



<b>COURSE TITLE:</b>	<b>Interpersonal Practice with Adult Individuals</b>
<b>DIVISION NUMBER:</b>	<b>778</b>
<b>CLASS NUMBER:</b>	<b>628 SECTION: 002 COURSE #21072</b>
<b>CREDIT HOURS:</b>	<b>3</b>
<b>PREREQUISITES:</b>	<b>SW521, Advanced Standing, or permission of instructor</b>
<b>METHODS TYPE:</b>	<b>Advanced Interpersonal Practice Methods Course</b>

**FALL, 2014**  
**Wednesday 5PM-8PM**  
**Room 2816 SSWB**

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### **1. 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.

### **2. 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, and Cognitive 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 compoment issues between worker and client).

### **3. 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.

2) Assess the effectiveness of various kinds of intervention models and procedures that may be utilized with individual adults.

3). Demonstrate advanced 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.

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).

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.

6). Identify ways to match or modify intervention methods effectively with [adult] client problems, across diverse populations, cultural backgrounds, sociopolitical contexts and available resources.

7) Identify one's own social and cultural identities and group memberships, and how these relate to working with clients, colleagues, and other professionals

8) Evaluate the efficacy of interventions used with adult clients including the use of specific evaluation measures.

9) Apply and articulate social work values, ethical standards, and principles unique to interpersonal practice interventions with adults involving diverse populations and settings.

#### **4. Course Design:**

This course will use several strategies to promote knowledge and skill development, such as readings, case analyses, role play simulations inside and outside of the classroom, modeling and video demonstrations, and didactic presentations of theories, models, and procedures. Whenever possible, assignments will be tied to the field placement experiences of students.

#### **5. 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 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.

## **6. 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.

### **REQUIRED TEXTS:**

\* Teyber, E. (2010). Interpersonal process in psychotherapy: An integrative model. 6<sup>th</sup> Edition. Belmont, CA: Brooks/Cole. ISBN-10: 0495604208.

\*Davis, M., McKay, M., Eshelman, E. R. (2008). The Relaxation and Stress Reduction Workbook. Oakland, CA: New Harbinger. Sixth edition. ISBN-10: 1572245492.

### **RECOMMENDED READINGS TO HELP WITH SPECIFIC ASSIGNMENTS:**

Antony, M. M. & Barlow, D. H. (2004), Handbook of Assessment and Treatment Planning for Psychological Disorders. New York: Guilford.

\*Fischer, J. & Corcoran, K. (2007). Measures for clinical practice: A sourcebook. New York: Oxford University Press.

\*Hudson, W. (1982). The clinical measurement package: A field manual. Homewood, IL: Dorsey.

\*Ivey, A. E., D'Andrea, M., Ivey, M. B., and Simek-Morgan, L. (2006). Theories of Counseling and Psychotherapy: A Multicultural Perspective (6th Edition). Boston: Allyn & Bacon.

\*Murdock, N. (2008). Theories of Counseling and Psychotherapy: A Case Approach (2<sup>nd</sup> Edition). Prentice-Hall.

\*Neukrug, E.S. & Schwitzer, A.M. (2006). Skills And Tools For Today's Counselors And Psychotherapists. Thompson: Belmont, CA.

\*Turner, F. J. (1996). Social work treatment: Interlocking theoretical approaches. Glencoe IL: Free press.

Books on reserve in library are marked with \*

### **ASSIGNMENTS**

Assignments will emphasize the development and practice of new skills. You will develop your ability to assess your skills and to give and receive constructive feedback from others. An important tool will be the recording and assessment of your interview skills and interventions with audio or video tapes. Exercises will also focus on developing stress management skills that will increase your empathy and interview preparedness and will decrease burn-out potential. You will also be expected to know how to evaluate relevant scientific literature as a way to inform your practice and to be able to select tools for measuring your effectiveness. Finally, assignments will help you to expand your theoretical base, apply theories

to practice, and integrate various approaches. The following is an overview of the assignments. Most assignments must be typed using the editorial style of the American Psychological Association. You will find exemplary assignments on the class web site written by students in previous classes.

