



FALL 2018

SW 521 (004): Interpersonal Practice with Individuals, Families and Small Groups

SW 511 (004): Interpersonal Practice Skills Laboratory

INSTRUCTOR: Kathryn Irish (she/her/hers)

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**Responses typically within 24 hours*

OFFICE: 2764 SSWB

OFFICE HOURS: Mondays (by appointment) between 12:00-1:00PM

**Please email me in advance or talk to me in class so I know when you plan to come to office hours.*

SW 521: Mondays 9:00 AM – 12:00 PM

SW 511: Mondays 2:00PM – 5:00 PM

CREDIT HOURS: 521 (3 credits) 511 (3 credits)

LOCATION: B760

Required Text

Ruffolo, Perron, Voshel, (2016) *Direct Social Work Practice: Theories and Skills for Becoming an Evidence-based Practitioner*, Sage.

ALL OTHER REQUIRED READINGS WILL BE POSTED ON CANVAS

Course Description

SW 521: This course presents social work foundation knowledge and skills essential to interpersonal practice with individuals, families and small groups in social contexts. It integrates content on multiculturalism, diversity, and social justice issues, and it relies on the historical, contextual, and social science knowledge presented concurrently in the foundation SWPS and HBSE courses. The student's field experience and future practice methods courses will build upon the skills presented in this basic course. Throughout this course, students examine social work values and ethics as well as issues of race, ethnicity, gender, sexual orientation, socio-economic status, age, religion, and ability as these relate to interpersonal practice.

SW 511: This course offers students the opportunity to practice the assessment, engagement, intervention and evaluation skills essential to interpersonal practice with children, youth and their families while considering the community, organizational, and policy contexts in which social workers practice. The student's field experience and future practice methods courses will build upon the skills rehearsed in this basic course. Throughout this course, students examine social work values and ethics as well as issues of race, ethnicity, gender, sexual orientation, religion, and ability as these relate to interpersonal practice.

Course Content

SW 521: This course builds a base from behavioral and social science theories to inform the practice concepts and skills taught in this course. Students learn how to perform various social work roles (i.e. counselor/clinical social worker, group facilitator, mediator, and advocate), recognizing that these roles must adhere to social work values and ethics. Students learn the importance of developing relationships with clients, colleagues, supervisors, other professionals, and many other constituencies. Students also learn how self-awareness and the conscious use of self, effect the helping relationship and how to apply practice skills such as active listening, empathic responding, contracting, critical and creative thinking in practice. In this course, all phases of the IP treatment process (i.e. engagement, assessment, intervention and evaluation) are presented and applied to social work practice with individuals, families, and small groups. Students learn how to assess vulnerabilities and strengths in clients' lives that relate to attributes (e.g. 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) as well as situational and environmental factors relevant to the client's social functioning. Students learn how to assess risks, and barriers, and to plan, implement and monitor change strategies. Students learn how to apply various evaluation techniques in order to demonstrate effectiveness.

SW 511: In this course all phases of the IP treatment and prevention process (i.e. engagement, assessment, planning, intervention, evaluation, and termination) will be taught and rehearsed, with attention to how they are applied to work with individuals, families, and small groups. Students will learn and practice specific skills, such as empathic inquiry and collaborative exploration to assess problems in clients' lives that relate to attributes of the client (e.g. age, race, ethnicity, gender, sexual orientation, ability) as well as the historical, political, situational, environmental and psychological factors relevant to the client's functioning. Students will practice the use of specific assessment tools, such as biopsychosocial assessment, genograms, ecomaps, and family sculpting to discern patterns of functioning, to assess strengths and vulnerabilities, and to plan, implement and monitor process of growth or change strategies. Students will practice methods of intervention specific to three modalities of intervention, such as CBT, Motivational Interviewing and Psychodynamic Psychotherapy. Additionally, students will learn strategies of self-regulation in order to stay cognitively and emotionally able to effectively intervene in therapeutic relationships. Students will practice methods of evaluating change based on situational effectiveness and on whether their implementation enhances the client's capacity for self-determination and the system's capacity for justice.

Course Objectives

SW 521: Upon completion of this course, students using a social work practice framework will be able to: 1. Describe and apply research-based knowledge and frameworks in interpersonal practice with individuals, families and small groups and critique the strengths and weaknesses of these various frameworks. (Practice Behaviors 3.1, 3.2, 6.2, 7.1, 10b.4) 2. Recognize the potential impact of race, gender, ethnicity, social class, sexual orientation, power and privilege on interpersonal practice. (Practice Behaviors 4.1, 4.3, 5.1) 3. Carry out the roles of counselor/clinical social worker, client services manager, group facilitator mediator, and advocate in a culturally responsive manner (by attending to social identities such as race, gender, ethnicity, social class, sexual orientation, and to power and privilege). (Practice Behaviors 1.1, 1.3, 4.1, 4.2, 4.4, 5.2, 5.3, 10c.2, 10c.3, 10c.4) 4. Demonstrate basic interpersonal practice skills including active listening, empathic responding, critical/creative thinking, case recording, and contracting. (Practice Behaviors 1.4, 3.1, 3.3, 10a.1, 10a.2, 10a.3) 5. Operationalize the NASW code of ethics and other ethical codes and recognize value dilemmas that emerge in interpersonal practice. (Practice Behaviors 2.2, 2.3)

SW 511: Upon completion of this course, students will be able to: (1) Demonstrate skills for engagement such as empathic inquiry, active listening, collaborative exploration, case recording and goal setting. (2) Utilize three assessment tools to identify client strengths and vulnerabilities, as well as sources of biopsychosocial, cultural, sociopolitical and spiritual risks and supports. (3) Recognize the impact of age, race, gender, ethnicity, social class, sexual orientation, power and privilege on interpersonal practice by (a) Demonstrating self-awareness of their own privilege, identity, positionality and life experiences impact on their capacity to relate to others with different personal privilege, identity, sociopolitical and life experiences. (b) Describing how others who are very different may perceive them and how status and power issues impact professional relationships with clients, colleagues, and other professions. (4) Conduct culturally sensitive interpersonal practice by: (a) Articulating socio-political, environmental, family and/or individual-level contributing factors of at least two

specific disorders, prevention and/or treatment goals, developing measurable prevention and treatment objectives, and employing measurement tools to monitor and evaluate practice while maintaining sensitivity to the individualized needs of clients. (b) Implementing treatment protocols consistent with treatment plans and sensitive to clients' situations (c) Recognizing basic termination issues that pertain to interpersonal practice. (5) Demonstrate intervention skills specific to two evidence informed treatment modalities such as CBT, Motivational Interviewing, and Psychodynamic Psychotherapy. (6) Demonstrate capacity for strategic use of self in the therapeutic relationship by identifying their own sociopolitical, environmental, and experiential or emotional/cognitive factors that may support or impede the therapeutic relationship.

Course Design

SW 521: This course employs a number of pedagogical strategies to promote skill development such as: gamed simulations, case analysis, interactive media simulations, exercises in vivo, practice within the classroom through role playing, didactic presentation of theory/models/procedures, etc.

SW 511: This course will use various methods such as individual exercises, simulations, class discussion, and small group work to examine and practice the material presented.

Course Relationship(s) to Curricular Themes

Theme Relation to Multiculturalism & Diversity

Multiculturalism & Diversity will be concentrated in the topics of relationship building, communication, assessment, intervention, termination and evaluation. These topics explore how the differences between worker and client impact and shape these critical dimensions of social work practice. Critical consciousness about power imbalances between worker and client and between client and agency are explored.

