1. Course Description:

This course will approach work with individual clients from a person-in-environment perspective and build on the content presented in course SW 521 Interpersonal Practice with Individuals, Families and Small Groups. 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 diversity (i.e. race, gender, ethnicity, SES, and sexual orientation of the client), time-limited treatment methods, and practice with involuntary clients.

2. Course Content:

This course will present several models of intervention designed to prevent and treat psychosocial problems of individual adults. Emphasis will be placed on approaches that enhance social functioning, strengthen problem solving capacities, and support the coping capacities of individual adults. The various models will be time-limited, responsive to the impact of social environments, and supported by empirically based 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 (e.g. people of color; gay, lesbian, bisexual, and transgendered clients, and the poor).

Each model that is presented will cover all phases of the intervention process: engagement and screening, assessment, planning, evaluation, implementation, and termination. Although evaluation will be discussed in much greater depth in the evaluation 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 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 comportment issues between worker and client).

3. Course Objectives:

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

1. Describe how theory informs and shapes the kinds of intervention strategies that may be employed when working with individual adults.
2. Assess the effectiveness of various kinds of intervention models and procedures that may be utilized with individual adults.
3. Operationalize the various intervention phases of prevention and treatment models that effectively impact the psycho-social problems of individual adults.
4. Identify common factors that determine client motivation in adults and how to apply specific interventions to enhance “readiness” for client change.
5. Modify intervention models to take into account race, gender, ethnicity, social class, sexual orientation, and special abilities of adult clients.
6. Apply the NASW Code of Ethics to value dilemmas in interpersonal practice with adults.

4. 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.

5. Relationship of the Course to Four Curricular Themes:
• Multiculturalism and Diversity will be addressed through careful analysis of how clinical models can be applied and modified to fit the special needs of various groups. Resistance and motivation of adults to interventions will be covered to demonstrate how effective intervention models must be adapted to fit the needs of various ethnic and racial groups. This course will emphasize that mono-cultural clinical models must be adapted to fit the definitions of “problem” and “treatment” that exist in diverse groups in order for social workers to practice with adults from diverse backgrounds.

• Social Justice and Social Change will be addressed by recognizing that, historically, clinical services have excluded poor and oppressed clients from “talking therapies.” Often these clients were given the harshest and most restrictive treatments (e.g. shock, sterilization, medications, and lobotomies), whereas more privileged clients were granted more benign interventions (e.g. outpatient family therapy). This course will examine these differences as well as how socioeconomic exclusion arises in screening criteria that exclude clients because of intelligence, verbal ability, insight, and motivation.

• Promotion, Prevention, Treatment, and Rehabilitation will be addressed through a focus on intervention models and intervention procedures that can be used to prevent and treat psychosocial problems of adults.

• Behavioral and Social Science Research will be addressed through careful selection of intervention models for which there is empirical evidence on efficacy. Students will learn that although many time-limited models of practice with adults have proliferated over the past two decades, not all of them have generated research that demonstrates their efficacy.

6. Relationship of the Course to Social Work Ethics and Values:

In working with adults, social workers must encourage self-determination and empower adult clients to choose and pursue their own change goals. Ethical issues such as sexual relations between client and worker, involuntary treatment, primacy of client interests, and precipitous withdrawal of services will be considered as they impact individual clients.

COURSE TEXT:

There are number of potential texts for this course. In order to keep the cost of texts to a minimum, I have created a course pack at Excel (Michigan Documents) above Ulrichs on South University. There is one workbook that I would recommend, but these can be purchased at a discount (40%) from Amazon.com.


BIBLIOGRAPHIC OUTLINE:
A. Task Centered Practice:


http://www.task-centered.com/index.html

B. Interpersonal Psychotherapy for Depression:

CORNES, Cleon, "Interpersonal Psychotherapy of Depression (IPT)" in Wells & Giannetti (TEXT), pp. 261-276.


**C. Single Session Therapy:**


**D. Short-Term Treatment Models with Individuals:**


JANIS, I., Short Term Counseling: Guidelines Based on Recent Research, New Haven, Conn.: Yale University Press, 1983.


ROSENBERG, S., "Brief Dynamic Psychotherapy for Depression," in Beckham and Leber, (eds.), Handbook of Depression, Ch 4, pp. 100-123.