**1) Brief Written Exercises.** Three brief exercises are available on the Ctools site along with instructions and due dates. [Pass/Fail; “Pass” = “A” in grade calculation; 5% of grade]

**2) Therapeutic Alliance and “Honoring” Resistance.** Audio or video tape at least 15-30 minutes of a role-played interview. Provide only basic information to the role-play “client” prior to the role-play but indicate whether it is the beginning, middle, or ending phase of treatment. Demonstrate abilities such as accurate empathy (reflection of feelings), summarizing, partializing, “going beyond what was said” [deep empathy], exploring ambivalence, “honoring” resistance, and other abilities for engaging the client. Do not feel forced to show all the skills but rather focus on the “client’s” needs. During the role-play, acknowledge and discuss any worker/client differences as appropriate (e.g., age, gender, race, class, religion, sexual orientation, special abilities). Ask the role-play “client” to give you written and verbal feedback. An Interview Rating Sheet is available for written feedback from the “client”. Repeat the role-play and again ask for written and verbal feedback. The two Interview Rating Sheets from the “client” should also be turned in with the assignment. Transcribe 5-10 minutes of the tape to illustrate a strength in your approach OR a place where you felt “stuck” and in need of additional feedback. Discuss your strengths and the areas you believe need more work. Submit the transcript along with this assessment. You can comment within the transcript itself on your skills and what you might have said differently [3-4 pages double-spaced not including transcript; Pass/Fail; “Pass” = “A”; 15% of grade; Due date: 10-23-14]

### **3) Method Application and Integration.**

Look for information on a theoretical approach that you want to learn more about. For ideas, you may want to review topics in books on practice theories such as those in the Recommended Reading section above by F. Turner, N. Murdock, or Ivey et al. (2006) or review video transcripts of interviews with practitioners on the Alexander Street web site in the Video Clips folder of Ctools. First, find a published literature **review** of studies (as opposed to an individual study) to learn about the scientific evidence for the effectiveness of the approach. In your search terms it is helpful to use terms like “meta-analysis” and “review”. If you determine that there is enough evidence to support the approach for the problem you want to focus on, then continue with the steps below. Otherwise, keep looking. Then read a chapter or article about the approach. If possible, view a video tape illustrating the approach.

In writing: 1) Briefly summarize the approach, in particular its theoretical principles and main techniques; 2) Discuss what problems it is often applied to and the limitations of the approach; 3) Describe its strengths and limitations when applied to specific racial, ethnic, cultural, or socially/economically disadvantaged groups. 4) To illustrate the theoretical approach, write an imaginary worker-client dialogue *or* include one from an audio or video tape, book, or article. Describe how the dialogue illustrates the approach. 5) Briefly summarize the literature review you found in the first step above. Describe the following: a) possible biases you detect in the selection or interpretation of studies in the review; b) specific lessons from the

review article that you can apply to your practice; c) limitations of the approach or approaches as discussed in the review or that you detect. [7-9 pages; graded; 25% of grade]. [Due date 11-13-14]

**4) Centering and Interview Preparation.** Cognitive restructuring, progressive relaxation, and autogenic methods of centering oneself will be taught in class. Apply at least one of these methods to a number of role-play or actual interviews with clients as indicated on the Interview Preparation Form. Using this Form, assess your level of discomfort before and during the interview and reflect on the process of centering and preparation after the interview. Extra forms are available on the class Web site. Make assessments of your comfort level for at least 3 interviews without any preparation/centering. Your assessments for these 3 interviews will form a brief baseline for comparison with the centering/preparation phase of the assignment. Next, make assessments for 5 more interviews but this time use one of the preparation/centering methods. In 3-4 double spaced pages describe: a) The centering method or methods you used and your reasons for using them; b) What seemed to help or hinder your implementation of the centering methods you used? c) What are the overall outcomes, lessons, and conclusions from your implementation of the centering and interview preparation skills? [Pass/fail; 15% of grade; “Pass” = “A” in grade calculation][Due date: 12-3-14].

