



SCHOOL OF SOCIAL WORK

UNIVERSITY OF MICHIGAN

Interpersonal Practice with Adult Individuals
SW 628-002
Spring/Summer 2016
Office hours (SW2740): 5-6pm Mondays &
Tuesdays, or by appointment.

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Classroom: 2752

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 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 Brief Psychodynamic Therapy, Cognitive Behavioral Interventions for depression and anxiety, Task-Centered Practice, Focused Analytic Single Session interventions, 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.
- 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 that 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.

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.

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.

Approved by faculty 9/3/2014

Class Expectations:

This course will use a combination of lecture, class discussion, case material, role-plays and actual practice exercises, experiential activities, small group experiences, discussion and video material to enhance learning.

Attendance: *Students are expected to attend all class sessions.* Since this is a practice course, much of the learning is experiential and requires attendance. This means attendance is crucial to understanding the content of the course. **You can miss one class with a valid excuse.** Please contact the instructor before you miss the class in order for the excuse to be valid. Beyond this one absence you will lose points for missing class, especially given that there are only 11 class sessions in the Spring/Summer term. Please save your one absence for sickness or any events you must attend instead of class.

Due dates: Assignments are to be submitted on CANVAS by 11:59pm on the assigned due date. After the due date, 1 point will be deducted per day each day late from your grade on the assignment, with a maximum of 5 points deducted for a late submission.

Computers: Computers may be used during power point lectures or when completing small group assignments. Otherwise, computers need to be closed so that you can actively participate in class. Thank you for being respectful of this request.

Participation: Beyond attendance, class participation is 10% of your grade. This includes participation in class exercises and giving constructive feedback to your peers. There will be many opportunities and ways to participate in class, so please engage in ways that you are

comfortable and in ways that push your comfort zone. Despite our cultural and personality differences, social work requires us to interact, and this will be an expectation in class as well.

Written Assignments:

All writing assignments are to be typed, double-spaced, using 12-point font, with 1-inch margins on each side, using APA style (5th edition). Your written work will be graded on a clear grasp and integration of the course content, completeness, thoroughness, originality and creativity, organization and clarity, format, writing style, grammar and appropriate referencing of sources. Good, clinical writing is expected and you will lose points for lack of clarity. OWL Purdue is an excellent resource for how to cite in APA. In addition to citations, if you need help with writing, please consult with Betsy Williams who is the Writing Coordinator in the Career Services Office here in the School of Social Work she can be reached by email at: betsywil@umich.edu

Academic Conduct:

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, assessments or assignments. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. If you are in doubt cite! Plagiarism can be grounds for expulsion from the School. A useful web resource on academic integrity can be found at: <http://www.lib.umich.edu/acadintegrity/>

ACCOMMODATIONS

If you need or desire an accommodation for a disability, please let me know as soon as possible. Many aspects of this course, the assignments, the in-class activities and the way that the course is taught can be modified to facilitate your participation and progress throughout the semester. The earlier that you make me aware of your needs the more effectively we will be able to use the resources available to us such as the services for Students with Disabilities, the Adaptive Technology Computing Site, and the like. If you do decide to disclose your disability, I will (to the extent permitted by law) treat that information as private and confidential. Also, please notify me if religious observances conflict with class attendance or due dates for assignments so that we can make appropriate arrangements.

The Grading Scale is:

A = 100% - 95%	B+ = 89% - 86%	C+ = 79% -76%
A- = 94% - 90%	B = 85% - 83%	C = 75% -73%
	B- = 82% - 80%	C- = 72% - 70%

A+ is reserved for exceptional work.

Class Requirements:

Progress in this course will be assessed by three assignments and your attendance/participation. The aim of the assignments is to give you an opportunity to integrate what you are learning in class with your interpersonal work in field and for you to explore specific interests in certain methods used with adults.