SIFNEOS, P., "Short-Term Anxiety-Provoking Psychotherapy: Its History, Technique, Outcome, and Instruction," in Budman (TEXT), Ch 4, pp. 45-82.


**E. Cognitive Behavioral Approach to Depression and Anxiety Disorders:**


**F. Values and Ethics of Working with Adults:**


**G. Disability:**


**H. Trauma:**


*HERMAN, Judith, (1992) Trauma and Recovery, New York, Basic Books. 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)

http://www.ChildTrauma.org
I. Power Therapies:

1. **EMDR (Eye Movement Desensitization & Reprocessing):**


   http://www.sciencedirect.com/science/journal/02727358

   http://www.emdr.com

2. **EFT (Emotional Freedom Technique):**


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


http://www.tat-intl.com/


4. TIR (Traumatic Incident Reduction):


http://www.tir.org

5. Research on Power Therapies:


**J. Metaphoric Interventions with Adults:**


1. **How do metaphors work?:**

Barker (TEXT): Chs 4-6, pp. 43-88.


2. Narrative Techniques:

Barker (TEXT): Chs 7-10, pp. 89-145.


3. Bibliotherapy:


4. Journaling:


Goldberg, Natalie, Writing Down the Bones, Boston: Shambala Publ, 1986.


5. Art/Drawing Techniques:


*Landgarten, Helen, Magazine Photo Collage (TEXT)


Rubin, Judith (ed), *Approaches to Art Therapy: Theory and Technique*, New York, Brunner Mazel, 1987,


6. Imagery Techniques:


7. Metaphors and Cultural Prescriptions:


Polksy, Howard & Wozner, Yaella, Everyday Wisdom: The Healing Wisdom of Hasidic Stories,

K. Spiritual Dimensions to Healing:


TOPICAL OUTLINE:

Jan 7 – Overview of course content and assignments, introduction to metaphoric interventions.

Jan 14 – Rationale for time-limited models in the age of managed care, commonalities among time-limited models, efficacy, dose effects, indications/contraindications

Jan 21 -- Task Centered Practice Model, TPID, Indications/contraindications, TIS

Jan 28 - Working with Involuntary Clients

Feb 4– Introduction to Power Therapies – TFT, TAT, EFT

Feb 11 – Interpersonal Psychotherapy for Depression:
   Overview of IPT, The Initial Phase,
   Hamilton Rating Scale, Beck Depression Inventory, Hudson’s Contentment Scale

Feb 18 – IPT Foci and Protocols:
“Grief,” “Interpersonal Role Disputes,” “Role Transitions,” “Interpersonal Deficits”

WINTER BREAK

Mar 4 – Trauma, PTSD, related Diagnoses, Self Injurious Behavior

Mar 11 – EMDR and TIR (Traumatic Incidence Reduction)

Mar 18 – Single Session Therapy, Focused Analytic Single Session Therapy, Flashing technique

Mar 25 – Cognitive Behavioral Interventions with Anxiety - Joe Himle will cover exposure treatment, exposure and response prevention for OCD

Apr 1 – Specific Relaxation Techniques for Trauma, Anxiety, and Stress:

Apr 8 – Open session to be planned

Apr 15 – Ethics, Termination, and class party:

Apr 22 – Final Test (in class)

Grading Mechanisms:

This course will employ two grading mechanisms – an in-class final test and log assignments. 50% of the final grade will be determined by logs and 50% by the final test. The log assignments are graded by the number completed. Each log will be worth 10 points when submitted on time. Students will receive 50 points for submitting 5 logs, 40 points for submitting 4 logs, 30 points for submitting 3 logs, etc. The deadlines for submitting logs are: first log by end of January, 2nd and 3rd logs by the end of February, 4th and 5th logs by the end of March. The average log is between 2-3 pages in length and describes the student’s efforts to operationalize and discuss course concepts. The descriptions of potential log assignments are presented below:

SW 628 Log Assignments: The logs are grouped by themes. You should spread your logs over the entire course. Please do not do more than one log in a thematic area. Log 13 is required of all students. You probably should leave it for your 5th log, so that you are familiar with your agency and the service delivery context.

