Reflect on their perceptions (1 page).

B. Small Reflection Papers

60% of grade

Due dates vary

How did I get here, and where am I going?

Regardless of the treatment modalities we practice, or the settings we practice them in, we all bring our own experiences, our ideas about ourselves, and our ideas about others, into any relationship. Social workers focusing on issues related to mental health benefit from being aware of what they bring to the table.

We carry ourselves wherever we go.

Even in our professional capacity as social workers, our interactions and reactions to others are sometimes subtly or not so subtly shaped by our own inner world, which in turn has been shaped by many intersecting contexts - family, community, and culture.

It is my hope that these short response papers will allow you to meaningfully reflect on how your lifetime of experiences thus far impacts and informs (and will continue to impact and inform) your work with people, personally and professionally – the idea being, if you know yourself better, you can work to understand/empathize with others more effectively and meaningfully. Of course, this is not something that can be figured out over one semester, but maybe this can be one step along the way, wherever you are at in your process. It is my intention that these reflection pieces serve as a journal which will comprise a larger written work that is an exploration of you and your multiple identities, and how these complexities will add to as well as challenge your professional (and personal) endeavors.

Topics

Due dates are noted below. All responses should be between 2-4 pages long (double-spaced). Your papers are kept strictly confidential, and you are not required to share any information that may make you uncomfortable.

You may either turn in a hard copy, or use DropBox on CTools to submit an electronic copy.

1. Reflect on and write about how growing up in your family contributed to your desire to become a social worker.

Due September 22

2. You may have done exercises similar to this in the past: quickly, write down at least 5 identity groups you belong to (Mexican-American, Muslim, middle class, Republican, queer, etc). Now, narrow down the list to the two that are the most important to you right now.

Write about 1) what narrowing down the number of groups was like, 2) why these two feel the most salient at this time, and 3) how will these identities inform and/or affect your work as a social worker?

Due October 6

3. Last year, a legal case involving the Masters in Counseling program at Eastern Michigan University was covered nationally. Julea Ward, a student in the program, brought a lawsuit against EMU after she was expelled for refusing to counsel clients who were in gay or lesbian relationships. Ms. Ward stated that her beliefs as a Christian prevented her from working with clients whose lifestyles were against God's laws. The case was heard by the 6th U.S. Circuit Court of Appeals. In December, 2012, EMU settled out of court, and wiped the expulsion from Ms. Ward's record.

-what are your thoughts about this case?

-are there ways in which you identify with Ms. Ward?

-are there populations that you may be challenged in working with?

Due October 27

4. What are your ideas about how psychotherapy helps?

Additional but optional topic to reflect on: Have you ever been in therapy? Why or why not? Some people believe that in order to be a therapist, one has to have experienced therapy themselves – what are your opinions on this?

Due November 3

5. We are getting nearer to the end of the semester, which means that stress may be building! Write a paper about what's pissing you off this week - a colleague, supervisor, client, professor, institution, situation at field....

Due November 17

6. Is it okay to hate a client? Is it okay to love a client? In this response, explore your reactions to these questions. Have you had experience(s) where you have had strong feelings for a client? What may have triggered those for you? What might be the benefits and challenges in having human emotional responses to our clients?

Due December 1

C. Class Participation/Active Engagement

10% of grade

Class attendance is required. If you are unable to come to class on a specific day, please contact me (via email to create a written record) with the reason for the absence. If for any reason you miss more than two sessions, your final grade will be lowered five points for each session over unless the session is made up. To make up a session find out from other students what was covered in the missed sessions and develop a make-up plan to be submitted via email for my approval. The plan should focus on the topic of the missed session, and should involve three or more hours of effort.

Active participation in class is expected. Active participation can be demonstrated in several ways, some examples are: participation in discussion, volunteering for in-class exercises, bringing experiences or problems from clinical practice to class discussion, sharing clinical activities or techniques with class members, thoughtfully processing classroom experiences, taking risks in sustaining dialogue on difficult issues that arise in class, and posing suggestions for additional readings and learning activities for classmates.