Theme Relation to Social Justice

Social Justice and Social Change will be central to the topic of various roles assumed by social workers and in clienthood. The focus of the course is on small system change (individual, families, and groups) but the larger social context and implications for change will be embedded in person in the environment (PIE) ecological assessment, and in the experience of applicants as they enter social agencies. These themes will be integrated into this course through the use of case examples and case scenarios that will be selected by the instructor to exemplify skills in practice.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation

Promotion, Prevention, Treatment & Rehabilitation are themes reflected in various purposes and models of contemporary social work practice. In addition, this course emphasizes skills that can be implemented with promotion, prevention, treatment, and rehabilitation as practice goals and outcomes.

Theme Relation to Behavioral and Social Science Research

Behavioral & Social Science Research is reflected in the theoretical base developed in this course to support practice methods, skills and assessment procedures. Planning, decision-making and intervention procedures will be directly borrowed from the behavioral and social sciences.

Relationship to SW Ethics & Values

Social work ethics and values are addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics and other ethical codes are presented to give students direction about these ethical issues. In particular, this course focuses on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, cultural sensitivity and competence.

NASW Code of Ethics: <https://www.socialworkers.org/pubs/code/code.asp>

Core Competencies & Practice Behaviors

1.1	Identify as a professional social worker and conduct oneself accordingly.	Advocate for client access to the services of social work
1.2	Identify as a professional social worker and conduct oneself accordingly.	Practice personal reflection and self-correction to assure continual professional development
1.3	Identify as a professional social worker and conduct oneself accordingly.	Attend to professional roles and boundaries
1.4	Identify as a professional social worker and conduct oneself accordingly.	Demonstrate professional demeanor in behavior, appearance, and communication
1.6	Identify as a professional social worker and conduct oneself accordingly.	Use supervision and consultation
2.1	Apply social work ethical principles to guide professional practice.	Recognize and manage personal values in a way that allows professional values to guide practice
2.2	Apply social work ethical principles to guide professional practice.	Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work Statement of Principles
2.3	Apply social work ethical principles to guide professional practice.	Tolerate ambiguity in resolving ethical conflicts
2.4	Apply social work ethical principles to guide professional practice.	Apply strategies of ethical reasoning to arrive at principled decisions

3.1	Apply critical thinking to inform and communicate professional judgments.	Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom
3.2	Apply critical thinking to inform and communicate professional judgments.	Analyze models of assessment, prevention, intervention, and evaluation
3.3	Apply critical thinking to inform and communicate professional judgments.	Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues
4.1	Engage diversity and difference in practice.	Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power
4.2	Engage diversity and difference in practice.	Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups
4.3	Engage diversity and difference in practice.	Recognize and communicate their understanding of the importance of difference in shaping life experiences
4.4	Engage diversity and difference in practice.	View themselves as learners and engage those with whom they work as informants
5.1	Advance human rights and social and economic justice.	Understand the forms and mechanisms of oppression and discrimination
6.1	Engage in research-informed practice and practice-informed research.	Use practice experience to inform scientific inquiry
6.2	Engage in research-informed practice and practice-informed research.	Use research evidence to inform practice
7.1	Apply knowledge of human behavior and the social environment.	Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation
7.2	Apply knowledge of human behavior and the social environment.	Critique and apply knowledge to understand person and environment

9.1	Respond to contexts that shape practice.	Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services
10a.1	Engagement	Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities
10a.2	Engagement	Use empathy and other interpersonal skills
10a.3	Engagement	Develop a mutually agreed-on focus of work and desired outcomes
10b.1	Assessment	Collect, organize, and interpret client data
10b.2	Assessment	Assess client strengths and limitations
10b.3	Assessment	Develop mutually agreed-on intervention goals and objectives
10b.4	Assessment	Select appropriate intervention strategies
10c.2	Intervention	Implement prevention interventions that enhance client capacities
10c.3	Intervention	Help clients resolve problems
10c.4	Intervention	Negotiate, mediate, and advocate for clients
10c.5	Intervention	Facilitate transitions and endings
10d.1	Evaluation	Critically analyze, monitor, and evaluate interventions

CWSE Practice Behaviors/Core Competencies: <http://ssw.umich.edu/msw-student-guide/section/2.03.01/76/foundation-curricular-objectives-cswe-core-competencies-practice-behaviors>

Resources & Accommodations

Accommodations

If you have a 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. Please also contact the Services for Students with Disabilities office at G-664 Haven Hall, 734-763-3000 to coordinate reasonable accommodations for students with documented disabilities.

C.A.P.S. & University Health Service

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact Counseling and Psychological Services (CAPS) at (734) 764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays,

or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at (734) 764-8320 and <https://www.uhs.umich.edu/mentalhealthsvcs> or for alcohol or drug concerns, see www.uhs.umich.edu/aodresources. For a listing of other mental health resources available on and off campus, visit: <http://umich.edu/~mhealth/>.

Emergency

In the event of an emergency, dial 911 from any cell or campus phone. All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-7793 for up-to-date School closure information. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email sww-ADAcpliance@umich.edu. For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>. Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

Bias Line

The Bias Response Team (BRT) is a group of professional staff within the Division of Student Life who focus on the response and management of bias incidents involving UM students. The Bias Response Team is committed to providing support and a safe space for students who are targets of bias. The team ensures that appropriate University resources and expertise are consulted and utilized as incidents impacting students and the community occurs. To report a bias incident, call **734-615-BIAS (2427)**. Or, utilize the [online form](#) to report a Bias Incident.

Course Requirements

Attendance & Participation

Predictability, reliability and consistency are core aspects of the client-therapist relationship. “Being present,” meaning, both literally showing up to class (on time), as well as attending fully during class time are critical aspects to co-creating a productive and safe learning environment. Attendance and participation are requirements of this course and are a significant portion of your grade. Plan to attend all courses as scheduled; refer to rubric below for details on how participation is graded.

A note on use of technology: The primary focus during class time is engaging with content and colleagues in a thoughtful, meaningful way– laptops should only be used for note taking during the lecture components of the class, and stowed away, or closed during non-lecture classroom time. Misuse of technology (e.g. Facebook, texts/calls, shopping, side conversations, working on other assignments, etc.) will result in points deducted for participation. **I may not bring this to your attention at the time, however, I do notice misuse of technology during class time, and it will impact your grade.**