**5) Intervention and Assessment Work.** Write a paper about a case that describes the following phases: assessment, intervention plan, intervention implementation, ethical issues, and case evaluation. Use these phases as subheadings in your paper. You can develop part of the case with your imagination if you need to, for example, if you have seen a client just once or twice and want to imagine what a more complete intervention would look like. You might also be able to use a case study contained in a film or book.

**a) Assessment.** [About 2 pages] Include a very brief description of the presenting problem [a half page or less], demographics [e.g., age, race, gender, class, etc], history of the problem. Also include actual or **possible** Axis I and Axis II diagnoses [DSM-IV], working hypotheses, and alternative hypotheses, or present an argument against the use of diagnoses. If appropriate, evaluate the validity and cultural meanings and variants of the diagnoses.

**b) Intervention Plan.** [About 2 - 3 pages] Describe the theoretical approach or approaches that are likely to be the most effective for this case and the goals for intervention as developed through a contract with the client. If more than one theoretical approach is used, describe how you would integrate these approaches theoretically or apply them sequentially to the case. Discuss any barriers or resistance to client progress and how these barriers or resistances were addressed.

**c) Intervention Implementation.** [About 3 pages] Illustrate the approach you used through a transcript of a taped role-play or actual interview. If it is an actual interview, be sure to disguise the identity of the client. You will **not** turn in the tape. Comment on your strengths, areas needing more work, and the accuracy of your original assessment and plan. Describe how you might improve your responses, including the use of general theoretical approaches you did not use. You may make the role play or actual session as long as you want. For the transcription,

use about 5 minutes of the tape or about 12-15 statements from the client and 12-15 of your responses to the client.

**d) Ethical Issues.** [About 1 - 2 pages] Describe a current or past ethical dilemma you faced with this client or a dilemma that could occur. Discuss possible ways for resolving the dilemma or the way you did resolve it.

**e) Case Evaluation.** [About 1 – 2 pages] Select or create a measure for the evaluation of the goals established for work with this particular role-play or actual client. You do not have to actually administer the measure. It is more important to describe how you would introduce the measure to your client. Write down what you actually might say to the client. It is a good idea to suggest at least two measures. Sources for finding instruments include: Fischer, J. & Corcoran, K. (2007). Measures for clinical practice: A sourcebook; Hudson, W. (1982). The clinical measurement package: A field manual. Homewood, IL: Dorsey; and Antony, M. M. & Barlow, D. H. (2004), Handbook of Assessment and Treatment Planning for Psychological Disorders. New York: Guilford. The UM Library also has a web site to help search for measures: <http://guides.lib.umich.edu/findingtests>

If *possible*, give evidence of the reliability and validity of the measure and discuss its strengths and limitations. If you create your own simple measure, it can be patterned after measures shown in class based on simple scales, such as 7 point, 10 point or 100 point scales, of “subjective units” of discomfort, anger, satisfaction, fear, or whatever the problem area might be. Write the words you would use to explain the evaluation procedure to your client. [9-12 pages. Graded: 40% of grade] [Due date: 12-12-14]

## **STUDENTS WITH DISABILITIES**

Any student who feels that he/she may need an accommodation for any sort of disability (learning, physical, emotional) in order to complete course requirements, please contact me if you would like to discuss privately possible accommodations.

## **SELF CARE**

Regardless of whether you have experienced major traumas, readings, class discussions, videos, lectures, and assignments may precipitate distress, anxiety, a sense of helplessness, or other reactions. While these reactions are natural, they may interfere with your personal and academic life. If you experience a persistent and increasing sense of distress, it is important to seek assistance. The School’s Office of Student Services and the UM’s Counseling and Psychological Services (764-8312) can assist you. The instructor can also assist you in locating resources you may need. (Adapted from syllabus of Professor M. Yoshihama)

## **ACADEMIC HONESTY**

Please consult the Student Guide [ <http://ssw.umich.edu/msw-student-guide/section/1.12.02/plagiarism> ] 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. Useful web resources can be found at: <http://guides.lib.umich.edu/swintegrity> and <http://www.lib.umich.edu/acadintegrity/>

## **WRITING ABILITY**

Social workers need to be very clear in their written reports in order to communicate clearly with colleagues and to maintain accurate records. If you need writing help, I can refer you to School and University resources, such as the Sweetland Center for Writing <http://www.lsa.umich.edu/sweetland/>. If major papers have more than several instances of unclear writing or serious grammatical errors, the grade for the paper will be lowered by a half grade point.

