

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK**

**Clinical Social Work Practice I
19:910:511**

TERM:

INSTRUCTOR:

OFFICE:

PHONE:

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OFFICE HOURS:

I. Catalog Course Description

Focuses on advanced social work, clinical and client advocacy skills and techniques at each stage of the helping process, and with difficult practice situations as these apply to individuals, client groups, couples, and family systems. Case examples are drawn particularly from the client populations. Prerequisites: Successful completion of generalist curriculum courses. Corequisite: Must be taken concurrently with Practicum III (19:910:600).

II. Course Overview

This course builds on the foundation of the first year and advances knowledge by focusing upon the therapeutic relationship as the framework for helping and developing interviewing and assessment skills appropriate with challenging clients and supported by empirical research. Course content explores assessment and treatment principles from the interpersonal, psychodynamic, and cognitive-behavioral approaches.

As students read through this syllabus, they should also remember to **closely review the School-Wide Syllabus in Canvas** or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. Place of Course in the Program

Prerequisite: Successful completion of professional foundation courses, including all classes and practicum in the first year.

IV. Council of Social Work Education's Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE uses the Education Policy and Accreditation Standards (EPAS) to accredit and reaffirm baccalaureate and master-level social programs in the United States. These accreditation standards can be reviewed at cswe.org.

This course will assist students in developing the following competencies:

Competency 1: Demonstrate Ethical and Professional Behavior

Practitioners in clinical social work recognize the importance of the therapeutic relationship, person-in-environment and strengths perspectives, professional use of self, and adherence to ethical and value guidelines for professional practice. Clinical social workers differentially utilize theories, research, and clinical skills and integrate them with a commitment to human rights, anti-racist practices, diversity, equity, and inclusion to enhance the well-being of individuals, families, and communities in an ethical manner. Clinical social work practitioners acknowledge the complexities involved in their practice, including the need to navigate ethical issues in an organizational context, and use clinical supervision to ensure that their practices are congruent with social work values and ethics. Extending and enhancing ethical and professional practice from the foundation level requires that clinical social workers reflect on their own family of origin to assess how it impacts their clinical work. Advanced-level practitioners must manage complex systems while understanding how cultural and developmental aspects of self and their clients influence their work. Clinical social workers recognize their own strengths and weaknesses in developing, managing, and maintaining therapeutic relationships. Practitioners of clinical social work must continually adapt to rapidly changing technology in an ethical and professional manner. Practitioners in clinical social work:

- Use clinical supervision and consultation to continuously examine professional roles and boundaries, engage in ongoing self-correction, and ensure that their practice is congruent with social work ethics and values.
- Apply ethical decision-making skills and frameworks to clinical material, while complying with the NASW Code of Ethics and local, state, and federal regulations.
- Demonstrate knowledge of one's family of origin's cultural, psychodynamic, and behavioral patterns and reflect on how that history impacts one's ability to differentially use one's professional self in service for clients.
- Exhibit an anti-oppressive stance incorporating the social work values of social justice, the dignity and worth of the person, confidentiality, support for self-determination, the value of human relationships, and integrity in all discussions of clinical case material.
- Provide services and represent themselves as competent within the boundaries of their education, training, experience, and license.
- Establish and maintain clear and appropriate professional boundaries.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Clinical social work practitioners recognize the importance of the engagement process and understand the importance of differential use of self in initial encounters. Practitioners in clinical social work rely on ecological, anti-racist, human rights, and anti-oppressive perspectives to inform the therapeutic relationship; are aware of how interpersonal dynamics and cultural factors shape the therapeutic relationship; and use relational techniques to develop a therapeutic relationship. Clinical social workers recognize how engagement with couples, families, and groups may differ from individual approaches, and they develop differential engagement skills accordingly. Clinical social workers value collaboration and thus recognize the importance of clients' input in the development of their treatment goals. Clinical social