<p>Exceptional Attendance & Participation</p> <p>10 points</p>	<ul style="list-style-type: none"> ● Consistent attendance ● Always on time and prepared ● Frequent engagement, demonstrating mastery of supportive, inclusive and respectful dialogue ● Attends fully; always closes laptops and has cell phones/devices turned off, stowed out of sight during non-lecture class time ● Completes assignments and readings on time, demonstrating high levels of dynamic reflection and analytic thought and effort ● Exceeds participation expectations through (examples) exceptional analysis/creativity in assignments, stretching outside one’s comfort zone/sustaining dialogue on complex, heated, or difficult topics in a balanced, compassionate and appropriate way, consistent inclusive and respectful consideration of peers, sharing knowledge/experiences in class discussions, providing meaningful feedback to peers, and accepting/integrating feedback from peers, supporting and encouraging peers to contribute equally
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<p>Strong Attendance & Participation</p> <p>8-9 points</p>	<ul style="list-style-type: none"> ● Mostly consistent attendance; rarely late ● Participates consistently, respectfully and inclusively in class discussions ● Always completes readings and assignments on time, demonstrates some engagement with readings and assignments ● Usually has laptops/cell phones put away during non-lecture times ● Participates in required class activities, will sometimes initiate/engage in group discussions on difficult topics, occasionally volunteers for in-class exercises ● Demonstrates respect to peers
<p>Moderate/Marginal Attendance & Participation</p> <p>6-7 points</p>	<ul style="list-style-type: none"> ● Attends most classes, but has unexcused and/or multiple absences (any more than 2 absences, including excused absences, will impact attendance grade) ● Sometimes late to class, or leaves class early ● Readings and assignments are timely; demonstrates understanding of basic content, but little effort to analyze or explore ideas (e.g. hastily completes assignments; minimal effort) ● Participates occasionally in class discussions/exercises ● Routinely uses laptop, cell phone, or other technological devices during class discussions/activities – “tuned out” or working on something non-class related, shopping, on social media, etc. ● Sometimes engages in side-conversations; uses small group time to discuss un-related issues, etc.
<p>Poor/Inappropriate Attendance & Participation</p> <p>0-5 points</p>	<ul style="list-style-type: none"> ● Multiple absences ● Regularly comes to class late and/or leaves early ● Is generally not prepared for class – readings not completed, late assignments ● Assignments have been unacceptable (unacceptable = unable to read/understand due to significant lack of editing, or formatting interferes with readability; unfinished assignment ‘outlines’; unexcused late assignments, poorly/hastily completed assignments, etc.) ● Regular non-classroom related use of technological devices; distracting to peers ● Participates in a way that interferes with other students learning (e.g. is disrespectful/inappropriate) or, alternatively, participates very minimally, or hardly at all in class discussions/activities ● Routinely speaks over others, or engages in side-conversations un-related to class

If you require use of laptop or other technological support devices during non-lecture or other times during class due to documented disability – please refer to “Accommodations & Resources” within the syllabus and let me know at your earliest convince.

If you are ill and/or unable to attend a class, please notify me via email as soon as possible – absences due to illness/emergency can be excused. **Points will be deducted from the final grade if more than two class sessions are missed under any circumstance (including excused absences.)**

Academic Integrity

Plagiarism, like other forms of cheating and misconduct, is taken very seriously at the University of Michigan and is grounds for expulsion from the University. Plagiarism means representing someone else's ideas, words, statements or works as one's own without proper acknowledgment or citation. Examples of plagiarism include, but are not limited to; using or otherwise taking credit for someone else's work or ideas, using the language of another without full and proper quotation or source citation, implicitly presenting the appropriated words or ideas of another as one's own, using Internet source material, in whole or in part, without careful and specific reference to the source, borrowing facts, statistics, or other illustrative material without proper reference and lastly self-plagiarism, that is, reusing one's own work without acknowledgment that the text appears elsewhere (e.g. in a paper for another current or previous class). It is your responsibility to familiarize yourself with the information and other resources regarding expected academic conduct presented at: <https://www.lib.umich.edu/academic-integrity/resources-students>

The Golden & Platinum Rules

The Golden Rule: Be kind and respectful to each other.

This class requires a significant amount of peer-to-peer interaction and engagement involving sharing and reflecting on personal K. Irish Fall 2018

identities as well as expanding knowledge about unfamiliar identities. In order to successfully achieve learning goals, the classroom should be both a safe and a brave space to explore new concepts, practice compassionate listening, and overall, grow as social work practitioners. Classroom discussions will encourage sincere, respectful sharing of opinions and feedback. Varying opinions, feedback and insights will be discussed. It is not reasonable to expect that everyone will have completely perfected means of dialoguing on difficult, confusing or new subjects. It is during these moments some of the best peer-to-peer learning occurs; it is important to share insights relating to these circumstances, from a place of tolerance and empathy, providing only constructive feedback. It is equally important to receive feedback mindfully, with thoughtful consideration. No one has perfect self-awareness, but we can all learn a better way to relate to each other, if ideas and questions are presented gently, mind open for growth, and above all, from a place of kindness.

The Platinum Rule: Treat yourself with kindness and respect.

Fall is a busy time for most students, and a good self-care routine is central to effective social work practice. If you are ill, please take care of yourself, and do not come to class with a contagious illness. Also, remember, the classroom is a safe place for practice; blunders are inevitable, and to be expected! Success in this course is defined as a process, requiring only that one is respectful, open and willing to learn. A central purpose of our classroom activity is to offer opportunities to take risks, make mistakes, and through reflection, learn and grow. Per the Golden Rule, peers are encouraged to both share and accept constructive feedback with tolerance and understanding. A significant portion of this course, and subsequently IP, involve the ability to self-reflect and communicate. IP practitioners must choose the degree to which they will share professionally; this class encourages you to do the same. My hope is that the classroom environment will feel safe for students to grow by sharing meaningful experiences and reflections – a relatively high degree of reflection is a course requirement - however, there is a balance between comfort and growth – both are necessary, and it can be an equally powerful experience (also central to IP practice) to employ boundaries that reflect this growth to comfort ratio for oneself. Thoughtful reflection is necessary to develop the self-awareness required for effective and ethical interpersonal practice. However, reflection does not necessarily require disclosure; in fact, it often employs language and thought to explore the process and subsequent decision to share or not. Both decisions will be honored in this classroom environment. While I hope students will feel open to sharing in class and in assignments, please know, the most important aspect of reflection is to explore, and derive novel conclusions through integrating both new and known; thus, demonstrating growth through thoughtfulness. Be kind to yourself, allow room for mistakes, and take time to explore your ideas in meaningful ways.

2018 Course Outline

DATE	SW 521	SW 511	NOTES
9.10.18	<p>Introduction to the Social Work Profession & Learning Community</p> <p>Course Overview & Introductions Reflection Skills N.A.S.W. Code of Ethics</p> <p>Clinical Theory: Ethical Practice, Reflection Skills</p> <p>Activities: <i>Develop Class Goals & Discussion Guidelines, Name Cards & Redistributing Voices</i></p>	<p>Social Work Roles & Skills</p> <p>The Role of Therapist Preliminary Character Development</p> <p>Clinical Skills: Character Development & Intro to Improv Techniques for Simulation</p> <p>Activities: <i>Character Brainstorming, Improv Practice</i></p>	

