... professionals--people you could call in the middle of the night if there was trouble, people whose being had begun to meld with their doing, who were what they did. Lynch, T. (1997). The Undertaking: Life studies from the dismal trade. New York: Penguin Books. 19.

-- the test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function. One should, for example, be able to see that things are hopeless and yet be determined to make them otherwise. F. Scott Fitzgerald. The Crack Up. 1936


Text is available at the Common Language Bookstore which is located on 215 S. 4th Ave between Liberty and Washington; hours are Mon-Thu: 10:30 a.m. - 9:00 p.m.; Fri-Sat: 10:30 a.m. - 10:00 p.m.; Sunday: 1:00 p.m. - 5:00 p.m. Telephone 734-663-0036. CommonLangBooks@aol.com

Other required "course-pack" readings are on electronic reserve at the UM SSW Library; the reserves are linked to the library’s home page. http://www.lib.umich.edu/socwork/eresf03.html

If you need or desire an accommodation for a disability, please contact me at your earliest convenience. Many aspects of the course including the assignments, class activities, and my teaching methods can be modified to fit your circumstances.

1. Course Description:

This course presents foundation knowledge and skills essential to interpersonal practice while considering the community, organizational, and policy contexts in which social workers practice. It integrates content on multiculturalism, diversity, social justice, and social change 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 state, age, religion, and ability as these relate to interpersonal practice.

2. Course Content:

Students will learn various social work roles (e.g., counselor, group facilitator, mediator, broker, advocate and resource planner), recognizing that these roles must be based on an awareness of cause and effect and on the adherence to social work values and ethics. Students will understand the importance of developing relationships with clients, colleagues, supervisors, other professionals, and many other
constituencies that make up the organizations in which they work. Students will also learn how self-awareness and the conscious use of self affect the helping relationship.

In this course all phases of the IP treatment and prevention process (i.e. engagement, assessment, evaluation, planning, intervention, and termination) will be presented with attention to how they are applied to work with individuals, families, and small groups. Students will learn 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 situational and environmental factors relevant to the client's social functioning.

Students will understand patterns of functioning, to assess strengths and limitations, and to plan, implement and monitor change strategies. Students will learn the importance of evaluating methods of 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. Various prevention, treatment, and rehabilitation models will be covered as well as various IP skills. In subsequent IP courses, more emphasis will be placed on specialized assessment procedures, evaluation, treatment interventions, termination.

3. **Course Objectives:**

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

1. Describe ecological-systems, bio-psycho-social, problem solving, structural, and pathology versus strengths based frameworks in practice with individuals, families, and small groups AND critique the strengths and weakness of these various frameworks.
2. Recognize the impact of race, gender, ethnicity, social class, sexual orientation, power and privilege on interpersonal practice by:
   a. demonstrating self-awareness about how their attributes and life experiences impact on their capacity to relate to others with different personal attributes and life experiences.
   b. describe how others who are very different may perceive them and how status and power issues impact professional relationships with clients, colleagues, and other professions.
   c. recognize the role of privilege in one’s ability to assess needs and intervene in the helping process.
3. Carry out the roles of advocate, broker, counselor/therapist, group facilitator, and resource developer and assess the appropriateness of these roles in context.
4. Demonstrate basic interpersonal practice skills including active listening, empathic responding, critical thinking, case recording, and contracting.
5. Conduct culturally sensitive and culturally competent interpersonal practice by:
   a. engaging diverse client systems
   b. employing assessment protocols of PIE, ecomaps, genograms, network maps, and group composition
   c. articulating treatment and prevention goals, developing measurable treatment and prevention objectives, and employing measurement tools to monitor and evaluate practice while maintaining sensitivity to the special needs of clients.
   d. implementing treatment protocols consistent with treatment plans and sensitive to clients' situations
   e. recognizing basic termination issues that pertain to interpersonal practice.
6. Operationalize the NASW code of ethics and recognize value dilemmas that emerge in interpersonal practice.

4. **Course Design:**

This course will employ 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, modeling with demonstration on video, etc.

5. **Relationship of the Course to Four Curricular Themes:**
• **Multiculturalism and Diversity** will be concentrated in the topics of relationship building, communication, assessment, intervention, termination and evaluation. These topics will 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 will also be explored. Multicultural content will be infused throughout the course especially in the assessment and intervention phases of the change process.