workers use the engagement process to help clients convey their thoughts and concerns within the therapeutic relationship as well as to other providers/stakeholders. Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems (poverty, crime, social injustice, racism, classism, sexism, homophobia, transphobia, migration status, and ableism, among others) and incorporate this understanding of, and reflect upon, the ways these aspects shape client engagement.
- Understand how members of oppressed groups—people of color, people with varying sexual orientation and gender identities, people with different abilities, people with severe and persistent mental illness, among others—may require methods of engagement rooted in anti-racist, anti-oppressive, and human rights perspectives.
- Identify ways to enhance collaboration with clients and promote their empowerment, including seeking their input and feedback regarding the treatment process and fostering their capacity to provide feedback to other members of the treatment team.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio-psycho-social-spiritual assessment process as well as analysis of clients' strengths and resiliencies, their coping skills, and their adaptation to traumatic and stressful life events in a full assessment. Practitioners of clinical social work understand how their personal experiences may impact the assessment process. Clinical social workers recognize the power of intergenerational family patterns on individuals and explain these to clients while avoiding deterministic approaches to identifying such patterns. Clinical social workers also recognize that traumatic and stressful events can be precipitated by human rights violations, racism, and other forms of oppression. When applicable, clinical social workers rely on the *Diagnostic and Statistical Manual of Mental Disorders* to enhance their assessment, to conduct differential diagnosis, and to communicate with other healthcare providers about clients' presenting problems and symptomatology. Clinical social workers elicit client feedback about their experience of the assessment process, reflect upon varied meanings of the assessment, and share these assessment outcomes with clients. Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, community violence, racism, sexism, religious or ideological bias, homophobia, transphobia, ableism, and other social injustices—and incorporate this understanding into their assessments.
- Select, modify, adapt, and evaluate clinical assessment tools and approaches depending on the needs and social locations of clients and current empirical evidence.
- Assess how issues of racism and other forms of oppression, social injustice,

and inequities in access to resources play a role in client difficulties and how they affect the assessment process, including assisting the client in voicing concerns to the entire treatment team.

- Consider sharing the ways trauma and other stressors (including those related to racism, homophobia, transphobia, and other forms of oppression) affect health and behavior in order to assist colleagues in promoting empathy for clients in regard to the assessed factors, especially in host settings (e.g., health, criminal justice, and educational environments).
- Reflect on their own issues of power and privilege and how they impact the therapeutic relationship.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Clinical social workers select effective modalities for intervention based on the existing research as well as the client's cultural background and experiences with racism and other forms of oppression. Clinical social work practitioners integrate their knowledge of various individual, family, and group psychotherapeutic modalities, as well as crisis intervention techniques, to intervene effectively; demonstrate flexibility by tailoring interventions to suit the needs of multiple client populations; and understand the effects of the social environment on client well-being. Clinical social workers therefore recognize the need to also intervene on mezzo and macro levels. Practitioners in clinical social work critically select, apply, and evaluate best practices and evidence-informed interventions; they value collaboration with the client and other professionals to coordinate treatment plans. Clinical social workers maintain knowledge of the communities they serve in order to ensure that clients are connected with relevant services and resources in an effective manner, while eliciting client feedback about how the interventions are impacting the client. Practitioners in clinical social work:

- Select psychotherapeutic interventions based on a critical knowledge of theory, research, practice experience, and on understanding of how human rights violations, racism, and other types of oppression impact client choice of, and access to, interventions.
- Exhibit flexibility by shifting perspectives and interventions to suit the needs of clients, while recognizing that the multi-faceted assessment drives the selection of appropriate interventions.
- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, crime, social inequality, institutional racism, sexism, religious and/or ideological bias, homophobia, and transphobia—and incorporate this understanding into their interventions.
- Intervene effectively with individuals, families, and groups, while eliciting client feedback and knowing when to modify approaches.

Specialized Clinical Competency (RU SSW Specific): Liberatory Consciousness

Clinical social workers will continually work toward recognizing and utilizing a liberatory consciousness framework which “requires every individual to not only notice what is going on in the world around [them], but to think about it and theorize about it—that is, to get information

and develop [their] own explanation for what is happening, why it is happening and what needs to be done about it” (Love, 1980, p. 472). They understand and identify how racism and other forms of stigma, prejudice, discrimination, and oppression intersect and contribute to various sources of stress. Clinical social workers continue to develop self-awareness of their intersectional identities recognizing how discrimination and structural inequities are compounded with multiple marginalized identities. They employ clinically responsive and informed interventions and consider their power differential when delivering such interventions. Social workers consider how clients’ intersectional identities impact their lives and use this knowledge to inform their practice. They promote diversity, equity, and justice through collaborative healing relationships and restorative practices.