<p>9.17.18</p>	<p>Identity Saliency, Intersectionality, Self-Awareness & Reflection</p> <p>Identity Saliency in IP Contexts Intersectionality/Positionality Privilege, Oppression, Diversity & Social Justice</p> <p>Clinical Theory: Social Justice in Practice, Intersectionality, Cultural Competence, Self-Awareness</p> <p>Activities: Identity Wheel; Intersectionality/Positionality</p>	<p>Pre-Listening Skills: Mindful Self Awareness, Active Reflection</p> <p>Effective Listening & Communication Empathic Reflection & Rapport Developing your Character</p> <p>Clinical Skills: Communication, Empathic Listening & Reflective Responding</p> <p>Activities: Improv Practice, Diaphragmatic Breathing, Art & Self Awareness Skills</p>	
<p>9.24.18</p>	<p>Engagement: Rapport and Foundational Clinical Risk Assessment Skills</p> <p>Therapeutic Alliance Rapport & Active Listening Safety & Confidentiality</p> <p>Clinical Theory: Rapport, Engagement, Risk & Safety Assessment, Pre-Listening Strategies/Practitioner Preparation</p> <p>Activities: Risk Assessment & Ethics activity</p>	<p>Practitioner Engagement Skills</p> <p>Effective listening, being present, mindful self-awareness & reflections; preparing to listen as a practitioner</p> <p>Clinical Skills: Engagement, rapport, listening & communication skills in IP context</p> <p>Activities: Autogenics & Communication Exercises</p>	<p>ASSIGNMENT DUE: Character Profile Friday, 9.28.18 by 5:00PM</p>
<p>10.1.18</p>	<p>Biopsychosocial-spiritual Assessment I</p> <p>Assessment Components Basics of Clinical Documentation Understanding the Levels of Care Standardized Screening Tools</p> <p>Clinical Theory: Clinical Assessment (domains of assessment, risk assessment, and standardized assessment tools)</p>	<p>Meet the Characters! Pre-Session Strategies & “The Waiting Room”</p> <p>Clinical Skills: PODS, Access to Care, Person-in-Environment Models, Practitioner-Self/Client-Self-reflection skills; honoring the role of client</p> <p>Activity: Meet the Characters & “The Waiting Room” & Client/Therapist Matching</p>	
<p>10.8.18</p>	<p>Biopsychosocial-spiritual Assessment II</p> <p>Substance Use & Mental Health Critical Examination of concept/purpose of diagnosis in the change process (e.g. Miller/Rollnick) ASAM Criteria & Coordination of Care Medication Assisted Treatment Options Overview (MAT)</p> <p>Clinical Theory: DSM V, Addiction, S.U.D. Assessment & Levels & Coordination of Care, P.O.D.S.</p>	<p>Simulation 1: Initial Intake & Assessment</p> <p>Clinical Skill: Integrating Skills: Assessment, Communication, Empathic Listening, Rapport, Reflection & Processing</p> <p>Activity: Simulation I (Assessment)</p>	<p>ASSIGNMENTS DUE: Biopsychosocial Assessment & Simulation I Annotations Friday, 10.12.18 by 5:00PM</p>
<p>10.15.18</p>	<p>FALL BREAK</p>	<p>FALL BREAK</p>	<p>FALL BREAK</p>

<p>10.22.18</p>	<p>Whole Person Wellness: Treatment Planning & Collaborative Goal Setting</p> <p>Collaborative Goal Setting Motivational Interviewing Intro (Readiness for Change -Stages of Change, Raising Ambivalence) A Whole-Person Treatment Plan</p> <p>Clinical Theory: Collaborative Goal Setting, Motivational Interviewing</p> <p>Activity: <i>Wellness Wheel</i></p>	<p>In-Class Feedback & Processing I</p> <p>Clinical Skills: Peer-to-Peer collaboration and feedback (e.g. multidisciplinary collaboration)</p> <p>Activity: <i>Coordination of Care “Team Meeting” & Group Practitioner Processing</i></p>	
<p>10.29.18</p>	<p>Neuro-cognitive Topics: Throughout the Life Span</p> <p>Psychotropic Medications Overview Social Work Practice with Children: <ul style="list-style-type: none"> ○ Autism Diagnosis & Treatment ○ Applied Behavior Analysis ○ Fetal Alcohol Syndrome Intellectual & Developmental Delay Traumatic Brain Injury Dementia Social Work Practice with Older Adults</p> <p>Activity: <i>Build-A-Neuron</i></p>	<p>Simulation 2: Collaborative Treatment Planning</p> <p>Clinical Skills: Person-centered, collaborative goal setting, assessing readiness for change, developing and writing a client-centered plan for change</p> <p>Activity: <i>Simulation II (Goal-Setting)</i></p>	<p>ASSIGNMENTS DUE: Treatment Plan & Simulation II Practitioner & Peer Annotations Friday, 11.2.18 by 5:00PM</p>
<p>11.5.18</p>	<p>Evidence-Based Interventions: Facilitating Change</p> <p>Cognitive Behavioral Therapy Dialectical Behavioral & Mindfulness Based Stress Reduction Art-Based Experiential Theory & Interpersonal Practice Theory Basics of Pharmacological Intervention</p> <p>Activity: <i>CBT Worksheet</i></p>	<p>In-Class Feedback & Processing II</p> <p>Activity: <i>Team Feedback Character Self-Portrait</i></p>	
<p>11.12.18</p>	<p>Clinical Practice with Groups and Families Groups: Foundational Theory</p> <p>Group Concepts & Process Group Stages of Change Working with Families: Multicultural & Transcultural Perspectives</p> <p>Activity: <i>Yalom Clips & Group Discussion</i></p>	<p>Evidence Based Interventions Cognitive Behavioral Therapy</p> <p>Activity: <i>CBT SIMmersion Simulations</i></p>	
<p>11.19.18</p>	<p>Clinical Practice in Groups: Interventions & Group Change Processes</p> <p>Stages/Phases, Roles & Dynamics Facilitator’s Role Addressing Conflict Special Group Topics: Grief & Loss</p> <p>Activity: <i>Satir Clips & Group Discussion</i></p>	<p>Simulation 3: Intervention: Facilitating Change</p> <p>Activity: <i>Simulation III (Intervention)</i></p>	<p>ASSIGNMENT DUE: Simulation III Practitioner & Peer Annotations Friday, 11.21.18 by 5:00PM</p> <p>ASSIGNMENT DUE: Peer Annotations Document 11.21.18 by 5:00PM</p>

11.26.18	Family Roles & Change in the Family System Family Roles Bowen Family Systems Theory Cultural Competence & Family Interventions	Group Development & Mini-Group Planning <i>Activity: Stress-Self Inventory; Mini-Group Planning & Formation</i>	ASSIGNMENT DUE: Identity/Role Reflection Paper Due 11.30.18 by 5:00PM
12.3.18	Families, Personality & Epigenetic Research Guest Speaker – Linda Spier, PhD Family Roles, Personality, Child Development, Epigenetics	Group Simulation: Mini-Group Sessions <i>Activity: Mini-Group Simulations</i>	
12.10.18	Treatment Endings & Tools for Measuring Change Measuring Outcomes in Collaboration Termination Process Treatment Endings	Self-Care Planning & Processing	EXAM DUE Final Reflection Paper Wednesday, 12.12.18 by 5:00PM

REQUIRED READINGS

Required Articles are posted on CANVAS; Required Text: Direct Social Work Practice (2016)