## **CLASS ATTENDANCE AND PARTICIPATION**

Participation in class discussions is strongly encouraged but will not be graded, in part because there are cultural and personality differences that affect participation. Attendance is expected at each class and is extremely important because the experiential learning and discussions that occur in class cannot easily be replicated outside of the classroom. If you miss between 1-3 classes for any reason, extra assignments will be given so that you will be able to learn the material you missed. You will need to complete these assignments within three weeks of receiving the assignment. If you know in advance that you will miss class, please ask a classmate or the instructor to audio record the class, share notes, and collect handouts for you. If you miss four or more classes (31% or more of all class sessions) you will need to meet with the instructor to discuss options, including withdrawal from the class, more extensive make up assignments, or lowering the final grade (a half grade point for each class missed beyond two missed classes).

## **COURSE OUTLINE:**

### **UNIT 1: META-THEORIES AND WORKING ALLIANCE**

#### **Class 1: 9-3-14**

The Uses and Misuses of Theory  
Ingredients of the Therapeutic Alliance

#### **Class 2: 9-10-14**

Meta-theories for Addressing Sexism, Heterosexism, Racism & Classism  
Self-Centering for the Worker  
Establishing a Working Alliance

Required reading:

“What You Bring to Training and Helping” in R. Nelson-Jones (1993), Lifeskills helping, Chapter 3.



Chapts. 1 & 2, “An Interpersonal Process Approach”, & “Establishing a Working Alliance”, in E. Teyber (2006), Interpersonal process in psychotherapy.  
Chapts. 1, 2, 3, and 9 in Davis et al. (2000). The Relaxation and Stress Reduction Workbook.  
“How You React to Stress”, “Body Awareness,” “Breathing,” and “Autogenics”.

**Class 3: 9-17-14**

Developing Cultural Humility  
Enhancing Motivation for Change  
Assessing Your Motives as a Helper

Required reading:

“The Empowerment Approach to Social Work Practice” in Turner, F. J. (1996). Social work treatment: Interlocking theoretical approaches.

Chapt. 3, “Honoring the Client’s Resistance,” in Teyber.

“Racial microaggressions in everyday life: implications for clinical practice” by Sue, DW, Capodilupo, CM, Torino, GC, Bucceri, JM, Holder, AM, Nadal, KL, Esquilin, M. American Psychologist. 2007 May-Jun;62(4):271-86.

Recommended reading:

“Aboriginal Theory: A Cree Medicine Wheel Guide for Healing First Nations”

**UNIT 2: INCREASING CLIENT AWARENESS**

**Class 4: 9-24-14**

Overview of Theoretical Approaches and Their Integration  
Relaxation as a Foundation for Change  
Introduction to Motivational Interviewing

Required reading:

Ponzo, Z. (1976) Integrating techniques from five counseling theories.  
Personnel & Guidance Journal, 54(8), 415-4191.

Chapts. 4, 5, and 6 in Miller and Rollnick, “What is Motivational Interviewing”, “Change and Resistance: Opposite Sides of the Coin”, “Phase 1: Building Motivation for Change”  
Chapts. 4 and 7 in Davis et. al, “Progressive Relaxation” and “Applied Relaxation Training”

**Class 5: 10-1-14**

Responding to Resistance  
Meditation and Creative Imagery

Required Reading:

Chapt. 7 in Miller and Rollnick, “Responding to Change Talk”  
Chapts. 8 in Miller and Rollnick, “Responding to Resistance”  
Chapts. 5 & 6 in Davis et al., “Meditation” and “Visualization”

## UNIT 3: COGNITIVE & PERSONALITY CHANGE & ETHICAL DILEMMAS

### **Class 6: 10-8-14**

Addressing Ethical Dilemmas  
Refuting Irrational Ideas  
Self Suggestions

Required reading:

Read and complete exercises in Chapt. 3, “Ethical Decision Making”, in B. Cournoyer, The social work skills workbook (2<sup>nd</sup> edition)(1996).