Clinical social workers will apply the four elements of developing a liberatory consciousness (*awareness, analysis, action, and accountability/allyship*) in order to challenge oppression and promote social, racial, and economic justice.

Clinical social workers will:

- **Practice Awareness** by recognizing how discrimination and structural inequities are compounded with multiple marginalized identities. They will practice reflexivity when engaging clinical techniques and in supervisory processes.
- **Analyze** widely used clinical interventions to ensure those interventions recognize power differentials based on the intersection of social identities including, but not limited to, race, class, age, gender, and ability status¹ in the client-worker relationship. They use culturally responsive and informed interventions, including helping clients to analyze how problems they interpreted as personal faults may originate from systemic inequities.
- **Act** by using culturally responsive and informed assessments and interventions and by helping clients understand how their intersecting identities may affect various facets of their lives.
- Hold themselves **Accountable** and practice in **Allyship** by actively promoting equity and justice. This includes fostering collaborative healing relationships and restorative practice with clients, embracing client feedback, and ensuring clients play a key role in directing their inventions.

¹Identities or social locations are not ranked or listed in any particular order of importance.

[Explore the entire set of 2022 CSWE competencies.](#)

V. Course Learning Goals

Clinical Social Work Practice I is required for the Clinical Social Work Practice Concentration. The focus is on advanced social work, clinical and client advocacy skills, and techniques at each stage of the helping process, including difficult practice situations. Case examples are drawn particularly from the client populations addressed in the clusters. The focus on therapeutic relationships, clinical theory, and cases integrates the course learning goals with the CSWE competencies. Upon completion of this course students will be able to:

1. Describe professional interpersonal skills: the disciplined, differential and conscious use of self, the ability to establish a working alliance, and a collaborative relationship.

2. Analyze the conceptual and logical skills involved in problem analysis and planning of direct practice interventions with client systems.
3. Describe the advanced clinical theories and their applications as well as methods of evaluating practice.
4. Analyze skills in working with special populations especially oppressed groups, including the poor, women, gays and lesbians, and clients from diverse cultural and ethnic groups.
5. Describe and analyze ethical and value dilemmas encountered in managed care and day-to-day clinical practice.
6. Conduct clinical practice in a technologically rich environment while navigating the ethical complexities of such practice.
7. Demonstrate leadership in interdisciplinary and other settings and critique practices, theories, and other assertions using critical thinking, advocacy, and effective leadership skills.
8. Conduct clinical practice using a liberatory consciousness framework including, practicing awareness, analysis, action, and accountability/allyship.

VI. LSW Preparation

The School of Social Work is committed to help you register for, take, and pass the LSW (Licensed Social Worker) exam during your *final semester* of the MSW program. The exam is not required, but we encourage you to consider taking it to become licensed to open job opportunities for you throughout your career.

The school recommends that you review and either read online or download the examination preparation manual *Social Work ASWB Masters Exam Guide, Second Edition : A Comprehensive Study Guide for Success* by Dawn Apgar, PhD, ACSW, LSW may be accessed via either of these University Libraries links: <http://login.proxy.libraries.rutgers.edu/login?url=https://ebookcentral.proquest.com/lib/rutgers-ebooks/detail.action?docID=5103780> OR <http://bit.ly/2PynZow>

This is free to you, you may also opt to purchase the book. There will also be on campus brief review sessions about general test preparation.

There will be a practice exam for you to take via Canvas. You will be able to see the answers after the exam. The exam will open in November.

Also, the School of Social Work's Office of Continuing Education is planning full-day test preparation classes throughout the year in various locations. As an MSW student, you will be able to register for these courses for a nominal \$20 fee.

Specific details for the exam, on campus preparation sessions, and the test preparation classes sent to students from Arlene Hunter, Associate Dean of Student Affairs via e-mail. Please watch for these emails.

VII. Required Books (available in RU Bookstore)

- Teyber, E., & Teyber, F. H. (2017). *Interpersonal process in therapy: An integrative model* (7th ed.). Boston, MA: Cengage.
- Wright, J. H., Brown, G. K., Thase, M. E., & Basco, M. R. (2017). *Learning cognitive-behavior therapy: An illustrated guide*. (2nd edition). American Psychiatric Publishing, Inc.

