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 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.

3. **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.

4. **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.
Class Sessions

Session I: Sept. 13th
A. Introduction to the course
   The focus of this section will be on three collaborative therapies. They are:
      1. Goal Focused Interviewing
      2. Narrative Therapy
      3. Solution Focused Therapy
   These three therapies will be compared with traditional and modern therapies. They are also referred to as post modern therapies. (See page 7 for a definition of collaborative therapy.)
B. Learning Design
   This section will emphasize hands on experiences that will allow students to practice using collaborative therapies. In addition to readings, video tapes and live demonstrations will be used to enhance student understanding of how each therapy is conducted.
C. Assignments and grading procedures
D. The course from a student perspective
E. What is a collaborative perspective.
   1. Therapy as a conversation
   2. Therapy as an “events” interview
F. Questions to ponder for next week.

Session II: Sept. 20th
Goal Focused Interviewing with Individuals
A. A first attempts at doing goal focused interviewing by practicing in trios.
B. A live demo of goal focused interviewing.
C. Discussion of readings and questions from last week.
Readings:
   Learning Goal Focused Interviewing, pp. 8-17
   Goal Focused Interviewing with an individual, pp. 17-34
   Madsen, From Technique to Attitude, pp. 9-45
   Maple, Workbook, pp. 4-7, 11-21

Session III: Sept. 27th
Goal Focused Interviewing in Groups
A. Discussion of Readings and Questions
B. Live demo with students practicing goal focused interviewing
C. Practicing GFI in student groups
Readings:
   Goal Focused Interviewing in Groups, pp. 34-54
   Madsen, Re-examining our Assessment Process, pp. 45-85.
   Outsider - Witness Practices, Carey & Russell
   Maple, Workbook, pp. 21-27.

Session IV: Oct. 4th
Goal Focused Interviewing with Families
A. Discussion of Readings and Questions.
B. Video Example, the Readiness Session.
C. Using scripts to practice Goal Focused Interviewing with fellow students.  
Readings:  
Madsen, pp. 85-126.  
Goal Focused Interviewing with families, pp. 54-69.  
Maple, Workbook, pp. 27-51

Session V: Oct. 11th  
Brief, Solution Focused Therapy  
A. Discussion of readings and questions.  
B. See Video of Scott Miller.  
C. Practice solution focused therapy in trios.  
Readings:  
Client-Directed, Outcome Informed Therapy  
Solution focused therapy with mandated clients, pp. 152-184  
Madsen, 155-188

Note: There will be no class on Oct. 18th. This is the University’s Fall Break.

Session VI: Oct. 25th  
Solution Focused Therapy (continued)  
A. Discussion of Readings and Questions.  
B. See a second video with Scott Miller.  
C. Practice solution focused therapy in small groups using reflecting teams.  
D. Compare solution focused therapy with client centered therapy. See Carl Rogers Video.  
Readings:  
Madsen, pp. 188-224  
Transcript of Carl Rogers interview  
Selekman, Matthew. Solution-Oriented Brief Therapy with Difficult Adolescents, pp. 138-157

Session VII: Nov. 1st  
Finishing SFT  
A. Discussion of Readings and Questions.  
B. Reviewing material covered in course up to this point.  
C. Quiz  
D. Start on Narrative Therapy with Individuals.  
Readings:  
O’Hanlon, William, The Third Wave, pp. 19-30  
Hoffman, Lynn, The Christmas Tree Village, pp. 219-238  
Monk, Gerald, How Narrative Therapy Works, pp. 3-32, In Narrative Therapy in Practice.  
Re-Authoring Lives: The Narrative Prospective in Therapy, pp. 11-40
Session VIII: Nov. 8th
Narrative Therapy with individuals and groups
A. Discussion of readings and questions.
B. See video example of narrative therapy with a child.
C. Practice Narrative Therapy in trios.

Readings
Silvester, Glen. Appreciating Indigenous Knowledge in Groups, in Narrative Therapy in Practice, pp. 233-252
Maple, Workbook, pp. 51-62
Drewery, Winsdale. The Theoretical Story of Narrative Therapy, pp. 32-53, in Narrative Therapy in Practice
Worthy of Discussion

Session IX: Nov. 15th
Narrative Therapy in Groups (continued)
A. Discussion of readings and questions.
B. Live demo of narrative therapy in groups.
C. Practice narrative therapy in student groups.
Readings:
Monk et al, Chapters 3 & 4, pp. 55-118
Narrative Approaches to Psychiatry, Leila and the Tiger, in Narrative Therapy in Practice, Monk et al.
Glenn J. Simblett, pp. 121-158

Session X: Nov. 22nd
Narrative Therapy with Families
A. Discussion of readings and questions.
B. Video example with Michael White.
C. Practicing narrative therapy in student groups using scripts.
Readings:
Monk et al, Chapters 6-8, pp. 158-232 (Pick one chapter), in Narrative Therapy in Practice.
Overcoming the Effects of Sexual Abuse
Framework for a White/Epston type Interview.