• **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 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.

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

• **Behavioral and Social Science Research** will be presented 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.

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

Social work ethics and values will be addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics will be used to give students direction about these ethical issues. In particular, this course will focus on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client’s best interest, proper and improper relationships with clients, interruption of services, and termination. In addition, issues that arise when working with colleagues, such as referral, consultation, dispute resolution, and mediation will be addressed.

8. **Source Materials:**

Electronic Reserves [http://www.lib.umich.edu/socwork/eresf03.html](http://www.lib.umich.edu/socwork/eresf03.html)

All wisdom is plagiarism; only stupidity is original.


Seminal ideas and evolving treatment technology, 287-313)


Additional Recommended Resources


McGoldrick, Monica; Pearce, John; Giordano, Joseph, and (eds.). Ethnicity and Family therapy, 2nd ed. New York: Guilford; 1996.
Salzer, Mark S.; Rappaport, Julian, and Segre, Lisa. Professional appraisal of professionally led and self-help
Shulman, Lawrence. The skills of helping individuals, families and groups, 4th ed.. Itasca, IL: F.E. Peacock; 1999.
Singelis, T. Teaching about culture, ethnicity, and diversity: Exercises and planned activities. Sage; 1998.
Taylor, R. J.; Ellison, C. G.; Chatters, L. M.; Levin, J. S., and Lincoln, K. D. Mental health services in faith
Telles, Cynthia and Karno, Marvin eds. Latino Mental Health: Current Research and Policy Perspectives. National
Institute of Mental Health; 1994.
Teyber, E. Interpersonal process in psychotherapy: A relational approach, 3rd. edition. Pacific Grove, CA:
Tolson, E.; Reid, W., and Garvin, C. Generalist Practice: A Task-Centered Approach. New York: Columbia
University Press; 1994.
Torres, Jose B. Masculinity and gender roles among Puerto Rican men: Machismo on the U.S. mainland. American
Toseland, Ronald W. and Rivas, Robert F. An Introduction to group work practice, 3rd ed. Boston: Allyn and
Bacon; 1998.
Wells, Carolyn Cressy. Social work Day to Day: The experience of a generalist social work practice, 3rd ed. New
White, William L. Slaying the Dragon: The History of Addiction Treatment and Recovery in America.
Bloomington, IL: Chestnut Health Systems/Lighthouse Institute; 1998.

Some Interesting Ideas about Common Elements in Psychotherapy


1. A Good Relationship An intense, emotionally charged, confiding relationship built on trust is recognized as an
essential element of most psychotherapy.

2. Emotional Release In a wide variety of ways, therapists encourage their patients to express and experience pent-
up feared feelings. Emotional release may strengthen the therapeutic relationship and may increase the potential for
change.

3. Cognitive and Experiential Learning. Therapists teach their clients new information directly through verbal
instruction and indirectly through experiment and other opportunities for self-discovery. Therapists may provide
situations in which maladaptive beliefs about the self and others may be examined.

Through the strength of the patient's attachment to the therapist, a variety of influencing methods become
available. These include positive and negative reinforcement (smiling, compliments, interest in certain topics) and
identification with the therapist as a model for a better way to consider oneself.

4. Practice. Built into most therapies is the practice opportunity. Called "working-through" in psychodynamic
therapies, the practice phase enhances the patient's sense of mastery over the new learning.
I assume that each viable perspective highlights some portion of psychological reality and that different terms sometimes have overlapping meaning for similar psychological territory. Many psychotherapists seem to have become distracted by their attachment to particular words, and, like people whose cultures are defined by their language, are reluctant to reach compromises with psychotherapists using other words. (Beitman, p. 111)

