COURSE TITLE: Advanced Topics in Interpersonal Practice
DIVISION NUMBER: INTP
COURSE NUMBER: 790                 Spring/Summer 2006
CREDIT HOURS: 1
PREREQUISITES: 521
LOCATION: Advanced Interpersonal Practice Mini Course

1. Course Description:

This one credit, mini course is designed to focus on specific method skills that interpersonal practice students can apply in practice with various size client systems. It is expected that students will take any number of these mini courses as advanced IP electives. These courses may be offered during regular hours as parts of the semester, or in concentrated weekend or evening blocks of time.

2. Course Content:

This particular mini course will present several models of intervention generally described as “power therapies:” Emotional Freedom Technique, Eye Movement Desensitization and Reprocessing, Tapas Acupressure Technique, and Traumatic Incident Reduction. These approaches (EFT, EMDR, TAT, and TIR) have been developed to work with clients who are struggling with the consequences of traumatic events. These various models are time-limited, supported by empirically based efficacy studies, and in some cases will require students to get more training and certification after graduation. The course reviews basic theories of trauma, various psychological disorders that are the consequences of trauma, and the controversy surrounding trauma interventions (i.e. avoiding interventions that retraumatize clients).

Course content includes ethical issues that relate to interpersonal practice with traumatized clients. Informed consent, the psychological risks associated in trauma intervention, and the ability of some of these interventions to be used in symptom management are discussed.

3. Course Objectives:

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

1. Describe how trauma theory informs and shapes the kinds of intervention strategies that are performed in practice.
2. Assess the basic psychological disorders that are associated with traumatic experiences in clients’ lives.
3. Create treatment plans that connect trauma related disorders to various trauma interventions.
4. Identify the various theoretical frameworks that underlie EFT, EMDR, TAT, and TIR.
5. Describe the intervention procedures and techniques of EFT, EMDR, TAT, and TIR.
6. Apply the techniques of EFT and TAT with traumatized clients.
7. Teach clients how to use EFT and TAT techniques to self-manage various undesirable symptoms associated with life traumas.
8. Apply the NASW Code of Ethics to practice with traumatized clients.

4. Course Design:

This course will employ a number of pedagogical strategies to promote knowledge and skill development, such as didactic presentations of theory/models/procedures, reading assignments, case analyses, in vivo exercises, role play simulations within the classroom, modeling and video demonstrations. The course will be graded on a pass-fail basis, and will be conducted in two all-day workshop sessions (9AM till 5PM) on Saturday’s May 6th and May 20th, 2006. The workshop will meet in Room 3752, SSWB.

5. Relationship of the Course to Four Curricular Themes:

- **Multiculturalism and Diversity** will be addressed through careful analysis of how clinical models can be applied and modified to fit the special needs of various groups. Resistance and motivation of adults to interventions will be covered to demonstrate how effective intervention models must be adapted to the fit the needs of various ethnic and racial groups.

- **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). Many disadvantaged clients were excluded from treatment through screening criteria that included intelligence, verbal ability, insight, and motivation to be involved in long term treatment. None of these criteria apply to the power therapies covered in this course.

- **Promotion, Prevention, Treatment, and Rehabilitation** will be addressed through a focus on intervention models and intervention procedures that can be used to prevent, treat, and rehabilitate psychosocial problems that arise out of trauma.

- **Behavioral and Social Science Research** will be addressed through selection of intervention models for which there is growing, 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 scientific research that demonstrates their efficacy.
6. Relationship of the Course to Social Work Ethics and Values:

In working with traumatized clients, social workers must encourage self-determination and self-efficacy in their clients. Clients must be given the choice to pursue their own change goals. Clients should be informed of the risks associated with interventions focused on traumatic events and educated about the specific techniques that are employed in a particular treatment protocol. Social workers should obtain written consent from their clients before employing these intervention models.

COURSE TEXT:

I have created a highly selective course pack that covers trauma theory, some case material, and the various intervention approaches and supporting research that will be covered in this mini course. This course pack (listed as SW 790, 002, spring ‘06 under my name) can be acquired at Michigan Documents (Excel Testing) about half a block east of UMSSW on South University. Michigan Documents is located on the 2nd floor.

BIBLIOGRAPHIC OUTLINE:

TRAUMA:

This well written classic on trauma should be read by all social workers – especially chapters:
   Ch 1., “A Forgotten History,” pp 7-32
   Ch 2., “Terror,” pp. 33-50
   Ch 6., “A New Diagnosis,” 115-129


http://www.sidran.org/

http://www.trauma-pages.com

http://www.fsu.edu/~trauma/ (e-Journal on Traumatology)
**TFT/EFT: Thought Field Therapy/Emotional Freedom Technique**


[http://www.emofree.com](http://www.emofree.com)
TAT: Tapas Acupressure Technique


http://tatlife.com/TATLife-TATsteps.htm

Research on Power Therapies:


EMDR: Eye Movement Desensitization and Reprocessing

TIR: Traumatic Incident Reduction

Dietrich, Anne M; Baranowsky, Anna B; Devich-Navarro, Mona; Gentry, J Eric; Harris, Chrys Jay; Figley, Charles R "A review of alternative approaches to the treatment of post traumatic sequelae." Traumatology, 6(4): pp. 251-271, December 2000, ISSN: 1534-7656


Accelerated Recovery Program for Compassion Fatigue: An ISTSS paper describing how TIR and other methods address Compassion Fatigue.


Valentine, Pamela V. "Traumatic Incident Reduction: Brief Treatment of Trauma-Related Symptoms in Incarcerated Females" (Doctoral Dissertation, Florida State University)

**SW 790 – Grading Criteria for Pass/fail:**

1. Class attendance, both Saturdays 9-5PM

2. Final Quiz in last hour of mini-course. Student will only be required to take quiz – not pass it with any score.

3. 3-5 page narrative paper of student’s attempt to apply EFT in the real world. Before trying this on clients, I suggest you try it on a friend or family member. Briefly describe how you introduced the idea to your friend, what symptom or issue you were trying to change, and whether there was any change on the SUD scale. Were there any surprises that emerged when you practiced this with your friend? Hopefully you will then have a chance to try it on a client that you are working with in the field. Again describe how you introduced this procedure, what the client wanted to work on, and what the results were of your efforts on the SUD scale. Were there any surprises when you tried it on the client? The most productive use of EFT is to train someone else (friend, family member, client etc.) to use it in their own symptom management. This is true empowerment practice. (Note: this is what vets do with farmers when providing services during on-farm calls.)