Other required readings (separate from textbook) are available through the Rutgers University Library "Reading List" that is integrated into your Canvas course. To find your readings:

Click on the "Reading List" tab in the Canvas navigation bar to the left-hand side of the course. Please note, this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media).

For further instructions [please click here for a video tutorial](#)

VIII. Course Attendance and Participation Policies

Attendance

Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

Given the nature of the Intensive Weekend program, students' presence and active participation in class is critical to the learning experience. Students are expected to attend and be on time for all classes, both online and in person. Students who are ill should not come to class. All absences for illness or absence for any other unplanned emergency require notification of the Director of the IW program, and the Instructor before the class. When feasible, the instructor may make arrangements for accommodation and/or make up work. However, absence of 8 or more hours of class may require withdrawal and repeat of that class or credits.

Participation

Your active participation in this course is vital to the course and your learning. Your classmates and your professor depend on you to share your responsibility reading the articles, participating in fully in the online discussions, and giving feedback to your peers. You are expected to participate in a variety of ways and you will be graded as such.

You are expected to do the following:

1. Log into the Canvas website starting at the beginning of each Module (every 4 days) to review the lecture, watch the multi-media, and assess the threaded discussion question(s).
2. Log into Canvas website at least three times a Module to complete the work for this class as outlined.
3. Use the lectures, videos, and articles to help you engage with and understand the content presented
4. Meet deadlines for all assignments
5. Create & post an introductory video for your classmates

Late Assignments

Late assignments will not be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

Instructor and Student Roles

The instructor plays an active part in the learning process. Students can expect that the professor will convey clear, specific information about theory, advanced social work practice, and social work values and ethics. Assignments have been developed in a format that encourages learning, as well as provides the instructor with a means with which to evaluate the student.

The student plays an active part in the learning process. As with all social work classes, participating in the educational experience is vital. It is expected that students will **read all required readings, attend all classes, come to class prepared to discuss the topic, and complete assignments on time. Participation in class discussion is expected.**

***Note: Use of electronic devices during class time is strictly limited to the electronic device being used to take notes.** Other electronic devices (e.g., cell phone, iPad) must be silenced and stored out-of-sight before class begins (See professor to discuss exceptions). Failure to comply will result in point deductions at the instructor's discretion. (Instructors- please update this note depending on your preferred expectations for whether note-taking will occur strictly by pen and paper or if a computer may be used.)

IX. Assignments and Grading

Students who do not complete required assignments (including exams) will be given a failing grade on those assignments unless the instructor agrees to late receipt of the work because of

serious illness or other compelling reasons, and a definite plan for completion of missing work is agreed upon in advance by the instructor and the student.

Written assignments must be typed using Times New Roman and 12-point font. You must also number pages, double space, use one-inch margins, use formal English, and use the *American Psychological Association (7th Ed.)* style of documentation. All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format.

Typographical errors, poor grammar, syntax, spelling, word choice and organization, and other problems which impede clarity of communication will result in lower grades. Plagiarism, cheating, sabotage or any other violation of academic or professional standards for ethical behavior will not be tolerated, and will result in failure for the assignment and course. All assignments for this class must reflect social work values and ethics including awareness of issues of diversity and economic and social injustice.

Grading

1. **Asynchronous Assignments (10% of grade).**
2. **Quizzes: (20% of points).**
3. **Case Description and Role Play (15 %)**
4. **Final Assignment: (45 % of grade).** For the final assignment you will complete a case study (see attachment).
5. **Cass Participation and Attendance (10% of grade):** Participation points will be based on class participation. Students are expected to attend all classes and arrive on time.

Assignment Details

Case Study Assignment (Final Paper, 30 points) DUE MODULE 14

This paper provides the opportunity to apply the theories and interventions learned throughout the semester to an individual from your CURRENT practicum placement or to one of the cases provided for you. If you have never utilized interpersonal, psychodynamic, and/or cognitive behavioral approaches in your work, then act as if you did. By this I mean, analyze the client through the lenses of interpersonal, psychodynamic, and cognitive theories, and then apply the interventions stemming from these theories.