Chapt. 8 and 12 in Davis et al., “Self-Hypnosis” and “Refuting Irrational Ideas”

Chapt. 4 in Teyber, “An Internal Focus for Change”

### **Class 7: 10-15-14**

Cognitive Techniques  
Approaching Trauma in Clients

Required Reading:

Chapt 13 in Davis et al., “Facing Worry and Anxiety”

Chapt. 1 in Young et al., Schema Therapy: A Practitioner’s Guide, “A Conceptual Model”

Chapt. 5 in Teyber, “Helping Clients With Their Feelings”

### **Class 8: 10-22-14**

Coping Skills Training  
Desensitization  
Core Cognitions from Childhood

Required Reading:

Chapt. 14 in Davis et al., “Coping Skills Training”

Chapt. 2 & 3 in Young et al., “Schema Assessment and Education” & “Cognitive Strategies” (in Coursetools)

Chapt. 6 in Teyber, “Familial and Developmental Factors”

## UNIT 4: BEHAVIOR AND INTERPERSONAL CHANGE

### **Class 9: 10-29-14**

Social Learning Theory  
Selecting Measures for Practice Evaluation  
Research Reviews on Efficacy of Practice Approaches and Problems  
Inflexible Coping Strategies

Required Reading:

Chapt. 17 in Davis et al., “Assertiveness Training”

Chapt. 7 in Teyber, “Inflexible Interpersonal Coping Strategies”

**Class 10: 11-5-14**

Goal Setting

Conflict in the Therapeutic Relationship

Required Reading:

Chapters 16 and 21 in Davis et al., “Goal Setting and Time Management” and “When It Doesn’t Come Easy – Getting Unstuck”.

Chapt. 8 in Teyber, “Relational Themes and Reparative Experiences”

**Class 11: 11-12-14**

The Therapy Relationship for Interpersonal Change

Required reading:

“LGB Psychotherapy Guidelines”, American Psychological Association

Chapt. 9 in Teyber, “An Interpersonal Solution”

**Class 12: 11-19-14**

Culturally competent diagnoses

Required Reading:

“Personality Disorders.” From: Castillo, R.J. (1997). Culture and Mental Illness: A Client-Centered Approach. Pacific Grove, CA: Brooks/Cole.

“APA Policy Statement: Transgender, Gender Identity, & Gender Expression Non-Discrimination”, adopted by the American Psychological Association Council of Representatives August, 2008.

**11-26-14 Thanksgiving Holiday – No Class**

**Class 13: 12-3-14**

The Process of Termination & Transpersonal Social Work

Required Reading:

Chapt. 10 in Teyber, “Working Through and Termination”

Demonstrations of integrative methods

Transpersonal social work

Required Reading:

Leight, Arlen Keith(2001) Transpersonalism and Social Work Practice. *Social Thought*, 20: 1, 63-76

Besthorn, Fred H.(2001) Transpersonal Psychology and Deep Ecological Philosophy. *Social Thought, 20*: 1, 23-44

Recommended Reading:

Chapt. 28 in F. Turner book: "Transpersonal Social Work" (in Coursetools)

**Brief Pass/Fail Exercises**  
**SW628**  
**FALL 2014**

The following pass/fail exercises with a passing grade equal to 'A'. For exercise 3, you can either type your answers and submit them as an email attachment or submit them directly from the video clip web site. For the other exercises, please submit them in Ctools. If that does not work, you may submit the hard copies in class

**1) What You Bring to Training and Helping**

After reading Chapter 3 in Nelson-Jones "What You Bring to Training and Helping" from Ctools Brief Exercises, complete: Exercise 8, My Fears and Anxieties About Helping  
Due Date: 9-9-14

**2) Reflecting Feelings and Paraphrasing**

Read the section from Sevel et al. and complete the exercises for reflecting feelings and paraphrasing  
Due Date: 9-16-14