Your Grade will be based on:

Participation (on-going):	10%
Clinical Case Presentation (TBD):	5%
Clinical Case Summary (TBD):	30%
Ethical Dilemma (June 15th):	20%
Assessment & Intervention (July 20th):	35%

Assignment #1: Clinical Case Presentation and Summary:

Clinical Case Presentation and Summary:

This assignment is an in-class clinical case presentation and written case summary reflection. Each week 2-3 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 15 minutes long with clinical case discussion to follow each case for approximately another 15 minutes, for a total time of 30 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:

- Share with the class one clinical question (you may present two questions if time allows) or learning outcome you would like to address in this case presentation. The question should be stated as “In presenting this case, I would like help with answering this (question, dilemma, etc.)”
- Brief case description: presenting problem/concern, any critical issues, and 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 cannot 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 your clinical impressions and engagement process.
- Summarize the interventions you have utilized and their efficacy along with the treatment plan.

Written case summary reflection: This 3-4 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(s) 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?
- Did your choice of therapeutic model used in the intervention with the client initially change after the presentation or stay the same?

This assignment is worth 30% of your grade and dates for presentations will be selected during the first class. Your written case summary and presentation will need to be uploaded onto CANVAS one week following your presentation.

The presentation portion of will be worth 5% of your grade. The presentation grade will be based on how prepared you are, as well as the organization and dissemination of the clinical information presented.

Assignment #2: Ethical Dilemma:

Ethical Issues Paper: 3-6 pages. Describe a current or past ethical or cross-cultural dilemma you faced with a client or a dilemma that could occur.

- Describe the dilemma and the context it came up. Discuss the client's position and your position as it relates to the dilemma.

- What are possible ways of approaching or resolving the dilemma, or in what way you did you actually approach or resolve it?
- What were the consequences of your resolution?
- Was there anything that could have been addressed before?

Refer to the NASW social work code of ethics and at least one other reading from the course on ethics and cross-cultural social work and one scholarly source that you found on your own to support your paper. This additional source can be a reading from another course either past or present. Include a reference sheet/works cited. This means your paper should include reference to the Code of Ethics and a minimum of two additional scholarly sources. **(This assignment is worth 20% of your grade).**

This paper is due June 15th by 11:59pm on CANVAS.

Assignment # 3: Intervention & Assessment Paper

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. If you are not currently working with clients or have not worked with clients in the past, please come and talk with me. I am happy to assist you in finding a suitable “client.”

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. This assignment is worth 35% of your grade

Please use the **sub-headings** below in your paper:

- **Assessment:** A brief description of the presenting problem including demographics (e.g., age, race, gender, class, sexual orientation, religion, age/disability) history of the problem with **all material disguised to protect confidentiality**. You may also include actual or possible diagnoses (DSM-5). The diagnosis will be presented in paragraph form as required by the DSM-5.
- **Context:** The context in which you know this client and the client’s precipitating issue.
- **Clinical impressions:** Include a brief description of the client’s ability to engage, her/his/hir physical, mental, emotional, social state at the time of the interview, and their motivation and stage of change.
- **Treatment Goals:** What are the goals of the intervention? What needs to change? Separate goals based on locus of control for the change. In other words, separate

recommendations for system's interventions from changes that the client can control and change. (For example: **A systemic locus of control**: "the homelessness intervention program will work with Sandy toward a secure housing situation". **A client-based locus of control**: "Sandy will reduce negative thoughts that interfere with her attending her meetings with her case manager to work toward more secure housing").

- **Ethical Issues**: Describe any ethical or cross cultural issues that arise with your involvement in this case. Comment on your difference's from the client based on gender, race, ethnicity, class, age, sexual orientation, gender identity, religion, language, etc., and how you addressed the differences.
- **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 12-15 of your responses to the client.
- **Evaluation**: Describe how you would evaluate the efficacy of your work. Select or create a measure for the evaluation of the goals established for work with this particular client. If you can actually administer the measure with your client - wonderful, but 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. 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/tests>*. For example, you could use the BECK Depression Inventory or the PHQ-9 for a client with depressive symptoms.
- **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 7-10 pages in length and is due Wednesday, July 20th on CANVAS by 11:59pm. Please feel free to discuss your intervention plan with me prior to your

submission or submit a rough draft to me for comments at least one week prior to the due date.