DATE	SW 521	SW 511
9.10.18	Introduction to the Social Work Profession & Learning Community 521/511 Syllabus Workers, N. A. (2017). NASW Code of Ethics (Code of Ethics of the National Association of Social Workers.) Washington, DC: NASW. Arao, B. & Clemens, K. (2013) From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. <i>From The Art of Effective Facilitation</i> . Stylus Publishing, LCC. 135-150 Direct Social Work Practice (Ruffolo, Perron & Voshel) Ch. 2 & 4	Social Work Roles & Skills Samson, P. L. (2015). Practice wisdom: The art and science of social work. <i>Journal Of Social Work Practice</i> , 29(2), 119-131. doi:10.1080/02650533.2014.922058 LifeScript & Gotham Character Development Forms
9.17.18	Identity Salience, Intersectionality, Self-Awareness & Reflection AWID. (31, July 2004). Intersectionality: A tool for gender and economic justice. http://www.awid.org/publications/intersectionality-tool-gender-and-economic-justice . September 4, 2016 hooks, bell. (2000) <i>Feminism is for everybody</i> . Cambridge, MA: South End Press. Pachankis, J. E., & Goldfried, M. R. (2013). Clinical issues in working with lesbian, gay, and bisexual clients. <i>Psychology Of Sexual Orientation And Gender Diversity</i> , 1(S), 45-58. doi:10.1037/2329-0382.1.S.45	Pre-Listening Skills: Mindful Self Awareness, Active Reflection Johnstone, Keith (1979) <i>Impro: Improvisation & theatre</i> (articles 1 & 2) Davis, M., Eshelman, E. R., & McKay, M. (2008). <i>The relaxation and stress reduction workbook</i> (6th ed.). Oakland, CA: New Harbinger Publications. McKay, M., Wood, J., & Brantley, J. (2007). Basic mindfulness skills. In <i>The dialectical behavioral therapy skills workbook</i> .
9.24.18	Engagement: Pre-Session Practitioner Preparation, Rapport and Foundational Clinical Assessment Skills Miller, W. R., & Rollnick, S. (2002). Why do people change? In <i>Motivational interviewing: Preparing people for change</i> (2nd ed.). New York, USA: Guilford Press.	Meet the Characters! (In Biopsychosocial-spiritual contexts) Teyber, E. (2006). Establishing a working alliance. In <i>Interpersonal process in therapy: An integrative model</i> . Southbank, Victoria: Thomson Brooks/Cole. Interviewing Skills Checklist
10.1.18	Biopsychosocial-spiritual Assessment I	Character Development: Pre-Session Strategies & "The Waiting Room"

	<p>Viguera, A. C., Milano, N., Ralston, L., Thompson, N. R., Griffith, S. D., Baldessarini, R. J., & Katzan, I. L. (2015). Comparison of electronic screening for suicidal risk with the patient health questionnaire item 9 and the columbia suicide severity rating scale in an outpatient psychiatric clinic. <i>Psychosomatics: Journal Of Consultation And Liaison Psychiatry</i>, 56(5), 460-469. doi:10.1016/j.psym.2015.04.005</p> <p>McCarty, D., Rieckmann, T., Baker, R. L., & McConnell, K. J. (2017). The perceived impact of 42 CFR Part 2 on coordination and integration of care: A qualitative analysis. <i>Psychiatric Services</i>, 68(3), 245-249. doi:10.1176/appi.ps.201600138</p> <p>Review Suicide Assessment Scales – Columbia Suicide Severity, PHQ-9 & MSSSI</p>	<p>Teyber, E. (2006). Process notes. In <i>Interpersonal process in therapy: An integrative model</i>. Southbank, Victoria: Thomson Brooks/Cole.</p> <p>Holt, E., & Kaiser, D. H. (2009). The First Step Series: Art therapy for early substance abuse treatment. <i>The Arts in Psychotherapy</i>, 36(4), 245-250. doi:10.1016/j.aip.2009.05.004</p> <p>Direct Social Work Practice (Ruffolo, Perron & Voshel) Ch. 5</p>
10.8.18	<p>Biopsychosocial-spiritual Assessment II</p> <p>Netherland, J., & Hansen, H. (2016). White opioids: Pharmaceutical race and the war on drugs that wasn't. <i>BioSocieties</i>, Vol. 12(2), 217-238.</p> <p>Direct Social Work Practice (Ruffolo, Perron & Voshel) Ch. 6</p> <p>Jellinek – Addiction Handout</p>	<p>Simulation 1: Initial Intake & Assessment</p> <p><i>Review Biopsychosocial Template (Irish, 2018).</i></p>
10.15.18	FALL BREAK	FALL BREAK
10.22.18	<p>Whole Person Wellness: Treatment Planning & Collaborative Goal Setting</p> <p>Direct Social Work Practice (Ruffolo, Perron & Voshel) Ch. 7</p> <p>Miller, W. R., & Rollnick, S. (2002). Facilitating change. In <i>Motivational interviewing: Preparing people for change</i> (2nd ed.). New York, USA: Guilford Press.</p> <p>Hawk, M., Coulter, J., Fisk, S., Friedman, M., Tula, M., Kinsky, S. (2017) Harm reduction principles for healthcare settings. <i>Harm Reduction Journal</i>. Vol 14:70, 2-9. DOI: 10.1186/s-12954-017-0196-4</p> <p>Change-Talk Handout</p>	<p>In-Class Feedback & Processing I</p> <p>Teyber, E. (2006). Honoring the client's resistance. In <i>Interpersonal process in therapy: An integrative model</i>. Southbank, Victoria: Thomson Brooks/Cole.</p>
10.29.18	<p>Neuro-cognitive Topics: Throughout the Life Span</p> <p>Bentley, K. J., & Walsh, J. (2005). Basic principles of neurotransmission, pharmacokinetics and pharmacodynamics. In <i>The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers</i>.</p> <p>White, S. E., McMorris, C., Weiss, J. A., & Lunsy, Y. (2012). The experience of crisis in families of individuals with autism spectrum disorder across the lifespan. <i>Journal Of Child And Family Studies</i>, 21(3), 457-465. doi:10.1007/s10826-011-9499-3</p> <p>ASD Overlapping Diagnosis Handout Neurocognitive & Mental Status Screenings</p>	<p>Simulation 2: Collaborative Treatment Planning</p> <p><i>Review Treatment Planning Template (Irish, 2018).</i></p>
11.5.18	<p>Evidence-Based Interventions: Facilitating Change</p> <p>Rasmussen, B. (2017). A critical examination of CBT in clinical social work practice. <i>Clinical Social Work Journal</i>, doi:10.1007/s10615-017-0632-7</p> <p>Worden, w. (2009). <i>Grief counseling and grief therapy: A handbook for the mental health practitioner, fourth edition</i>. New York, New York: Springer. (p. 83-108)</p>	<p>In-Class Feedback & Processing II</p> <p>Ocampo Hoogasian, R., & Gloria, A. M. (2015). The healing powers of a patrón espiritual: Latina/o clinicians' understanding and use of spirituality and ceremony in psychotherapy. <i>Journal Of Latina/O Psychology</i>, 3(3), 177-192. doi:10.1037/lat0000045</p> <p>Creswell, L. M. (2014). A critical Black feminist ethnography of treatment for women with co-occurring disorders in the psychiatric hospital. <i>The Journal Of Behavioral Health Services & Research</i>, 41(2), 167-184. doi:10.1007/s11414-013-9344-0</p>

11.12.18	Clinical Practice with Families & Groups Constable, R.T. (2004) <i>Social work with families: content and process, first edition</i> . Chicago, IL: Lyceum Books Swiller, H. I. (2011). Process Groups. <i>International Journal of Group Psychotherapy</i> , 61(2), 262-273. doi:10.1521/ijgp.2011.61.2.262	Evidence Based Interventions: SIMMersion Review SIMMersion Materials
11.19.18	Clinical Practice in Groups: Interventions & Group Change Processes Mahon, L., & Leszcz, M. (2017). The interpersonal model of group psychotherapy. <i>International Journal Of Group Psychotherapy</i> , 67(Supp1), S121-S130. doi:10.1080/00207284.2016.1218286 Worden, w. (2009). <i>Grief counseling and grief therapy: A handbook for the mental health practitioner, fourth edition</i> . New York, New York: Springer. (p. 109-125)	Simulation 3: Intervention: Facilitating Change
11.26.18	Family Roles & Change in the Family System Papero, D. V. (1990). <i>Family Systems Theory</i> . Needham Heights, Massachusetts: Allyn & Bacon. Houston, S., Magill, T., McCollum, M., & Spratt, T. (2001). Developing creative solutions to the problems of children and their families: Communicative reason and the use of forum theatre. <i>Child & Family Social Work</i> , 6(4), 285-293. doi:10.1046/j.1365-2206.2001.00219.x Wegschneider - Family Roles Worksheet Genogram Symbols	Group Development & Mini-Group Planning Lettenberger-Klein, C. G., Fish, J. N., & Hecker, L. L. (2013). Cultural competence when working with American Indian populations: A couple and family therapist perspective. <i>American Journal Of Family Therapy</i> , 41(2), 148-159. doi:10.1080/01926187.2012.665273
12.3.18	Families, Personality & Epigenetic Research Direct Social Work Practice (Ruffolo, Perron & Voshel) Ch. 11 Norcross, J. C., Zimmerman, B. E., Greenberg, R. P., & Swift, J. K. (2017). Do all therapists do that when saying goodbye? A study of commonalities in termination behaviors. <i>Psychotherapy</i> , 54(1), 66-75. doi:10.1037/pst0000097	Group Simulation: Mini-Group Sessions NONE
12.10.18	Treatment Endings & Tools for Measuring Change NONE	Self-Care Planning & Processing NONE