Metaphoric Interventions:

1. Childhood story – How metaphors work!: Ask a parent or older sibling what was YOUR favorite childhood story. Locate a copy of this childhood story (you may have the original) and ask a parent or older sibling to read it too you again. You may have to get someone else to read it to you now as an adult. Analyze the story to discover the metaphors (i.e. themes, images, roles, qualities of characters, etc). Relate these metaphors to your journey and development as an
adult. Do you see any parallels between the events of your life and your life philosophy that may be embedded in this story?

2. Metaphoric Interventions: There are many, many metaphoric interventions that can be used in Interpersonal Practice with adults. In class we will consider many techniques such as letter writing, story-telling, journaling, guided imagery, art and MPC techniques. In this log you are to try out one or more of these techniques with one of your clients. Describe the technique (it does not have to be one that we covered in class) and what you and your client learned by completing this technique. How do you feel about using symbolic techniques in practice? Did you stick to the proviso that the only meaning that counts is the client’s meaning and not your (worker’s) interpretation?

3. Client Metaphors: Listen carefully (a basic practice skill) to the metaphors that your clients, colleagues, supervisors, instructors, friends, lovers etc. employ in describing their life experiences. Human conversation and interaction is filled with metaphors! As you have raised your consciousness to recognize this kind of discourse, begin to explore with others the meanings they attach to the metaphors they use. Collect these metaphors that are curious or tickle your fancy and write them down in a special journal (leather bound and gold leaf would be nice!). As your list of metaphors grows (say it reaches about 25 or so) then begin to look for themes or patterns that you see in your collection. What does this “collection” of metaphors tell you about yourself and how you make sense of your interpersonal world? What does this “collection” tell you about your “lens” and “blinders” in how you process information from your interpersonal world.

Task-Centered Practice:

4. Target Problem Identification: Try to get an opportunity to do some “intakes” in your field setting. Besides completing the agency intake requirements, squeeze in the six screening steps of the Task-Centered model. You would also be able to do this in the first session of a new case just transferred to you. How closely were you able to follow this procedure and were you and the client able to identify a target problem? Were any of the presenting problems contra-indicated and others indicated for Task-Centered practice?

5. Homework as an Intervention: If you never or rarely employ “homework” as an intervention with clients, I would like you to plan and assign homework in one of your cases. It does not have to be a task-centered case, because homework is a generic procedure that is common to many time-limited treatment models. Some questions you should consider: How much planning and decision making about the assignment was accomplished by the client? What were the risks and obstacles to the client in trying to carry out this assignment? Did the client have the skills necessary to complete the assignment? How successful was the client in completing the homework task, and did you employ any monitoring procedures such as “haunting” or “check-back”? Did you have to employ any motivation procedures such as TIS to encourage the client to follow through? Show how you were able to operationalize TIS with this client.

6. Involuntary “clients:” Many clients are forced to see social workers because of court mandates, parental or spousal pressure, or they are captured inside our service delivery system
(e.g. psychiatric hospitals, prisons, detention centers etc.). Using one of your cases, demonstrate some of the techniques that are used to establish working relationships with clients who don’t want help (e.g. dual contracts, role clarification, pro-social outcomes, problems solving, etc.)

Interpersonal Psychotherapy:

7. Apply the assessment procedure of IPT to determine whether the client is depressed and a candidate for IPT. How did you apply the Hamilton Rating Scale and what score did your client receive using this procedure? How did you use this scale to educate the client about the signs and symptoms of depression? How did you reassure the client that depression is a “treatable” condition?

8. IPT has developed four specific protocols that are used in the treatment of depression. How did you and the client decide which protocol to follow? Show how you operationalized the protocol in your case. How closely could you follow the protocol and what obstacles may have emerged in this case?

Specific Interventions:

9. FAAST – Single Session Intervention: Some of you may have an opportunity to employ FASST in your field placement. This is a challenging model to employ because it centers on your ability (both intuitive and experiential) to develop a “central focus” with the client that is analytically below the client’s awareness but acceptable to the client (and all in about an hours time). Some agencies have toyed with the idea of using FASST as an intermediate screening procedure that will divert clients from being placed on a waiting list. If your agency uses a waiting list, it might be possible to try FASST out with a client who has completed intake and is destined for the waiting list.