The generally accepted idea that exposure is the underlying principle governing the treatment of most phobias (Marks, 1976) holds promise for the discovery of other change mechanisms for other problems. The efficacy of drug therapy as well as various psychotherapies in the treatment of depression suggests that there are many ways in which change may be instigated. The suggestion that holding to the manual is more critical than the type of therapy implies that psychotherapy requires a specified focus within a systematic procedure rather than a specific content. Frank (1976) insisted that a common ingredient for all psychotherapies was the therapist's belief in a certain set of techniques and a theory for applying them. Not only does this belief give therapists confidence but it forces them to pursue specific problem areas in specific ways. The human intrapsychic-interpersonal system is in a complex equilibrium. Successful psychotherapy seems to require the introduction of a carefully placed deviation or set of deviations into that system. These changes are then amplified by their effects to achieve a more desired homeostasis. It appears to be less important that therapists introduce one specific deviation than one of a limited range of deviations. (Beitman, p112).
S.W. 521 Interpersonal Practice with Individuals, Families and Small Groups  Prof. T. Powell;  
Fall, 2003  3796 Social Work Bldg., 1080 S. Univ. 
Office Hours: Office Hours: Mon. 12-1; Tues. 11-12:30; and by appt. Ann Arbor, MI 48109-1106 
Office Hours: Office Hours: Mon. 12-1; Tues. 11-12:30; and by appt.  734 763-5930 
http://coursetools.ummu.umich.edu/ tpowell@umich.edu 9-2 
Two Truths and a Lie Ice Breaker; Admired Helper; Small learning group goals; 
Essential elements of psychotherapy (Beitman) Practice essential elements; Ironies of 
interpersonal practice. Multicultural Assumptions and Discussion Guidelines Review 
of syllabus and assignments.

9/9 The strengths perspective, pathology—a two-sided risk, and the harm of too-zealous 
intervention. Silent Movies. Discussion of Bob and his family. Practice non-suspicious 
questions and accenting the positive. photo and self-assessment.

9-16 Key elements of interpersonal practice. Formulate responses to client statements. 
Hepworth, Rooney & Larsen (HRL), pp. 35-83. HRL exercise, pp. 81-82, nos. 3, 4, 6, 

9-23 Empathy and authenticity. HRL, 85-138, exercises 2 & 3, p. 132 and Boyer (New 
Yorker) APA Responding to anger. Assignment 2 due  

9-30 Engagement: Following, Exploring, Communicating Effectively -- HRL Ch. 6, pp. 
139-170. Berkman article Professional choices: Ethics at Work.

10-7 Multidimensional Assessment: HRL, Ch 8,187-217, Ivey/Sue//Hispanic/Asian videos. 
(Kemp, Whittaker, and Tracy 1997, Ch 4, 89-130.) Assignment 3 due  

10-14 Study Break  
10-21 Assessment: Group HRL, 299-326 Ch. 11. (Corey & Corey, 2002, 98-120) Pope-Davis 
Multicultural counseling, Part II video (religion, disability, age, culture and language).  

10-28 Intrapersonal (critical consciousness), Interpersonal, and Institutional sources of 
discrimination. Comas-Dias & Jacobsen; (Compton & Gallaway, 1999 [eco 
assessment, 66-78])O’Hanlon/Solution therapy  

11-4 Goals Planning, HRL, ch 12 pp. 327-356; Coyne/Strategic therapy  

11-11 Implementing change, problems solving HRL, ch 13, 359-398. (White, 1998, 287- 
313)Theoretical framework or model presentation. White/Narrative therapy  

11-18 Modifying environments, developing resources, HRL ch 15, pp. 437-476. (Compton & 
Gallaway, 1999, 420-436), Madigan/Narrative therapy  

Major paper due.
11-25  Family interventions. 16, pp. 477-518 (Tomm, 1988) couple and family; Missy video
Aponte/Structural therapy

12-2  Group structure and process analysis presentations.
Group interventions HRL ch. 17. 519-542 (Corey & Corey, 2002, 126-138)

12-9  Course review. Discussion of take home exam. How has this course helped you
become more like your admired helper? Maya Angelou and how resilience is acquired.
Self-help and support group resources Readings: Powell; Wituk

12-16  Take home exam due.

Notes:
A) Consistent participation is very important. You will benefit from regular participation in your small
group. Remember that topics, themes, and conversations carry over from week to week and “getting the
notes” doesn’t really cut it.

B) I strongly recommend a conference before you get started on your major paper. The conference will
help you clarify your topic, develop your outline, formulate a literature search strategy, and better
understand the applications of the paper to social work practice. And in the same vein I would be happy
to meet with you about other aspects of the course or other assignments. If office hours don’t work, we
can set up another time.