ASSIGNMENTS

CHARACTER PROFILE

A. Character Profile (1 page – coversheet style; akin to a “demographic form”)

- Client’s Name Age and Identifying Information
- Presenting Problem
- Possible DSM V diagnosis
- Key intersectional identities for the client
- Relevant family and social information including relationships (e.g. relationship with family of origin, any relevant social circumstances, supports and/or strains)
- Internal & External Life circumstances (e.g. employment, housing, belief systems, community involvement, education, income, medical status, etc.)
- Reason for treatment - What precipitated/initiated your character’s decision to seek treatment?
- How does your client plan to pay for treatment? Are they insured? (Private pay? Block Grant, Medicaid, HMO, PPO?) Do they have any out-of-pocket cost for treatment? Is this affordable?
- Goals/Hopes/Expectations for treatment

B. Reflection (2 pages)

K. Irish Fall 2018

Please address the following topics in your reflection:

- Explore/examine a DSM diagnosis and/or a set of life circumstances relevant to your client/character. **Identify at least 3 written sources of information used to develop your character (e.g. current clinical/academic articles, memoirs, books.)** You can also use music, film and/or art as ancillary references, if they relate to specific nuances of your character's experience; this is encouraged. Still, please ensure you also have referenced at least 3 written sources of information in developing your character. Also, please be precise in connecting which examples from your articles, memoirs, etc. influenced and how they were useful in character development.
- Consider what you have learned about your character from the classroom exercises, improv and your answers to the questions on the LifeScript/AAI and Gotham forms, paying particular attention to issues of privilege and oppression.
- Incorporate a discussion of what personal and professional experiences you called upon to develop your client/character, both respecting client confidentiality and only sharing personal material that you feel comfortable sharing. We certainly welcome the kind of personal reflection that helps you to integrate how this character exploration impacts you in your personal and professional life.

PRACTITIONER SIMULATIONS

In the SW 511 clinical lab we will be recording 3 "client-practitioner" simulations. Each of the simulations are centered on specific clinical skill sets: (1) Engagement & Assessment, (2) Collaborative Goal Setting & Treatment Planning and (3) Intervention.

Instructions for uploading your videos on VideoAnt can be found under the SW 511 CANVAS site under "Files." We will also go through it together, in class.

All three of the simulations have a reflection component– and each simulation will have skill-specific prompts unique to the topic.

You will select "clips" from your simulations and indicate start/stop times in VideoAnt for the "strengths/challenges" segments. Additionally, each of the three simulations have topical reflection prompts, which will be addressed in annotations.

PRACTITIONER SIMULATION I

Key Skills: *Active listening, empathic responding, rapport, assessment skills (e.g. gathering relevant information; risk assessment, etc.)*

STRENGTHS

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a positive portion of your work as practitioner.

ADD ANNOTATION: "START: STRENGTH"

ADD ANNOTATION: "END: STRENGTH"

**This will let me know where to start and stop the video clip.*

At the end of the "END STRENGTH" annotation, elaborate on how that segment represents effective practice skills.

CHALLENGES

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a point of difficulty, or of less effective practice, in your work as practitioner.

ADD ANNOTATION: "START: CHALLENGE"

ADD ANNOTATION: "END: CHALLENGE"

**This will let me know where to start and stop the video clip.*

At the end of the "END CHALLENGE" annotation, elaborate on how that segment represents a challenging moment, why/how it was challenging and how you might approach a similar situation in the future - or, alternatively, if you don't know how to approach this challenge - you can reflect on this as well.

TECHNIQUES

Identify 3 examples of techniques of effective communication used (e.g. Interviewing Skills Checklist under "Files" in 511 Canvas). On a scale of 1-10 rate how effectively you applied this skill in this simulation

SUMMARY ANNOTATIONS

Address the following in the summary annotation:

- **EMPATHIC RESPONDING:** Does your client feel understood by you? Why do you think this is, or is not the case? Do your responses accurately reflect the emotional nuance of the client's communications? Do you use voice and intensity of expression to reflect a finely attuned understanding of the client's moment-by-moment experiencing?

- **OVERALL ENGAGEMENT:** Overall, how effectively did you engage your client in the session? Describe the factors that contributed to and/or detracted from effective engagement.
- **STRENGTHS:** Describe at least three “strengths” for your interviewing during the session
- **AREA FOR IMPROVEMENT:** Describe three “areas for improvement” for your interviewing during this session.

PEER INQUIRIES

ADD ANNOTATION LABELED PEER INQUIRIES: Use this space to request specific feedback for your peers - any questions you have, strategies for improvement, or identify questions/topics you would like to seek peer-based feedback/guidance on.

PRACTITIONER SIMULATION II

Key Skills: *Goal setting, collaborative rapport, partnership, meeting client where they are, developing a treatment plan*

STRENGTHS

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a positive portion of your work as practitioner.

ADD ANNOTATION: “START: STRENGTH”

ADD ANNOTATION: “END: STRENGTH”

**This will let me know where to start and stop the video clip.*

At the end of the “END STRENGTH” annotation, elaborate on how that segment represents effective practice skills.

CHALLENGES

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a point of difficulty, or of less effective practice, in your work as practitioner.

ADD ANNOTATION: “START: CHALLENGE”

ADD ANNOTATION: “END: CHALLENGE”

**This will let me know where to start and stop the video clip.*

At the end of the “END CHALLENGE” annotation, elaborate on how that segment represents a challenging moment, why/how it was challenging and how you might approach a similar situation in the future - or, alternatively, if you don’t know how to approach this challenge - you can reflect on this as well.

TECHNIQUES

Identify 3 examples of techniques of effective communication used (e.g. Interviewing Skills Checklist under “Files” in 511 Canvas). On a scale of 1-10 rate how effectively you applied this skill in this simulation

SUMMARY ANNOTATION

Address the following in a summary annotation:

- **PARTNERSHIP & COLLABORATION:** Did you acknowledge client courage, perseverance, and successes? Did you respect and honor where they client is at, with regard to readiness to change? Does the client feel this acknowledgment from you? Were there any instances where you expressed your support and belief that the client can achieve the goals they identified? (e.g. Your belief in the client’s capacity to achieve clinical goals is oftentimes connected to actual clinical outcomes; so ensuring goals meet the client where they are at, and expressions – verbal or non-verbal – of support, and genuine belief in client’s capacity to succeed is highly important.) Or alternatively, are you struggling to view goals established as realistic? How might you address this? (e.g. clinical supervision, re-visiting extent of collaboration in goal setting process – ex. Was the client actually involved in establishing goals? Or are goals “prescriptive” and predominately based on therapists’ notions of success?)
- **OVERALL ENGAGEMENT:** Overall, how effectively did you engage your client in the session? Describe the factors that contributed to or detracted from effective engagement.
- **STRENGTHS:** Describe at least three “strengths” for your interviewing during the session.