Session XI: Nov. 29th
Using enactments in therapy to change narratives.
Role Play
Role Reversal
Double Chairing
Sculpting
A. Live demo’s or video examples
B. Practicing enactments
Readings:
Madsen, pp. 224-257
Monk et al, Chapter 11, 275-296
Hoffman, Lynn, Setting Aside the Model in Family Therapy
Session XII, Dec. 6th
Open session to catch up on unfinished business.
Multiculturalism exercise
Readings:
   Madsen, pp. 257-291
   Maple, Workbook, pp. 62-81

Session XIII: Dec. 13th
Final Exam
Readings:
   Madsen, pp. 291-340

Course Requirements

Students will carry out five (5) demonstrations of their competency in using specific skills. These demonstrations will include:
1. Two (2) audio-taped interviews with another person, preferably not in this class. From your 1st audio tape of about 20 minutes, you will transcribe about three (3) pages, word for word. You will then critique six (6) moves you made in the transcribed segment, telling what you did (labeling the skill used) and what your purpose was in using the skill at the moment you did. In other words, what was the desired outcome of your move. The expectations for your 2nd audio taped interview will be given out later.
2. There will be two (2) examinations required for the course. They will be designed to provide you with the opportunity to demonstrate mastery of the skills emphasized during the course. For students who wish to improve their grade, a make-up quiz will be offered at about the 12th week of class.
3. A final examination will be given in the last class. The Mid-Term examination will be given on Nov. 1st.
4. Ungraded assignment: Write a follow-up letter to your interviewee after your 1st interview. Bring six (6) copies of your letter to class on Nov. 8th to share in small groups.

Grading
Class attendance and participation 15%
Two (2) transcripts of three (3) pages from two (2) collaborative conversations that may take 20 to 30 minutes each. The transcript will be followed by a self critique of six (6) of your moves.
One mid-semester examination 20%
Final Examination 25%

Note: This is a participatory class, so you will be expected to be in class and on time each week.

Required texts:
Narrative Therapy in Practice, eds Monk
Winslade Crooked & Epston, Jossey Bass, 1997
Madsen, William C., Collaborative Therapy with Multi-Stressed Families, Guilford 1999
Collaborative Therapy

A collaborative therapy is one in which:

The expertise of clients is given at least as much weight as the expertise of therapists.

Clients are regularly part of the treatment planning process:
  Clients are consulted about goals, directions and responses to the process and methods of therapy.
  Diagnostic procedures, conclusions and case notes are available, transparent and understandable to clients (no jargon or theoretical or technical terms which aren’t explained in plain, simple language).

The therapist asks questions and makes speculations in a non-authoritarian way, giving the client ample room and permission to disagree or correct the therapist. Therapists give clients many options and let them coach the therapist on the next step or the right direction. If the therapist has an idea and is keeping it as a hidden agenda, he or she makes it public, putting it out in conversation not as the truth or the right direction, but as an idea, a personal perception or an impression.

The therapist is wary of “theory countertransference.” Theory countertransference is evident when the therapist continues to “discover” the same kinds of problems in client after client (e.g. “unresolved losses” or Multiple Personality Disorder). This also means not imposing one’s beliefs and therapeutic values on clients’ lives. The therapist claims no special knowledge about the best way for the client to live after resolving his or her therapeutic concerns (e.g., that it is best for clients to use “I” messages or always express their feelings).

Other helpers are given respect and no attributions of bad intentions or wrong approaches are implied regarding their treatment. They are invited into cooperative relationships by inquiring about what their views of the situation are and what the outcomes they expect from treatment are. If they are willing to say, you can ask them about how you might help with our at least not interfere with their treatment. This does not mean that one has to accept or support everything other helpers do. The first loyalty is to the client(s). So, as usual, stories of impossibility, blame, invalidation and determinism are gently and subtly challenged by acknowledging their possible validity and introducing alternate possibilities.