REQUIRED TEXTS:

* Teyber, E. (2010). Interpersonal Process in Psychotherapy: An Integrative Model. 6th Edition. Belmont, CA: Brooks/Cole.

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.
- Beck, A.T., Freeman, A. & Associates, (1990). Cognitive Therapy of Personality Disorders, New York, Guilford Press
- Eamon, Mary Keegan. (2008). Empowering vulnerable populations: Cognitive-behavioral Interventions. Chicago, IL: Lyceum Books Inc.
- Fischer, J. & Corcoran, K. (2007). Measures for Clinical Practice: A sourcebook. New York: Oxford University Press.
- Herman, Judith, (1992). Trauma and Recovery, New York, Basic Books.
- Hudson, W. (1982). The Clinical Measurement Package: A field manual. Homewood, IL: Dorsey.
- Hunter and Hickerson (2003), Affirmative Practice: Understanding and Working with Lesbian, Gay, Bisexual and Transgender Persons, NASW press
- 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 (2nd Edition). Prentice-Hall.
- Kort, J., (2008). Gay Affirmative Therapy for the Straight Clinician. New York, Norton
- Lev, Arlene Istar (2004): Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families, Hawthorn Clinical Practice Press.
- Linehan, Marsha M., (1993). Skills Training Manual for Treating Borderline Personality Disorder, New York, Guilford Press.
- Mellody, Pia, (2003). Facing Codependence, San Francisco, Harper.
- Miller, W.R., Rollnick, S., (2002). Motivational Interviewing. New York, Guilford.
- Neukrug, E.S. & Schwitzer, A.M. (2006). Skills and Tools for Today's Counselors and Psychotherapists. Thompson: Belmont, CA.
- 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.
- Turner, F. J. (1996). Social Work Treatment: Interlocking Theoretical Approaches. Glencoe IL: Free press.

- Walker, M. and Rosen W.B., (eds.) (2004). How Connections Heal: Stories from Relational-Cultural Therapy. New York: Guilford Press
- Wood, J., (2010, 2007). Interpersonal Communication: Everyday Encounters. 6th Edition. Wadsworth Cengage Learning.

Class Schedule

*The readings that are not in the text will be on CANVAS. Please note that this list is not inclusive of all of the readings for the course. I will update readings on CANVAS as we progress through the semester based on student feedback and interests.

Class 1: May 10:

Introduction

Class requirements

Ethical situations exercise

Assignment of Dates for Clinical Presentations

Class 2: May 17:

Cultural Competence vs. Cross Cultural Social Work (Yan and Wong)

The Relationship and reflexive engagement

The Goals of Assessment and Intervention: an overview

Required Readings:

Teyber Chapter 1 and 2.

- 1) Speicher, M. (1998). "Ethical Reasoning and Ethical Awareness". *Clinical Social Work Journal*, 4, 427-432.
- 2) Yan, M.C. & Wong, Y.R. (2005). "Rethinking Self Awareness in Cultural Competence: Toward a Dialogic Self in Cross Cultural Social Work." *Families in Society* 86(2), 181-188.
- 3) Social Work Code of Ethics, NASW

Class 3: May 24:

Developing Cross-cultural Skills: power, privilege and oppression

Your social positions and the client's social positions in IP Work

Required Readings:

- 1) Teyber Chapter 3.
- 2) **Required:** Choose at least one of these identity readings that best fits your own identity experience and one that fits people that have a different identity experience than your own: (we will be working with these in class)
 1. Hunter and Hickerson (2003), Chapter 4, "Individuals: Coming Out and Identity Development", Affirmative Practice: Understanding and Working with Lesbian, Gay, Bisexual and Transgender Persons, NASW Press