- **AREA FOR IMPROVEMENT:** Describe three “areas for improvement” for your interviewing during this session.
- **INSIGHTS:** What key things did you learn by comparing & contrasting this interview with your first interview?
- **PLANS:** What will be your key focus for the next session? Do you have any preliminary notions of interventions you may use?
- **GOALS:** What are your goals for your interviewing skills in the upcoming session?

PEER INQUIRIES

ADD ANNOTATION LABELED PEER INQUIRIES: Use this space to request specific feedback for your peers - any questions you have, strategies for improvement, or identify questions/topics you would like to seek peer-based feedback/guidance on.

PRACTITIONER SIMULATION III

Key Skills: *Deepening collaboration, focus*

STRENGTHS

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a positive portion of your work as practitioner.

ADD ANNOTATION: “START: STRENGTH”

ADD ANNOTATION: “END: STRENGTH”

**This will let me know where to start and stop the video clip.*

At the end of the “END STRENGTH” annotation, elaborate on how that segment represents effective practice skills.

CHALLENGES

Identify a brief timeframe within your recorded simulation (2-5 minutes) that illustrates a point of difficulty, or of less effective practice, in your work as practitioner.

ADD ANNOTATION: “START: CHALLENGE”

ADD ANNOTATION: “END: CHALLENGE”

**This will let me know where to start and stop the video clip.*

At the end of the “END CHALLENGE” annotation, elaborate on how that segment represents a challenging moment, why/how it was challenging and how you might approach a similar situation in the future - or, alternatively, if you don’t know how to approach this challenge - you can reflect on this as well.

TECHNIQUES

Identify 3 examples of techniques of effective communication used (e.g. Interviewing Skills Checklist under “Files” in 511 Canvas). On a scale of 1-10 rate how effectively you applied this skill in this simulation

SUMMARY ANNOTATION

Address the content below in a summary annotation:

- **INTERVENTION EFFECTIVENESS:** Overall, how effective was this session, in terms of focus, and depth? How did you begin to move toward the client’s treatment goals? Did you find yourself working from any specific clinical orientation (or combination)? Or, alternatively, what kinds of interventions might this client benefit from? (Note: It is okay if you are not familiar with specific modalities, or if you don’t know the names of specific types of interventions – even general ideas like, “non-confrontational approaches” or “expressive/integrative and/or interactive therapies” or “community-based” etc.)
- **OVERALL ENGAGEMENT:** Overall, how effectively did you engage your client in the session? Describe the factors that contributed to or detracted from effective engagement.
- **CLIENT EMPOWERMENT:** Describe your efforts to address power dynamic in your work? What did you do to balance power of worker role? What did you do maximize client empowerment?

- **ETHICS:** What ethical issues, if any, arose in your work with this client? How were they addressed?
- **INSIGHTS:** What key things did you learn by comparing & contrasting this interview with your first and second interviews?
- **PLANS:** What would your next session plan be for this client? Where do you see treatment going in the future, for ongoing work? How would you approach current goals? What other directions might be explored as components of this treatment? E.g. What do you think could happen in treatment that would facilitate positive growth and client-identified positive changes in this client's life? Are there other therapeutic methods that might be added? (e.g. community supports/services, group work, 12 step or peer-based supports?)
- **GOALS:** Recall your previous goals from last session. Did you make progress?

PEER INQUIRIES

ADD ANNOTATION LABELED PEER INQUIRIES: Use this space to request specific feedback for your peers - any questions you have, strategies for improvement, or identify questions/topics you would like to seek peer-based feedback/guidance on.

OBSERVERS ANNOTATIONS

We will create "Practitioner Groups" in class. You will have the opportunity to observe your group member's simulations within VideoAnt and provide peer-based feedback. **You will do "observer annotations" for each of the three sessions, one annotation per group member, per simulation, totaling 9 peer-annotations.** (Note: If we have an odd number of students, we will adjust this requirement, to ensure each student submits an equal number of annotations. Groups are typically comprised of 4 students but may vary depending on class size.) Each student is responsible for providing 9 total observer annotations, distributed across each simulation. (e.g. If you have a group of 4 - you, plus three peers, then you would complete one annotation for each group member, 3 for simulation I, 3 for simulation II and 3 for simulation III, totaling 9 annotations.) We will review this in class as well to ensure understanding.

It is recommended that in addition to posting your peer-annotations on VideoAnt, that you also copy and paste each of your observer annotations (dated/time-stamped) in an ongoing MS Word document - then, you can submit this document via CANVAS when the observer annotations are due at the end of the term.

Peer-Annotations must be posted on VideoAnt in a timely manner, prior to the next simulation, so your group members can integrate this into class discussions. Observers annotations should be dated and time-stamped and should reflect MEANINGFUL COMMENTS, INQUIRIES, STARS/WISHES, DISCUSSION or RESPONSES TO INQUIRIES.

BIO-PSYCHO-SOCIAL-SPIRITUAL ASSESSMENT & REFLECTION

As practitioner, complete a bio-psycho-social-spiritual assessment for your "client," based on information received pre-session (waiting room exercise) and during the actual intake. **Use the assessment form distributed in class.** A typed "assessment" will be turned in on Canvas for this portion of the assignment.

Within your assessment form, there is a space for a clinical narrative. The clinical narrative is (1-2 paragraphs) that summarize relevant information gathered in your initial meeting with your "client." We will review general elements of a clinical narrative in class.

REFLECTION

What are your thoughts about the initial assessment/waiting room activity? How did you approach seeking balance between obtaining necessary information, and still developing rapport with the client? Did anything work particularly well, or pose any challenges as you moved through the process? How did you work through any challenges that arose? Discuss strengths and areas for improvement with regard to your role as practitioner in the actual initial assessment simulation.

Address any systemic issues related to P.O.D.S. made salient through the waiting room activity as well as through the assessment/documentation/initial paperwork process. Through a social-justice lens, reflect on the potential relevance of your client's and/or your own positionality and/or intersecting identities as practitioner in this context. Does anything stand out? What, if any, impact might potential identity/positionalities and/or other dynamics have on the helping relationship? How might you, as practitioner, approach treatment from a culturally competent, social-justice oriented place?

What was the setting of the waiting room you participated in as practitioner? When you reviewed the initial paperwork before meeting your client, did anything stand out to you? Please discuss. Did any issues arise for your client, such as access to childcare, transportation, income and/or food insecurity and/or insurance access and/or restrictions and/or any other systemic barriers to treatment? When and how did you, as practitioner, become aware of these issues? What steps could you take to help your client mitigate barriers to treatment? (e.g. referrals to community resources, and/or other specialists, or primary care) Do you think there are ways clinical practitioners can address systemic injustice within an interpersonal practice, and/or clinic/agency setting? Would your client benefit from any structural/systemic/institutional changes? Do any identified barriers impact the client's capacity to engage in and/or access treatment? How might an interpersonal practitioner also be a social justice advocate in this context? Discuss thoughts/ideas, including inquiring whether such strategies may have limitations – e.g. is this advocacy possible/reasonable/ethical/helpful in this context? Why and/or why not?