Assignments
Assignment 1: Develop a character sketch of a social worker or other helping person (it doesn’t have to
be a paid professional) you admire. Describe why you admire this person citing personal/professional
characteristics, the way s/he relates to others, and the helpful ways in which he or she behaves. Discuss
how this person has influenced you or will influence you in your helping. Limit 1 page (no cover page,
adjust font as necessary), credit-no credit. Due 9/16

Assignment 2: As you pick up your textbook at the Common Language Bookstore, consider how the
collection of books and materials offers insight into certain aspects of the LGBT, feminist, or other
culture. Discuss the insights you gained and any accompanying emotions. Discuss further how these
insights might enhance your cultural competency as a practitioner. Shifting focus consider whether you
would recommend similar experiences to certain clients. Lastly comment on any store materials you or a
client might find controversial or off-putting. Limit one page, adjust font as necessary. Credit-no credit.
Due 9/23.

Assignment 3: Discuss your impressions of the Boyer article with particular attention to whether the
narrative displays empathy and realism, and an appropriate balance between the two. Also discuss how
the narrative addresses the mix of personal and environmental factors. Lastly discuss how this essay
might help you enhance your observing, recording assessment, and intervention skills. 3-4 pages. 10
points. Due 10/17.

Assignment 4: Select two of the readings in CourseTools for critique (one by Oct. 28, and one after that).
Post your critique by the Thursday before the class in which it will be discussed. The critique should be
approximately 250 words (more is OK). The critique should discuss the reading in terms of a) the major
insight(s) or idea(s), b) any points that need clarification or correction, and c) the applications you see to
social work practice. What is wanted is your interpretation and analysis of the reading rather than a
summary or a paraphrase of the reading.

In addition create brief responses of about 100 words (or more) to each of five critiques over the term.
The response should be your unique impression of the reading, and not just a reaction to an earlier posted
critique. Each response must be posted before the session in which the reading is due to be discussed. Please do not use attachments but copy and paste (from word processor into course tools) works fine.

Thoughtful and timely critiques and responses will be worth up to 10 points toward your grade. Deductions will be in order for not so thoughtful, missing, or late critiques and responses.

Assignment 5: As a group develop a presentation to the class about some aspect of social work groups. Keep track of the feelings of group members, e.g., frustration, anger, relief, and exhilaration as possible markers of group phenomena. The presentation should focus on some aspect of group structure, e.g., composition, leadership patterns, group climate, and norms about such matters as participation and member initiative. Or it might also focus on some aspect of group process, e.g., decision making, cohesion building, interpersonal learning (social comparison) or conflict resolution. As you develop the presentation, consider whether the process of your group illuminates some aspect of your topic.

Following the presentation, review the evaluation forms as a group according to the criteria set forth in the evaluation form. The spokesperson for the group should then e-mail me a one paragraph summary of the group’s evaluation of the presentation. I will then assign a grade for the group, up to 10 points. The presentations are tentatively scheduled for December 2.

We constructed our lives around a misunderstanding, and if ever I tried to pull it out and fix it now I would fall down flat. Misunderstanding is my cornerstone. It's everyone's, come to think of it. Illusions mistaken for truth are the pavement under our feet. They are what we call civilization. Kingsolver, Barbara, The Poisonwood Bible p. 532


Major Paper (Major in the sense that you have the major input.) (1800 words, approx. 8-12 pages)

...choosing what to learn is the hard part; learning it is a lot easier. Daniel Tosteson, Harvard Medical School

Option 1: Topic of your choice (As agreed upon in our conference)

Option 2: Clinical Assessment and Treatment Discussion

A person with a clear conscience is a person with a faulty memory

Like most people, he lied best by omission, and what he didn't want you to know there was no point asking about. Mary Karr, The Liars' Club p.19

Not everything that can be counted counts, and not everything that counts can be counted. Albert Einstein

Postmodernists have questioned whether ordered accounts of other ways of being in the world—accounts that offer monological, comprehensive, and all-too-coherent explanations—are credible at all, and whether we are not so imprisoned in our own modes of thought and perception as to be incapable of grasping, much less crediting, those of others. Clifford Geertz, Culture War, NY Rev of Books, XLII, (19) 11/30/95, p. 5.

things have ...‘been evolving from a focus on the observed world as object, to a focus on the observing person as subject, to a focus on the place between subject and object, that is, the intersubjective domain where interpretation occurs in community with others.’ (D. Pare 1995 in Freedman, J. and Combs, G. Narrative Therapy: The social construction of preferred realities. New York: Norton; 1996.)