**3) Honoring Resistance: Video Clip Reaction**

Access the video clips associated with Teyber textbook through the Ctools Resources folder, and the Video Clips folder. Click on Video Clips near the upper left hand corner. View clips 5 and 6 with Myra and answer the questions after each clip.  
Due Date: 9/25/14

**Examples of Scientific Reviews that Support Many of the Interventions**

**Effects of exposure, relaxation training, and breathing retraining:**

[Psychological treatment of panic disorder with or without agoraphobia: A meta-analysis.](#)  
Sánchez-Meca, Julio; Rosa-Alcázar, Ana I.; Marín-Martínez, Fulgencio; Gómez-Conesa, Antonia; *Clinical Psychology Review*, Vol 30(1), Feb, 2010. pp. 37-50.

[Relaxation for depression.](#)

Jorm AF, Morgan AJ, Hetrick SE. *Cochrane Database Syst Rev*. 2008 Oct 8;(4):CD007142.

**Relaxation training (Jacobson's progressive relaxation, autogenic training, applied relaxation and meditation):**

[Relaxation training for anxiety: a ten-year systematic review with meta-analysis.](#)

Manzoni GM, Pagnini F, Castelnuovo G, Molinari E. *BMC Psychiatry*. 2008 Jun 2;8:41.

## **Relaxation therapy for anxiety and insomnia:**

### [Mind-body therapies: are the trial data getting stronger?](#)

Ernst E, Pittler MH, Wider B, Boddy K. *Altern Ther Health Med*. 2007 Sep-Oct;13(5):62-4.

## **Mild-to-moderate depression/dysthymia, and functional sleep disorders:**

### [Autogenic training: a meta-analysis of clinical outcome studies.](#)

Stetter, Friedhelm; Kupper, Sirko; *Applied Psychophysiology and Biofeedback*, Vol 27(1), Mar, 2002. pp. 45-98. *Appl Psychophysiol Biofeedback*. 2002 Mar;27(1):45-98.

## **Short-term Dynamic Therapy:**

### [Therapist affect focus and patient outcomes in psychodynamic psychotherapy: A meta-analysis.](#)

Diener, Marc J.; Hilsenroth, Mark J.; Weinberger, Joel; *The American Journal of Psychiatry*, Vol 164(6), Jun, 2007. pp. 936-941.

### [The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis](#)

Driessen et al. (2010) *Clinical Psychology Review*, Vol 30, Issue 1, February 2010, Pages 25-36

The efficacy of psychodynamic psychotherapy. Shedler, Jonathan. *American Psychologist*, Vol 65(2), Feb-Mar 2010, 98-109.

## **Generalized anxiety disorder, panic disorder and some personality disorders:**

### [Short-term psychodynamic psychotherapy: review of recent process and outcome studies](#)

AJ Lewis, M Dennerstein... - *Australasian Psychiatry*, 2008

[Efficacy of short-term psychotherapy for multiple medically unexplained physical symptoms: A meta-analysis.](#) M Kleinstäuber, M Witthöft... - *Clinical Psychology Review*, 2010 – Elsevier

### [The efficacy of brief dynamic psychotherapy: a meta-analysis.](#)

Crits-Christoph P. *Am J Psychiatry*. 1992 Feb; 149(2):151-8.

### [Alliance and technique in short-term dynamic therapy.](#)

Crits-Christoph P, Connolly MB. *Clin Psychol Rev*. 1999 Sep;19(6):687-704.

Beck's cognitive therapy (CT), Young's schema focused therapy (SFT), and Linehan's dialectical behavior therapy (DBT),

[Cognitive-behavioral therapies for personality disorders.](#) Rafaeli E. *Isr J Psychiatry Relat Sci*. 2009;46(4):290-7.

### [Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review](#)

David Tolin, *Clinical Psychology Review*, Volume 30, Issue 6, August 2010, Pages 710-720

## **Dialectical behavior therapy and dual-focus schema therapy:**

### [Psychotherapy of personality disorders and concomitant substance dependence.](#)

Kienast, Thorsten; Foerster, Julia; *Current Opinion in Psychiatry*, Vol 21(6), Nov, 2008. pp. 619-624.