10. Power Therapy: Teach EFT or TAT to one of your clients in order to help them manage various undesirable symptoms. Describe how the process unfolded with this client, and whether you were able to help them reduce their symptoms on the SUDS scale. Besides trying this procedure on a client, you might want to practice it on a family member or friend to see what kinds of results you can achieve with this simple procedure. How do you feel about employing a procedure that does not fit into the dominant treatment paradigm?

11. Intervention Style: This log is designed to teach you something about your personal intervention style with clients. Get permission to audio tape a treatment session (not an early assessment interview) with one of your clients. Some agencies may not let you audio tape interviews, so you will have to make as complete a verbatim record of the interview immediately after it happens. Categorize (statement by statement) all of your verbal interventions on the coding sheet presented in class. Don’t be distressed if some of your interventions do not fit into categories (it is not your interventions but the categories that are problematic). Analyze these data and see if any patterns seem to emerge. Do these patterns fit what you consider to be your general intervention style in most interviews with clients? For example do you tend to be reflective rather than directive?
12. Relaxation Techniques: There are many relaxation techniques that we will be discussing in the course. Describe several of these techniques that you have been able to apply in your field placement. Briefly describe how and why you were using this technique with this particular client and what changes the client experienced on a SUDS or similar monitoring procedure.

General Logs:

13. The Context of Interpersonal Practice:
It is easy to overlook the context in which interpersonal practice is conducted because we are often focusing so much on our clients (the trees), that we forget to see where we are in the forest and what is happening around us. In this log, I want you to look at the forest that surrounds your work with clients. Now you can look at the “grove” or even larger parts of the forest – I leave that up to you. What are things that we should be concerned about when we try to serve our clients? And what are those things in the forest that directly impact our work with clients and may make our work problematic. These are some of the things in the forest I would want you to consider, but there are many other dimensions that you will see and should raise in this log. What are the things in your agency’s location, structure, and operations that make it hard for some clients to get help? Look critically at your agency through the eyes of your clients. A broader consideration you might explore is the practice ideology of your agency and the kinds of staff it attracts. Is your agency into psychopathology or strengths based approaches; into social control or empowerment: or simply moving clients/patients through the system as efficiently as possible to maximize income at the expense of helping very wounded clients. Does your agency discriminate against some groups of clients? Is it wheel chair accessible, LGBT friendly, composed of diverse staffs that match the potential clients in the agency’s catchment area? You might look at simple things like the magazines and décor in the waiting room. Many of you are placed in the “Medical-Pharmaceutical-Industrial Complex” with it’s drug salesmen (sometimes referred to as “drug pimps”) hustling around to the various clinics and various research trials and projects that may be going on your field placements. How does all this research money influence the way service is delivered in your agency? (Remember the Tuskeegee Trials, the Plutonium Files, the Hoxsey trials, and the mind control experiments of the ‘50’s and ‘60’s.) When you deliver mental health service to your clients, whom are you really serving? Your clients or someone else?

14. Suicide Assessment: You may complete this log by going on-line and doing the tutorial and interactive video, “Suicide Assessment: Rube Farmer.”
http://www.ssw.umich.edu/faculty/bseabury/Rube In order to get credit for completing this log assignment, you will have to take the on-line quiz and pass with a grade of B or better.

15. Etc.: There are an infinite number of meaningful ways that we can learn about the connections between the real world of practice and the models of practice that are proposed in texts and courses. In order not to close off other learning opportunities, this log is offered so that you can design and carry out your own learning experience. The only condition to doing one or more etc. logs is that I ask you to warn me ahead of time, so I know what you are planning to do. This not only gives me some warning but also allows me to react and be helpful to your ideas before you expend energy doing it.
**Final Test**

The final test will be conducted during the scheduled test day at the end of the semester in April. This in-class test will be composed of short answer questions and multiple choice questions. The test is not designed to test a student’s memory, but instead is designed to test a student’s ability to apply course concepts to practice examples. Before the final test, a study guide will be handed out in the class that lists the various concepts and readings that may be covered by the final test.

Letter grades will be assigned by converting the point totals for logs and final test. The following scale will be used to calculate letter grades:

- 100 = A+
- 95-99 = A
- 90-94 = A-
- 87-89 = B+
- 83-86 = B
- 80-82 = B-
- 77-79 = C+
- 73-76 = C
- 70-72 = C-
- 67-69 = D+
- 63-66 = D
- 60-62 = D-