2. Lev, Arlene Istar, (2004), Chapter 7, "Transgender Emergence: A Developmental Process", in Transgender Emergence: Therapeutic Guidelines for Working with Transgender People and Their Families, Hawthorn Clinical Practice Press.
3. Tatum, B. (1997) Chapter 4 and 5, "(Racial) Identity Development in Adolescents and Racial Identity in Adulthood", from Why are all the Black Kids Sitting in the Cafeteria? Chapter 6,
4. Tatum, B. Chapter 6, "The Development of White Identity", Why Are All The Black Kids Sitting Together in the Cafeteria? Basic Books, 1997.
5. Sue, D., Chapter 5, "Racial/Cultural Minority Identity Development", Multicultural Social Work Practice.
6. Jacobs, M. R. (2015). Urban american indian identity: Negotiating indianness in northeast ohio. *Qualitative Sociology*, 38(1), 79-98. doi:<http://dx.doi.org/10.1007/s11133-014-9293-9>

Class 4: May 31:

Assessment, Intervention and the Integration of Therapeutic Approaches

Required Reading:

- 1) Teyber Chapter 4.
- 2) Ponzo, Z. (1976) "Integrating Techniques from Five Counseling Theories", Personnel & Guidance Journal, 54(8), 415-4191.
- 3) Miller and Rollnick, Chapters 4, 5, and 6, "What is Motivational Interviewing?", "Change and Resistance: Opposite Sides of the Coin", "Phase 1: Building Motivation for Change"

Class 5: June 7:

Building Coping Skills and Trauma Recovery

DBT

Trauma Treatments

Focus on Cutting and Other Para-suicidal Behaviors

Required Readings:

- 1) Teyber Chapter 5: Helping Clients with Their Feelings
- 2) Herman, Judith (1992), Chapters 1 and 2, "A Forgotten History" and "Terror", In *Trauma and Recovery: The Aftermath of Violence - from domestic abuse to political terror*
- 3) Wylie, Mary Sykes (2004). The limits of talk. *The Psychotherapy Networker*, 28(1), 30-41+.
- 4) Sweezy, M. (2011). Treating trauma after dialectical behavioral therapy. *Journal Of Psychotherapy Integration*, 21(1), 90-102. doi:10.1037/a0023011
- 5) Carmel, A., Rose, M., Fruzzetti, A. (2014). Barriers and Solutions to Implementing Dialectical Behavior Therapy in a Public Behavioral Health System. *Adm Policy Ment Health*, 41:608–614

Optional Reading (and very helpful!):

- 6) Linehan, Marsha (1993), Chapters 7, 8, 9 and 10, "Core Mindfulness Skills: "Interpersonal Effectiveness Skills", "Emotion Regulation Skills", "Distress Tolerance Skills", in the Skills Training Manual for Borderline Personality Disorder (pp 63-104).

Class 6: June 14:

Mental Illness and Pharmacology

Required Readings:

- 1) Teyber Chapter 6 and 7
- 2) Castillo, RJ (1997). "Personality Disorders," from, Culture and Mental Illness: A Client-Centered Approach. Pacific Grove, CA: Brooks/Cole
- 3) Bride, B., Abraham, A., Kintzle, S., Roman P. (2013). Social Workers' Knowledge and Perceptions of Effectiveness and Acceptability of Medication Assisted Treatment of Substance Use Disorders, *Social Work in Health Care*, 52:1, 43-58, DOI: 10.1080/00981389.2012.725457
- 4) Townsend, L. (2009). How Effective are Interventions to Enhance Adherence to Psychiatric Medications? Practice Implications for Social Workers Working With Adults Diagnosed With Severe Mental Illness, *Journal of Human Behavior in the Social Environment*, 19:5, 512-530, DOI: 10.1080/10911350902987987
- 5) Maina, G., Rosso, G., & Bogetto, F. (2009). "Brief Dynamic Therapy Combined with Pharmacotherapy in the Treatment of Major Depressive Disorder: Long-term Results". *Journal of Affective Disorders*, 114(1-3), 200-207

Class 7: June 21:

Evidence-based Practices

Cognitive Behavioral Therapy

DBT

Motivational Interviewing

Required Reading:

- 1) Comtois, K.A., Elwood, L., Holdcraft, L. C., Smith, W. R., & Simpson, T. C. (2007). "Effectiveness of Dialectical Behavior Therapy in a Community Mental Health Center", *Cognitive and Behavioral Practice* 14 (2007) 406–414.
- 2) Eamon, Mary Keegan. (2008). Chapters 2, 3: "Cognitive-Behavioral Theory and Methods", "Empowerment and Cognitive Behavioral Methods", in Empowering Vulnerable Populations: Cognitive-Behavioral Interventions. Chicago, IL: Lyceum Books Inc.
- 3) Tolin, D. (2010). Is cognitive-behavioral therapy more effective than other therapies?: A meta-analytic review, *Clinical Psychology Review*, Volume 30, Issue 6, Pages 710-720, ISSN 0272-7358, <http://dx.doi.org/10.1016/j.cpr.2010.05.003>
- 4) Sudak, D. (2012). Cognitive Behavioral Therapy for Depression, *Psychiatric Clinics of North America*, Volume 35, Issue 1, Pages 99-110, ISSN 0193-953X, <http://dx.doi.org/10.1016/j.psc.2011.10.001>.

- 5) LeBeau, R., Davies, C., Culver, N., Craske, M. (2013). Homework Compliance Counts in Cognitive-Behavioral Therapy, *Cognitive Behaviour Therapy*, 42:3, 171-179, DOI: 10.1080/16506073.2013.763286
- 6) Miller and Rollnick, Chapter 7 and 8, "Responding to Change Talk", "Responding to Resistance".

Class 8: June 28:

Evidence-based Practices

Relational Cultural Therapy

Crisis Interventions or Advocacy Interventions

Required Readings:

- 1) Teyber Chapter 8
- 2) Frey, L. L. (2013). Relational-cultural therapy: Theory, research, and application to counseling competencies. *Professional Psychology: Research And Practice*, 44(3), 177-185. doi:10.1037/a0033121
- 3) Duffey, T., & Somody, C. (2011). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling*, 33(3), 223-242. Retrieved from <http://proxy.lib.umich.edu/login?url=http://search.proquest.com/docview/878947638?accountid=14667>
- 4) 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.
- 5) Walker, M. and Rosen W.B., (2004). Chapters 1 and 3, "How Relationships Heal", "Walking a Piece of the Way", in How Connections Heal: Stories from Relational-Cultural Therapy. New York: Guilford Press, pp 35-52.

Class 9: July 5:

Affirmative Practice with TGLB adults

Middle stages of therapy

Required Readings:

- 1) Teyber Chapter 9
- 2) Hunter, S., Hickerson, J. (2003). Affirmative practice: understanding and working with lesbian, gay, bisexual, and transgender persons. Washington, DC: National Association of Social Workers. Chapter 10.
- 3) Siverskog, A. (2014). "They Just Don't Have a Clue": Transgender Aging and Implications for Social Work, *Journal of Gerontological Social Work*, 57:2-4, 386-406, DOI: 10.1080/01634372.2014.895472

- 4) Markman, E. (2011). Gender Identity Disorder, the Gender Binary, and Transgender Oppression: Implications for Ethical Social Work, *Smith College Studies in Social Work*, 81:4, 314-327, DOI: 10.1080/00377317.2011.616839

Class 10: July 12:

Practice with Vulnerable Populations

Required Readings:

- 1) Cambridge, P. and Williams L., "Approaches to Advocacy for Refugees and Asylum Seekers: A Development Case Study for a Local Support and Advice Service". *Journal of Refugee Studies*, 17(1), 97-113. (2004)
- 2) Cooper (2008), Chapter 11, "Narrative Therapy", from *Clinical Social Work Practice: An Integrated Approach*, Pearson
- 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.

Class 11: July 19:

Termination

Self-care

Where are we going from here?

Required Readings:

Teyber, Chapter 10

- 1) Davis, Chapters 16, 18 and 21 "Goal Setting and Time Management", *Managing Work Stress*, and "When It Doesn't Come Easy – Getting Unstuck".
- 2) Leight, Arlen Keith (2001), "Transpersonalism and Social Work Practice". *Social Thought*, 20: 1, 63-7