TREATMENT PLAN & REFLECTION

Develop an objective, measurable, client-centered treatment plan based on your client's needs and goals identified during Simulation II. Please use the format discussed in class and provided on CANVAS. Goals must be objective and measurable, and interventions articulated. A typed Treatment Plan should be included as the first page of the document you submit on CANVAS, followed by your reflection.

REFLECTION (2-3 pages)

In your reflection please address the following:

- How goals were developed?
- How they were matched to the client's willingness to change?
- How you were able to demonstrate effective collaboration in the goal setting session?
- Challenges you faced in goal setting session, and goals for future improvement
- Describe PODS issues, and again, referencing waiting room, how your client's funding source impacts treatment – and strategies for working within this construct; if your client's circumstances do not impact treatment, discuss this from a PODS perspective.

IDENTITY-ROLE REFLECTION: ACTIVE LISTENING & RESPONDING

As IP practitioners, it is important to maintain awareness of our own identities, and the contexts they exist within. Each client we encounter brings with them a unique story and set of circumstances, and as practitioners, we must have a skill set founded in identity-based reflection and an understanding of systemic privilege, oppression and diversity. IP social workers must also must have an openness/ability and lexicon to approach difference, in order to learn how to best navigate differences in experience and identity.

Our clients, from the very beginning, usually through routine assessment questions, allow us into very personal aspects of their lives and experiences – both successes, and struggles. Historically, the role of healthcare provider has been accompanied by clear power dynamics; these dynamics can impact treatment engagement and outcomes. As social workers, it is important we maintain awareness of identities and dynamics of power, both our own and of our clients, and always ensure we are honoring our client's experiences, identities and disclosure. As IP social workers, we can actively work to promote social justice by engaging in collaborative, client-centered care through a consistent process of self-reflection.

An important first step in this process is developing an awareness of ourselves and the ways in which our own identities impact our understanding of our clients' relevant identities and experiences of both privilege and oppression across a wide variety of ever-changing contexts. This is not easy task – it requires practice, and willingness to reflect on ourselves and the roles we play within larger structural contexts. Understanding these roles can increase our ability to explore how our clients may view us as individuals, social workers in general, systems of health care, and how/why engagement in treatment may come easily – or be a more challenging process. This exercise requests students to reflect on privilege, oppression, diversity & social justice through viewing oneself, both in role of practitioner and in one's role of character/simulated client – and critically examine dynamics of identity, power and their sources, within the context of the simulated health care setting, while exploring ways to facilitate collaborative relationships, from both perspectives, within and across differences.

The transcription process can be extremely powerful. When you listen and transcribe, the words become objective – the actual statements manifest in a different way, then they do through viewing/listening. This assignment encourages you to explore and derive novel insight through this process of transcription and reflection.

Part 1: Intersectionality – practitioner/self

- Describe a few important/relevant identities you have, and how they intersect in routine experiences of privilege and oppression
 - Explore various snapshots that illustrate moments of “acute awareness of your own salient identities, of both privilege and oppression, and related thought-processes (e.g. how did awareness of identity impact your behavior, if at all; how did you navigate this experience, any insights from the experience...etc.)
- How do you anticipate your identities, experiences will impact your role as Interpersonal practitioner? Explore in terms of PODS.
- **Transcribe a 1-minute exchange between yourself as practitioner and your simulated client (using previous simulation videos) and explore:**
 - Intersectional identities, power dynamics, roles
- Describe how you as a practitioner were:
 - Became aware of these dynamics
 - Navigated these dynamics
 - Stars (what was done well) Wishes (how you could improve)

Honoring Client Identities & Disclosure – your character's perspective

- Describe a few of your simulated client’s important identities and how they became relevant in your simulated interactions with your student practitioner
- Were there moments where your character felt shifts in the rapport/engagement – e.g. particularly understood by practitioner, or concerned practitioner could not relate, etc.?
- Explore how this response is connected to identities of both your character and your character’s perceived identities of practitioner, and/or feelings/experiences about social work and behavioral health care in general, from your character’s perspective.
- How did your character navigate these experiences as simulated client?
- Did your practitioner discuss/address any identity related content? Were there moments in which you became aware of how your character’s beliefs, identities, or experiences may impact the therapeutic relationship?
- Were there moments when your character made a relevant disclosure, or alternatively, resisted revealing information to the student practitioner? Explore any relationship to your character’s identity, perception, trust, and rapport.
- What was helpful, in terms of developing rapport – what did your practitioner do that helped your character feel understood? (Assumed shared identities can certainly be addressed, especially if they are important to your character, but the goal is to identify other processes, that can build rapport.) Whether or not a practitioner shares the same identity may or may not be important – and actually, in some instances, a client’s assumption about a practitioner’s identities, may or may not even be accurate! A client may assume their practitioner has or does not have shared experiences/beliefs, etc. The client’s perception and beliefs about their practitioner may help or hinder rapport – be the differences or similarities real, or perceived. Oftentimes, these are identity-based assumptions. As practitioners, it is not necessarily important to address/correct these perceptions; rather, it is important to be aware of how client’s may perceive their IP helpers, and to understand this process through a social justice lens. As social workers, we work with people from various backgrounds, belief-systems, experiences, etc. Neither shared identity, or lack thereof can alone make or break the development of powerful collaboration, trust and therapeutic rapport. This is why this assignment encourages you to explore beyond assumed similarities between your character and practitioner and identify various ways of negotiating both sameness and difference in IP settings.

Transcribe a 1-minute exchange between yourself as simulated character, and your partner student practitioner from any of the simulations and explore:

- Identities and how they interacted during this moment
- How your character became aware of salient identities
- How your character navigated these dynamics
- How your experience acting as your character in the role of client may impact your work as a social work IP practitioner

Please submit both the 1 to 2-minute transcriptions as well as reflection (2-4 pages) components together.

FINAL REFLECTION

Client Role Reflection:

- What did you learn from the client role?
- From the client life your simulated
- About intervention
- About yourself
- Please be sure to share any concerns or difficulties you experienced in carrying out the simulation as a client.

Practitioner role reflection:

- In what ways did the simulated client work in specific, contribute to your development as a social worker this semester?
- What issues arose for you as a practitioner that contributed to how you managed your relationship with this client?
- How did social identities impact your work with this client?

Class overall:

- In what ways did these courses (521 & 511) overall, contribute to your development as a social worker this semester?
- Looking back on the entire semester, what are your stars and wishes for the 521/511 methods lab experience:
- Focus on what you did and what you could have done to make it a good learning experience for yourself
- Focus also on what your peers and your instructor did and could have done to make it a good learning experience for you.
- How did this class integrate with your other class work for the semester?
- Any other final reflections

GRADING

(You will receive the same grade for 521 and 511)

A+	100 %	(10 points) Character Profile
A	99-95 %	(10 points) Assessment Annotation 1: Assessment
A-	94 -90 %	(10 points) Assessment Annotation 2: Treatment Planning
B+	89-88 %	(10 points) Assessment Annotation 3: Intervention
B	87-85 %	(10 points) Observer’s Comments
B-	84-80 %	(10 points) Biopsychosocial-spiritual & Reflection
C+	79-75%	(10 points) Treatment Plan & Reflection
C	74-72 %	(10 points) Identity-Role Reflection: Active Listening & Responding
C-	71 -70 %	(10 points) Final Reflection
D - E	69 % and under	(10 points) Attendance & Participation