This option is a culturally sensitive version of a fairly standard but challenging and never fully mastered clinical task. It could be for you if you want to become increasingly proficient with this absolutely essential clinical assessment and treatment task.
Select a client from one of the “minority” cultures (seniors, women, persons with low income, 
persons with disabilities, lesbians or gay males, bisexual or transgendered persons or an oppressed ethnic 
group. (If you do not have a current client, consider past clients, acquaintances, literary characters, 
biographical figures or published descriptions of clients. Please ask for an explanation of these options in 
class as it will help clarify the assignment for others.) Print “Disguised Information” as a header or footer 
on each page, and otherwise indicate that identifying client and agency information in order to respect the 
person’s confidentiality.

Describe the presenting problem from the client’s point of view, indicating how the “minority” 
experience effects the client’s understanding or “cognitive model” of what’s wrong. Also describe what 
s/he regards as possible solutions, and how they might be implemented. This refers to what the client 
believes are appropriate and accessible resources for tackling the problem.

Situate the problem in terms of its context: the client’s age, income, education, family status, 
general health, ethnicity, and religion.

Describe the supportive and undermining factors in the client’s life. Include information about 
present and--where relevant--past supportive and undermining relationships.

Describe the circumstances of the client’s initial contact with the agency, including what she felt 
pressured him or her into coming to the agency. To the extent possible, use his or her own voice to 
indicate what s/he wants, doesn’t want, or is hoping to avoid by coming. By reflecting on the client’s 
unmediated expressions (voice), we can get closer to how the client experiences the problem(s).

Describe any ethical dilemmas inherent in either what the client wants, or what others in the 
client’s system (including organizations) want from this client intervention.

Describe the client's cognitions (or beliefs), emotions (or affect) and behavior (or conduct) in 
relation to family, co-workers, friends, schoolmates, etc. With clients free of severe impairments, it may 
be appropriate to focus on the problematic aspects of the person’s functioning. With these less vulnerable 
clients direct focus on the problems may be interpreted as a tribute to the client’s strength and an 
expression of confidence in the client’s ability to resolve the problems. With these clients it may be 
appropriate to discuss conflicts and past experiences that continue to be troubling. However, with clients 
who are more vulnerable, typically those who have more severe impairments, the focus should be on their 
strengths, on protective factors, and in general on the personal and social circumstances that are 
associated with higher and improved levels of functioning.

With all clients, pay special attention to the pattern of the client's relationships and in particular to 
how he or she responds to you and other helping persons. Note how the client’s responses vary depending 
on the context or content of your interaction with the client.

This proposed assessment guide highlights environmental factors, cognitions, affects, behavior, 
problem solving capacities, developmental factors, ego functions, conflicts, coping mechanisms, and 
transference and countertransference reactions. Depending on the nature of the client’s difficulties, and 
your theoretical predilections, you will want to modify the guide. Review HRL, Chapters 8-10, for some 
possibilities. If you have worked for an agency that used an assessment guide, you may incorporate 
elements of it in your paper. If so discuss it with me and attach a copy of the guide to the paper.

Please keep in mind that I understand how uncommon it is to have all the information one would 
like to have about one’s clients. Thus I do not expect you to have complete information on all the above 
points. Moreover, depending on your service agency and your client’s problems, I understand some types 
of information will be more relevant than others. Nonetheless, it will often be helpful to try to understand 
the client and his/her situation as fully as possible even if in this world of computerized records and least 
common denominator classifications. It is, of course, understood that your full statement will not, and 
perhaps should not, become part of the client’s file.

