



Interpersonal Practice with Adult Individuals  
SW 628  
Winter, 2015  
Wednesdays, 2:00pm to 5:00pm  
Office hours: by appointment

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### **Course Description**

This course will approach work with individual clients from a person-in-environment perspective and build on the content presented in course 521. 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" including 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 efficacy studies (e.g., stress management and stress reduction models). 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 such as Psychodynamic Therapy, Cognitive Behavioral Interventions for depression and anxiety, Task-Centered Practice, Interpersonal Psychotherapy for Depression, etc. These intervention models will also be evaluated for how well they fit the special needs of diverse populations within the key diversity dimensions. 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 Practice Area

evaluation courses, 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 compartment 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 knowledge and skill development, such as reading assignments, case analyses, interactive media simulations, in vivo exercises, role play simulations within the classroom, modeling and video demonstrations, didactic presentations of theory/models/procedures. Whenever possible, graded assignments will be tied to the field placement experiences of students.

## **Theme Relation to Multiculturalism & 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.

## **Theme Relation to Social Justice**

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. examine these differences as well as how socioeconomic exclusion arises in screening criteria that exclude clients because of intelligence, verbal ability, insight, and motivation.

## **Theme Relation to Promotion, Prevention, Treatment & 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.

## **Theme Relation to 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 to SW 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.

## **Class Expectations:**

This course will use a combination of lecture, class discussion, case material, role-plays, group discussion and video material as appropriate. Students are expected to attend all class sessions. **The instructor must be notified in the event of a possible absence due to illness or emergency.**

- **More than 2 absences will result in a reduction in the final grade. More than 3 absences will require special consideration.**
- **Assignments are expected to be on time. Assignments that are turned in late will result in an automatic reduction in the grade.**
- **Class participation is required and is worth 10 % of your final grade. Participation will include participation in various in-class therapeutic exercises as well as giving critical feedback to your fellow classmates.**

## **Grading:**

The requirements listed below are the minimal expectations for class assignments, and if followed precisely will result in a “B+” grade for the assignment. A grade higher than “B+” will be given to work that has gone above and beyond the minimal qualifications. This would reflect more thorough, thoughtful and thought provoking work on your part. This will be discussed in detail in class. Feel free to ask questions about this policy!

## **Class Requirements:**

Progress in this course will be assessed by three assignments. The aim of the assignments is to give you an opportunity to gain practical expertise, focus on your own specific area of interest, or explore new areas that may not be covered in detail in the class. My hope is that you will draw from your personal experience and choose topics that will aid you in your current internship placement, or a specific personal interest related to interpersonal practice with adults that will enhance your professional career.

**All papers are to be typed with page numbers, double spaced, and written in professional, clinical style.**

## **Assignment 1**

### **Clinical Case Presentation and Summary:**

This assignment is an in-class clinical case presentation and written case summary reflection. Each week clinical case presentations will be given by selected students as assigned. Each student will be assigned one in-class clinical case presentation during the semester. Presentations will be approximately 5 minutes long with clinical case discussion to follow each case for approximately another 5 minutes, with a maximum 15 minutes. The purpose of the clinical case presentation is to address any area where you would like feedback from the class in order to gain a greater understanding or new perspective on a case situation. Often times the case presentations will be addressing areas where you have felt stuck or need additional feedback on a particular process or issue.

The clinical case presentation should follow the following format:

- Brief case description: presenting problem/concern, any critical issues, relevant histories including information from the 7 client domains. Please remember to protect confidentiality of any case material and alter case information to ensure that clients are not able to be identified. The purpose of this background information is to help us to engage in the clinical formulation and intervention planning.
- Summarize your clinical formulation or impressions. Include your assessment and clinical hypothesis and the rationale for their development. Also discuss any worker/client diversity factors that may have impacted on your clinical impressions and engagement process.
- Share with the class your clinical question or learning outcome you would like to address in this case presentation.
- Summarize the interventions you have utilized and their efficacy along with the treatment plan.

Written case summary reflection: This 2 page case summary reflection should integrate what you learned about your clinical question or learning outcomes based on the feedback that you received from the class discussion.

- Brief Overview of the Clinical Question or Learning Outcome
- What issues did this clinical question or learning outcome evoke in you? (Reflect on your emotional/cognitive response to what you are finding challenging with this situation.)
- What skills did you identify as critical to resolving this clinical question or meeting the learning outcome?
- What clinical resources did you identify as helpful to you to better understand the clinical question or learning outcome?
- What did you learn about your development as a reflective practitioner from this presentation and review?

The written case reflection summary should be 1 to 2 pages and submitted on c-tools within **one week post presentation.**

**This assignment is worth 20% of your grade and dates for presentations will be selected during the first two classes.**

### **Assignment 2**

**Internal Family Systems Assignment:** In this assignment, you will be applying the concepts from the Richard Schwartz readings to yourself and to one additional person in a 3-4 page paper.

