1. Course Description:

This course will approach work with individual clients from a person-in-environment perspective and build on the content presented in the foundation interpersonal violence course and equivalent courses. 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, class, and sexual orientation of the client), time-limited treatment methods, and practice with involuntary clients.

2. Course Content:

This course will present various 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 responsive to the impact of social environments, and supported by empirically based efficacy studies. Treatment models that focus on specific psychosocial problems associated with work, relationships, mood, anxiety, and impulse problems will be discussed. Various treatment models will be presented such as psychodynamic, cognitive-behavioral, task-centered, problem-solving, transactional analysis, and client-centered. 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) and meta-theories from empowerment, feminist and socialist perspectives will be applied.

Each model 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 course, students will learn how to integrate evaluation techniques and measures into their on-going interventions with individual adults so that they can employ systematic measures of their effectiveness in the field. This course will carefully explore the issues that influence and determine client motivation because many individual adults come into the treatment process with varying degrees of willingness and sometimes are coerced to seek help by authorities or family members. Strategies that workers can employ to engage reluctant or resistant clients will be presented. Intervention models in this course will be general enough to apply to a wide range of adult clients in a wide range of 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.

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. Operationalize the NASW Code of Ethics as it applies to value dilemmas in interpersonal practice with adults.

4. Course Design:

This course will employ a number of methods 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, and didactic presentations of theory/models/procedures. Whenever possible, 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 the fit the needs of various ethnic and racial groups. This course will emphasize that mono-cultural clinical models must be adapted to fit the definitions of “problem” and “treatment” that exist in diverse groups in order for social workers to practice with adults from diverse backgrounds.

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

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

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

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.


RECOMMENDED READINGS


* Books on reserve in Social Work Library

ASSIGNMENTS

Assignments will emphasize exercises for developing and practicing new skills. You will develop your ability to assess your skills and to give and receive constructive feedback from others. An important tool will be the recording and assessment of your interview skills and interventions with audio or video tapes. Exercises will also focus on developing centering and stress management skills that will increase your empathy and interview preparedness and will decrease burn-out potential. You will also be expected to know how to evaluate relevant
scientific literature as a way to inform your practice and to be able to select tools for measuring your effectiveness. Finally, assignments will help you to expand your theoretical base, apply theories to practice, and integrate various approaches. The following is an overview of the assignments. All assignments must be typed. You will find exemplary assignments on the class web site from students in previous classes.

1) **Reactions to Exercises**  There will be several exercises related to the readings. You will be asked to write brief reactions to these exercises  [1-2 pages each; Pass/Fail; “Pass” = “A” in grade calculation; 10% of grade; due same day as reading is discussed].

2) **Therapeutic Alliance and “Honoring” Resistance.**  Audio or video tape at least 15-30 minutes of a role-played interview. Provide only basic information to the role-play client prior to the role-play but indicate whether it is the beginning, middle, or ending phase of treatment. Demonstrate abilities such as accurate empathy, summarizing, partializing, “going beyond what was said” [deeper empathy], exploring ambivalence, “honoring” resistance, and other abilities for engaging the client. You do not need to demonstrate all of these skills. You might also choose to practice confrontation skills. Acknowledge and discuss any worker/client differences [e.g., age, gender, race, class, religion, sexual orientation, special abilities], as appropriate. Ask the role-play “client” to give you written and verbal feedback. Then repeat the role-play and again ask for written and verbal feedback. Written feedback sheets from the “client” should also be turned in with the assignment. Transcribe 5-10 minutes of the tape to illustrate a strength in your approach OR a place where you felt “stuck” and in need of additional feedback. Discuss your strengths and areas for more work. [3-4 pages; graded; 15% of grade; Due date: 2/3/2004]

3) **Theory Application and Integration.**  View a video tape and read a chapter or article about an approach that you want to learn more about. In writing: 1) briefly summarize the approach, 2) discuss its most likely applications and limitations, and 3) particular strengths and limitations if applied to specific racial, ethnic, cultural, or socially/economically disadvantaged groups. To illustrate your own application of the theoretical approach, write an imaginary work-client dialogue or transcribe part of an actual one of yours from an audio or video tape. Describe how the dialogue illustrates the approach.