Describe how you arrived at (or could have arrived at) mutually agreed upon goals. Appropriate 
goals should be considered in terms of improving the client’s quality of life, enhancing social support, 
developing environmental resources, changing cognitions, modifying behavior and strengthening problem 
solving skills. In so doing be sure to make explicit the links between assessment findings and treatment 
goals.
Treatment Discussion

Tell all the Truth but tell it slant-
Success in Circuit lies
Too bright for our infirm delight
The Truth’s superb surprise
As Lightning to the Children eased
With explanation kind
The Truth must dazzle gradually
Or every man be blind-  Emily Dickinson

Discuss what you have done treatment-wise and, if you are continuing to work with the client, what you plan to do. Try not to be overly concerned about whether you made mistakes, or whether with 20/20 hindsight vision, it now appears that you were off base. Instead focus on learning from your work by discussing how you might have interpreted or done things differently. If you haven’t started work with a client yet or are only in the early stages, discuss what you expect to do. What will be the primary interventions and how you will carry them out in a way that is empowering of the client.

Discuss the treatment challenges or difficulties that you ran into or expect to run into and what you will do, or might have done, to minimize them. Discuss the links between your assessment and treatment activities. Discuss the specific criteria you will use to assess progress toward treatment goals. Cite references to support arguable or uncertain points in the paper. A minimum of three references should be drawn from HR&L, Chapters 13-20. Another three or more references should be cited specific to the circumstances of your client. For Internet references, cite the URL and the date accessed in your reference list. A minimum of six references should be cited but more important than the number is that they be quality references, i.e. evidence-based, peer reviewed, scholarly references.

**Option 3: Using Literature to Build Cultural Competence:**

Science, of course, is not the exclusive source of knowledge about human existence. Literature, art, philosophy, history, and religion all have their insights to offer into the human condition. To deny that is scientism--the belief that the methods of the natural sciences are the only means of obtaining knowledge. and to the extent that scientists have at times indulged in that belief, they must shoulder some of the blame for the misapprehensions that some people have about science. J. Michael Bishop "Enemies of Promise" Academe, Jan-Feb 1996 p 19

scientism (Oxford English Dictionary)
2. A term applied (freq. in a derogatory manner) to a belief in the omnipotence of scientific knowledge and techniques; also to the view that the methods of study appropriate to physical science can replace those used in other fields such as philosophy and, esp., human behaviour and the social sciences.

“It is difficult to get the news from poems,
yet men die miserably every day
for lack of what is found there.”
William Carols Williams

This option should not be thought of as the default one if you don’t want to do the first one, or think it would not be as difficult. In many ways, it can be more demanding than the first one because you have to derive or construct clinical incidents and interventions from a fictional, dramatic, or biographical work.

This paper will discuss how the observations and insights of biographical or imaginative literature (e.g., novels, short stories, poetry, drama, memoirs, biography and autobiography) can make you a more effective practitioner by sharpening your assessment skills and enriching and expanding your intervention skills. Intervention skills should be understood broadly to include such activities as coaching and resource development as well as therapy discussions with your client. The paper is not a book review or a synopsis of the story paper.

To encourage you to consider the range of sources that could be used I offer the following as examples: Baldwin, J. Another Country or his Giovanni's Room; Anne Fadiman, The Spirit Catches You and You Fall Down; Feinberg, L. Stone Butch Blue:. Zora Neale Hurston, Their Eyes Were Watching
God; McCourt, F. Angela’s Ashes, Morrison, T. Song of Solomon or the Bluest Eye; Rodriguez, R. Days of Obligation: An Argument With My Mexican Father. A larger list of authors writing about diverse cultures linked to age, gender, health, ethnicity, religion, class, sexual orientation, etc. would include Dickens, Kafka, Oates, Lessing, Dostoevsky, and many others. The work(s) you choose should be one that you are familiar with or have scanned to ensure that it will be an adequate source of insights and intervention principles for working with clients from diverse cultures.

Start by briefly describing why you chose the book. Describe the central characters, the narrative storyline, and the major theme(s). Describe how sociocultural factors, cultural identity and social power issues shape the character’s sense of self, worldview, and interpersonal style. Describe how the character has coped with difficult events and problems. Most importantly, discuss what you have learned as a social worker from how the character(s) have coped with difficulties and succeeded in meeting challenges.

Discuss further how the insights and principles derived from the work might be relevant to clients or other people you have known. Technical or scientific/professional articles may be used to supplement the work of literature but the spirit of this assignment is to make the literary work primary. Since this assignment can be tricky, it is easy to say too much about the book and not enough about practice, I strongly recommend you get some feedback and if possible get me to review your outline before you go too far. Clearly, this is not an option you want to begin at the last moment.