- Describe your exiles. Please include feeling states as well as their behavioral or physiological manifestations.
- Describe the managers that you use to function on a daily basis. Please include your thoughts about why you developed these particular coping strategies in light of your history.
- Describe your firefighters and what you perceive to be the triggers that ignite them. Please also include the ramifications of them in your life.
- Describe the qualities of your "Self." Describe a situation in which you were able to access your "self" and the method (mindfulness technique) you used to do this.
- Please briefly apply these concepts to one additional person that you know well and with whom you interact on a regular basis. Please also show the relationship between your parts and the other person's parts.

**This assignment is worth 30% of your grade and due in the drop box on c-tools by 2:00pm on February 24, 2015.**

**Assignment 3:** Intervention and **Assessment Paper:** Write a paper about a case that describes the following phases of work with a client: assessment, intervention plan, intervention implementation, and personal reflection. 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 a more complete intervention. **Please cite at least 6 references from class readings as they relate to your work with this client, and include a page with your citations.**

- **Assessment:** A brief description of the presenting problem including demographics (e.g., age, race, gender, class,) history of the problem with **all material disguised to protect confidentiality.** You may also include actual or possible diagnoses (DSM-IV or V.)
- **Context:** The context in which you know this client and the client's precipitating issue.
- **Motivational Assessment:** Describe the client's stage of change and what indications you have to determine the stage.
- **7 Domains:** Briefly describe the salient issues of the 7 domains as they influence the interpersonal process with this client.
- **Salient issues:** First order problems, other initial determinants of your goals or work together, including locus of control.

- **Ethical issues:** Describe any ethical issues that may pertain to this case.
- **Intervention Plan:** Describe the theoretical approach or approaches that are likely to be the most effective for this case and the goals for intervention. 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 would be addressed.
- **Intervention Implementation.** Illustrate the approach you used through a **transcript of an actual interview**. Comment on 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 session as long as you want. For the transcription, use about 12-15 statements from the client and 12 or 15 of your responses to the client.
- **Evaluation:** Describe how you would evaluate the efficacy of your work.
- **Personal reflection.** Please address **all** of the following elements in this section of the paper, and state:
  - Your own reaction to this encounter
  - Describe transference/counter-transference issues with this client or how your self awareness/relaxation model applies to your work with this client
  - In what areas do you think you need to grow to feel more competent in your work with individuals?
  - In what areas did you feel competent during this encounter?

**This assignment should be 7-8 pages in length and is worth 40% of your grade and is due in the drop box on c-tools by 9:00am on April 15, 2015. Please feel free to discuss your intervention plan with me prior to your submission.**

**Required Text:** \* Teyber, E. (2011). *Interpersonal Process in Psychotherapy: A relational approach*. 6<sup>th</sup> Edition, Brooks/Cole.

### **Recommended Readings:**

- Beck, Judith S., Cognitive behavioral therapy: basics and beyond, 2011, New York, Guilford Press.
- Davis, M., McKay, M., Eshelman, E. R. (2000). The Relaxation and Stress Reduction Workbook. Oakland, CA: New Harbinger.
- Duncan, B., Hubble, M., Miller, S.(1999). The heart and soul of change, Washington, D.C., The American Psychological Association.
- Herman, Judith, (1992). Trauma and recovery, New York, Basic Books.
- Kort, J., (2008). Gay affirmative therapy for the straight clinician. New York, Norton
- Linehan, Marsha M., (1993). Skills training manual for treating borderline personality disorder, New York, Guilford Press.

- Miller, W.R., Rollnick, S., (2002). Motivational interviewing. New York, Guilford.
- Prochaska, J.O., Norcross, J.C., DiClemente, (1994). Changing for good. New York, Quill.
- Real, Terence, (1997). I don't want to talk about it. New York, Scribner.
- Schwartz, Richard C., (1995). Internal family systems therapy. New York, Guilford Press.

**Journal articles available through C-Tools.**

**Class Schedule**

**Week 1: January 7, 2015**

***Introduction to IP work with adults***

***Class requirements***

**Week 2: January 14, 2015**

***Client domains: cognitive, emotional, physical***

Readings:

1. Text: Chapter 1
2. Schwartz: Ch. 1, 2
3. Welner, M., Mastellon, T., Work in progress: Defining evil through the depravity standard and clinician's inventory for the everyday extreme & outrageous, 2010
4. Thompson, R., Lewis, M., Calkins, S.. (2008)Reassessing emotion regulation. *Child Development Perspectives*, 2(3)124-131.

**Week 3: January 21, 2015**

***Client domains: behavioral, cultural, relational***

Readings:

1. Text: Chapter 3, 4, 7
2. Real: Ch. 5 p.113-136
3. Corbett, Carolyn A.,(2003) Special issues in psychotherapy with minority deaf women. *Women & Therapy*, 26(3-4) 311-329.