Find a published literature review of the scientific evidence for the effectiveness of this treatment. Ideally, this will be an article in a professional journal that summarizes the results of a large number of studies on treatment outcome. Do not use summaries of theories or methods. Briefly summarize the review. Describe the following: a) possible biases you detect in the selection or interpretation of studies; b) specific lessons from the review that you can apply to your practice; c) limitations of the approach or approaches as discussed in the review or that you detect. [3-5 pages; graded; 20% of grade]. [Due date: 3/9/2004]

4) **Centering and Interview Preparation.**  Cognitive restructuring, progressive relaxation, and autogenic methods of centering will be taught in class. Apply at least one of these methods to a number of role-play or actual interviews as indicated on the Interview Preparation Form. Using this Form, assess your level of discomfort before and during the interview and reflect on the process of centering and preparation after the interview.  Extra forms are available
on the class Web site. Make assessments of your comfort level for at least 3 interviews without any preparation/centering. Your assessments for these 3 interviews will form a brief baseline for comparison with the centering/preparation phase of the assignment. Next, make assessments for 5 more interviews but this time use one of the preparation/centering methods. In 3-4 double spaced pages describe: a) the centering method or methods you used and your reasons for using them; b) what seemed to help or hinder in your implementation of the centering/preparation phase of the assignment. c) what are the overall outcomes, lessons, and conclusions from your implementation of the centering and interview preparation skills? [Pass/fail; 15% of grade; “Pass” = “A” in grade calculation][Due date: 4/20/2004].

5) Intervention and Assessment Work. Write a paper about a case that describes the following phases: assessment, intervention plan, intervention implementation, ethical issues, and case evaluation. Use these phases as subheadings in your paper. You can develop part of the case with your imagination if you need to, for example, if you have seen a client just once or twice and want to imagine what a more complete intervention would look like.

a) Assessment. Include a very brief description of the presenting problem [a paragraph or less], demographics [e.g., age, race, gender, class, etc], history of the problem [about 1 page]. Also include actual or possible Axis I and Axis II diagnoses [DSM-IV], working hypotheses, and alternative hypotheses, or present an argument against the use of diagnoses. If appropriate, evaluate the validity and cultural meanings and variants of the diagnoses.

b) Intervention Plan. [About 2 pages] Describe the theoretical approach or approaches that are likely to be the most effective for this case and the goals for intervention as developed through a contract with the client. If more than one theoretical approach is used, describe how you would integrate these approaches theoretically or apply them sequentially to the case. Discuss any barriers or resistance to client progress and how these barriers or resistances were addressed.

c) Intervention Implementation. [About 3 pages] Illustrate the approach you used through a transcript of a taped role-play or actual interview. If it is an actual interview, be sure to disguise the identity of the client. You will not turn in the tape. Comment on your strengths, areas needing more work, and the accuracy of your original assessment and plan. Describe how you might improve your responses, including the use of general theoretical approaches you did not use. You may make the role play or actual session as long as you want. For the transcription, use about 5 minutes of the tape or about 12-15 statements from the client and 12-15 of your responses to the client.

d) Ethical Issues. [About 1 page] Describe the ethical issues you faced with this case, even routine issues like confidentiality. Describe a current or past ethical dilemma you faced with this client or a dilemma that could occur. Discuss possible ways for resolving the dilemma.

e) Case Evaluation. [About one half to one page] Select or create a measure for the evaluation of the goals established for work with this particular role-play or actual client. You do not have to actually administer the measure. It is more important to describe how you would introduce the measure to your client. It is a good idea to suggest at least two measures. Sources for finding instruments include: Fischer, J. & Corcoran, K. (1987). Measures for clinical practice: A sourcebook (Vols 1 & 2, 2nd edition). New York: Free Press.Hudson, W. (1982) and
The clinical measurement package. A field manual. Homewood, IL: Dorsey. If possible, give evidence of the reliability and validity of the measure and discuss its strengths and limitations. If you create your own simple measure, it can be patterned after measures shown in class based on simple scales, such as 7 point, 10 point or 100 point scales, of “subjective units” of discomfort, anger, satisfaction, fear, or whatever the problem area might be. Write the words you would use to explain the evaluation procedure to your client. [9-12 pages. Graded: 40% of grade] [Due date: 4/26/2004]

**Students with Disabilities.** Any student who feels that he/she may need an accommodation for any sort of disability (learning, physical, emotional) in order to complete course requirements, please contact me to discuss possible accommodations.

**Academic Honesty.** Please consult the Student Guide [Student Code of Academic and Professional Conduct on page 18 http://www.ssw.umich.edu/studentGuide/2004/studentGuide2004.pdf ] to make sure you are not committing plagiarism in your written reports. The Student Guide contains a section on providing proper citations when writing term papers and research papers. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. Plagiarism can be grounds for expulsion from the School. Here are some useful resources for you:
1) SSW Library online tutorial on citations, module 6: http://www.lib.umich.edu/ugl/searchpath/index.html
2) SSW Library web page on writing a paper, with links to plagiarism information: http://www.lib.umich.edu/socwork/researchpaper.html
3) University Library and CRLT web resources on academic integrity: http://www.lib.umich.edu/acadintegrity/
4) The University Library web resources brief guide to APA (American Psychological Association) style: http://www.lib.umich.edu/ugl/research/citationguide/APA5thed.pdf
This is now the preferred style for social workers. The recommended reading list in this syllabus is an example of an APA reference list, similar to those placed at the end of papers. Citations in the text should appear as: (author’s last name, year of publication). Direct quotes also need the inclusive page numbers of the quote added at the end of the quotation.