Option 4: Pathways Toward Resolution or Recovery:

This option recognizes that many people can accept care but will resist what they regard as a dependent or culturally unacceptable client role. Some may be unable to accept commodity helping i.e., service for a fee. Some of these people can make good use of more natural and indirect sources of social support, e.g., from neighbors or extended family. Others will find strength in natural support and self-help groups benefitting from the solidarity and experiential knowledge of the members. This option assumes that social workers can play a key role in helping people use these methods. Thus this paper should be about the nature of these alternative supports and how we can help people use them.

In this context we may be thinking of these pathways as substitutes for professional service but in other situations we should encourage the use of these resources alongside professional help. Think counseling and NAMI, or therapy and a 12 step group. However, in this instance we are thinking of interpersonal practice (or psychotherapy) as a method that is used by only a small percentage of those working on problems. Other “alternative” (and they are alternative perhaps only from our professional perspective) methods exist, that can be used in place of formal treatment. Sometimes the alternative can be a dramatic and sudden reorganization of one’s identity “in the face of sudden crisis or cumulative maturation. (White, 1998, 329)” Such reorganization’s may be variously referred to as a conversion, a turning over of a new leaf, or a spontaneous remission.

Other alternative approaches seek problem resolution or recovery in more social contexts. This may involve expansion or modification of one’s social networks. This may be accomplished in part by involvement in self-help groups, churches, ethnic groups, and all manner of social groups and organizations. In the course of some of these involvements, relationships may be developed with indigenous healers, shamans, elders, informal helpers, etc. which also result in personal support and change.

Write a paper about one of these pathways of problem resolution citing the experience of a person or persons you have known. Describe the nature of the pathway in terms of how seekers get started on the pathway, the people they encounter, the interactions they experience and the outcomes that result. Discuss what social workers can learn from what happens in this alternative pathway and how social workers could facilitate access to it and support its effective use.
Please do not put your paper in a folder as they are easier to handle without them. Late papers will be lowered one grade and will not be eligible for comments unless arrangements have been made two weeks in advance.

**FINAL EXAM:**

Includes short-answer essay questions on class lectures and discussions, readings, handouts, and earlier assignments. The exam will be available December 10. The exam will enhance your knowledge of the concepts dealt with in the class and your ability to integrate and apply them to clinical situations. Due December, 17. worth 35 points.

Grades will be determined as follows:

<table>
<thead>
<tr>
<th>Paper Grade (Max 35 points)</th>
<th>Final Grade</th>
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<tbody>
<tr>
<td>A+ = 35</td>
<td>97-100 A+</td>
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<tr>
<td>A- = 32</td>
<td>93-96 A</td>
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<tr>
<td>B+ = 30</td>
<td>89-92 A-</td>
</tr>
<tr>
<td>B = 29</td>
<td>85-88 B+</td>
</tr>
<tr>
<td>C+ = 26</td>
<td>81-84 B</td>
</tr>
<tr>
<td>C = 25</td>
<td>73-76 C+</td>
</tr>
<tr>
<td>C- = 23</td>
<td>69-72 C</td>
</tr>
<tr>
<td>D = ≤ 22</td>
<td>65-68 C-</td>
</tr>
</tbody>
</table>

The fine print, hopefully, will not be relevant to anyone. But just in case here it is: If you miss more than two sessions—reasons are not relevant—the grade will be lowered five points for each session over two unless you make up the session. To make up a session begin by finding out from other students what was covered in the missed sessions and develop a make-up plan to be submitted in writing for my approval. The plan should be focused on the topic of the missed session, and should involve three or more hours of effort.

In fairness to other students, papers cannot be redone for a higher grade except when the initial grade is C+ or below. In that case the grade will be the average of the first and second paper. I am, of course, always available to meet with you to elaborate my comments on your paper and to suggest ways to strengthen your work.

If you want me to reconsider your grade, submit your evaluation of the paper in writing explaining your reasons for the request. If we had a conference about the paper, refer to the understanding we reached about the goals and the content of the paper. If there wasn’t a conference, discuss how your paper built on the relevant literature (refer to specific citations) and class discussions.