**Week 4: January 28, 2015**

***Client domain: historical***

Readings:

1. Text: Ch. 6, 8
2. *OnBeing* podcast Krista Tippett with Bessel Van Der Kolk:  
<http://www.onbeing.org/program/restoring-the-body-bessel-van-der-kolk-on-yoga-emdr-and-treating-trauma/5801>
3. Wylie, Mary Sykes (2004). The limits of talk. *The Psychotherapy Networker*, 28(1), 30-41.
4. Trappler, B., Cohen,C., Rajesbree, T., (2005) Impact of early lifetime trauma in later life: depression among Holocaust survivors 60 years after the liberation. *American Journal of Geriatric Psychiatry*, 15:1, January, 2007
5. Herman: Ch.2, p. 33-50

**Week 5: February 4, 2015**

***Client domains: gender/ sexual identity***

Readings:

1. Kort, Ch. 1,2

**Week 6: February 11, 2015**

***Understanding the Social Worker***

Readings:

1. Text: Chapter 2, 5
2. Weinstein, G. (2008). Life, death, madness, *The Psychotherapy Networker*, Jul/Aug, 2008
3. Cohen, M.B. (1999). On the receiving end of social work services. *Reflections*, 5/1, 45-50

**Week 7: February 18, 2015: Assignment 2 due today.**

***Understanding the Process***

Readings:

1. Text: Ch. 9, 10
2. Hansen, J. Consequences of the Postmodernist Vision: Diversity as the Guiding Value for the Counseling Profession. *Journal of Counseling and Development: JCD* 88.1, Winter, 2010, p. 101-107
3. Gelso, C. The real relationship in a postmodern world: theoretical and empirical explorations, *Journal of Psychotherapy Research*, May, 2009, 19 (3): 253-264.
4. Zayas, L., Drake, B. & Jonson-Reid, M. (2010) Overrating or dismissing the value of evidence-based practice: Consequences for clinical practice. *Clinical Social Work Journal*.
5. Drapeau, Martin; Korner, Annett C.; Brunet, Louis, (2004). When the goals of therapists and patients clash: A study of pedophiles in treatment. *Journal of Offender Rehabilitation*, 38,(3), 69-80.
6. Dolan, Yvonne. (2003). The pragmatics of hope. *The Psychotherapy Networker*, 27(1), 39-43.

**Week 8: February 25, 2015** guest: Maureen Lyn Bernard, LMSW

***Motivational Interviewing***

Readings:

1. Prochaska, Norcross, Diclemente: Chapter 2
2. Miller & Rollnick: Ch. 6 p. 52-84

**MARCH 4, 2015: Winter Break, NO CLASS**

**Week 9: March 11, 2015**

***CBT, Narrative, Solution Focused, Interpersonal Process***

Readings:

1. Text: Ch. 9
2. Beck: Ch 1,2
3. Mahoney, Annette M.; Daniel, Carol Ann, (2006). Bridging the power gap: narrative therapy with incarcerated women. *The Prison Journal*, vol. 86 (1), 75-88.

**Week 10: March 18, 2015 guest: Mark Mitchell, LMSW**

***Dialectical Behavioral Therapy***

Readings:

1. Butler, Katy, (2001). Revolution on the horizon. *The Psychotherapy Networker*, 25(5), 26-39.
2. Linehan: Ch. 1 p. 1-7

**Week 11: March 25, 2015 guest: Amy Stern, LMSW**

***Mental Health***

Readings:

1. Wahl, O. O. & Aroesty-Cohen, E. (2010). Attitudes of mental health professionals about mental illness: A review of the recent literature. *Journal of Community Psychology*, 38(1), 49-62.

**Week 12: April 1, 2015 guest: Julie Hamilton, LMSW**

***Acceptance and Commitment Therapy***

Reading:

1. Hayes, S., Luoma, J., Bond, F., Masuda, A., Lillis, J, Acceptance and commitment therapy: Model, processes and outcomes, *Journal of Behavior Research and Therapy* 44 (2006) 1-25

**Week 13: April 8, 2015 Assignment 3 due today.**

***Evaluation, Outcomes, Termination***

Readings:

1. Text: Ch 10
2. Drisko, James W., (2004). Common factors in psychotherapy outcome: meta-analytic findings and their implications for practice and research. *Families in Society*, 85 (1), Jan-Mar, 81-90.
3. Duncan, B., Miller, S., Sparks, J., Claud, D., Reynolds, L., Brown, J., Johnson, L.(2003). The session rating scale: Preliminary psychometric properties of a working alliance measure. *Journal of Brief Therapy*, 3 (1), p. 3-12.
4. Miller, Roger, (2000). Perspectives on the efficacy of psychotherapy, *Smith College Studies in Social Work*, 70(2),207-216