**Class Attendance & Participation.** Participation in class discussions is strongly encouraged but will not be graded. Attendance is expected at each class. If you miss a class for any reason, extra assignments will be given so that you will be able to cover the material you missed or similar material. If you know in advance that you will miss, please ask a classmate or instructor to tape record the class, share notes, and collect handouts for you.
COURSE OUTLINE:

UNIT 1: META-THEORIES AND THERAPEUTIC ALLIANCE

Class 1: 1/6/2004
The Uses and Misuses of Theory
Ingredients of the Therapeutic Alliance

Class 2: 1/13/2004
Meta-theories for Addressing Sexism, Racism & Classism
Self-Centering for the Worker
Establishing a Collaborative Relationship

Required reading:
Chapts. 1, 2, 3, and 9 in Davis et al. (2000). The Relaxation and Stress Reduction Workbook.
“How You React to Stress”, “Body Awareness,” “Breathing,” and “Autogenics”.

Class 3: 1/20/2004
Developing Culturally Competent Practice
Enhancing Motivation for Change
Assessing Your Motives as a Helper

Required reading:

UNIT 2: INCREASING CLIENT AWARENESS

Class 4: 1/27/2004
Overview of Theoretical Approaches and Their Integration
Relaxation as a Foundation for Change

Required reading:
Ponzo, Z. (1976) Integrating techniques from five counseling theories.
Personnel & Guidance Journal, 54(8), 415-4191.
Chapt. 4 in Teyber, “An Internal Focus for Change”
Chapts. 4 and 7 in Davis et. al, “Progressive Relaxation” and “Applied Relaxation Training”
Class 5:  2/3/2004  
Deepening Awareness

Chapt. 5 in Teyber, “Responding to Conflicted Emotions”  
Chapts. 5 & 6 in Davis et al., “Meditation” and “Visualization”

UNIT 3:  COGNITIVE & PERSONALITY CHANGE & ETHICAL DILEMMAS

Class 6:  2/10/2004  
Addressing Ethical Dilemmas  
Refuting Irrational Ideas  
Self Suggestions  
Core Cognitions from Childhood

Required reading:  
Chapt. 6 in Teyber, “Familial and Developmental Factors”  
Chapts. 8 and 12 in Davis et al., “Self-Hypnosis” and “Refuting Irrational Ideas”

Class 7:  2/17/2004  
Cognitive Techniques  
Inflexible Coping Strategies

Chapts. 13 and 14 in Davis et al., “Thought Stopping,” “Worry Control”  
Chapt. 7 in Teyber, “Inflexible Coping Strategies”  

SPRING BREAK  2/24/2004

Class 8:  3/2/2004  
Coping Skills Training  
Desensitization  
Conflict in the Therapeutic Relationship

Chapts. 15 in Davis et al., “Coping Skills Training”  
Chapt. 8 in Teyber, “Current Interpersonal Factors”  
Chapt. 2 in Young et al., “Schema Assessment and Education”

UNIT 4:  BEHAVIOR AND INTERPERSONAL CHANGE

Class 9:  3/9/2004  
Social Learning Theory  
Selecting Tools for Practice Evaluation  
The Therapy Relationship for Interpersonal Change  
Research Reviews on Efficacy of Practice Approaches and Problems
Chapt. 17 in Davis et al., “Assertiveness Training”
Chapt. 9 in Teyber, “An Interpersonal Solution”

**Class 10: 3/16/2004**
Goal Setting
Motivational Interviewing

Chapts. 16 and 21 in Davis et al., “Goal Setting and Time Management” and “When It Doesn’t Come Easy – Getting Unstuck”.
Chapts. 4, 5, and 6 in Miller and Rollnick, “What is Motivational Interviewing”, “Change and Resistance: Opposite Sides of the Coin”, “Phase 1: Building Motivation for Change”

**Class 11: 3/23/2004**
The Process of Termination

Required reading:
Chapt. 10 in Teyber, “Working Through and Termination”

**Class 12: 3/30/2004**
Involuntary Clients
Chapt. 7 in Miller and Rollnick, “Responding to Change Talk”

Chapts. 8 in Miller and Rollnick, “Responding to Resistance”

**Class 13: 4/6/2004**

**INTEGRATION OF THEORIES**
Integration of Childhood Factors and Cognitive Therapy
Chapt. 3 in Young et al., “Cognitive Strategies”

**Class 14: 4/13/2004**
Transpersonal social work
Required reading:
Chapt. 28 in Text: “Transpersonal Social Work”

**Class 15: 4/20/2004**
Demonstrations of integrative methods
Reports on integration of theories and methods