The paper is expected to include references from this course (i.e., texts, required readings; **at a minimum 2 course references**), and a minimum of **FIVE** empirical and theoretical scholarly articles that are not on the syllabus. **This is a total of at least SEVEN references.** At least **FOUR** of your outside sources should come from scholarly journals, not books or websites. **The DSM does not count as one of your scholarly sources.**

The paper should be 11 to 12 pages (not including title page or references) typed in 12-point font, double-spaced, and one-inch margins are required. APA style citations and references are required. NO EXCEPTIONS. It is essential that you protect the confidentiality of your client (i.e., use pseudonyms in place of actual names of persons and in place of highly sensitive information that could link individuals and agencies). DO NOT INCLUDE AN ABSTRACT. NO DIRECT QUOTES ALLOWED. PARAPHRASE ONLY.

ORGANIZATION OF THE PAPER

Choose a client from your current practicum placement OR one of the cases provided for you. If you choose one provided for you, the instructor cannot provide any other information regarding the case.

Part I: Case Formulation (no more than 5 pages)

1. Briefly describe your **professional setting** (no more than two or three sentences).
2. Identify the client's **presenting problem**. Include **client information** (age, gender, race/ethnicity, sexual orientation and/or gender identity, family composition, etc.).
 - Also, discuss whether the client used social or mental health services in the past.
This is a good place to cite literature that is not on the syllabus.
3. Discuss how **membership in an oppressed group** might contribute to or exacerbate the problem. For example, if your client is Latina, discuss some of the psychosocial issues encountered by Latina populations and whether or not these issues relate to your client.
This is a good place to cite literature that is not on the syllabus.
4. What **family issues and/or stressful/traumatic/developmental experiences** have contributed to the client's current problem? Describing these experiences is not enough. Advanced clinical practice requires you to carefully analyze these experiences and explain how they affect your client's psychosocial functioning. *This is a good place to cite literature that is not on the syllabus.*
5. Include a **psychiatric diagnosis** according to *DSM-5*. See example below. Please phrase in the following way:
According to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) Ms. Smith meets criteria for:
Obsessive Compulsive Disorder
Generalized Anxiety Disorder
Major Depression
6. Briefly describe the **client's strengths**. Or briefly explain the way in which the client has manifested resilience throughout their life. Discuss the importance of client's religion or spirituality, if applicable.

7. Describe **two of the client's treatment goals**. The client's treatment goals should stem from the problems under discussion. Please see the chapter on goals in the course tools section. **Goals should be one sentence each and should be measurable. Only describe two treatment goals.**

Part II: Interpersonal Interaction (no more than three-quarters of a page)

- How does the client interact with you during sessions or during your contacts with them?
- How does this help you to understand how they interact with others, or the way in which others react to them?

Part III: Engagement (no more than 1 page)

Describe the role of the *holding environment* in the engagement process:

- First, define the holding environment and briefly discuss the clinical/developmental theories underlying this intervention.
- Second, discuss why the holding environment is necessary for engaging and establishing a therapeutic alliance with your client.

The discussion should be specific to your client—**DO NOT discuss the material in a general way**. *This is a good place to cite literature that is not on the syllabus.*

Part IV: Cognitive Behavioral Therapy (CBT) OR CBT-Related Interventions OR Interpersonal Intervention (no more than 4 pages)

PROVIDE SPECIFIC EXAMPLES. Do NOT discuss the interventions in a general way. Relate the interventions to the client's problem.

- This section should include a brief description of the intervention approach (with appropriate references).
- This section should also include description of how the intervention was or would be adapted to ensure that it is culturally-informed or meets the needs of clients who hold racialized, marginalized, or stigmatized identities. *(This is a good place to cite the literature that is not on the syllabus. For example, you can review literature that discusses how the intervention has been used with or adapted for BIPOC individuals, LGBTQ+ individuals, individuals with disabilities, immigrants and refugees, older adults, individuals with substance use issues, individuals with serious mental illness, among others)*
- This section should also include descriptions of the types of intervention components or strategies used (with references) with specific links to the client. How did you or would you apply this approach to address the client's goals?

Part V: Professional Use of Self (no more than 1 page)

- Describe how countertransference (biases and judgments) influenced—or could have influenced—the development and maintenance of the therapeutic relationship.
- Did you need to modify your practice in any way?

Please note:

You SHOULD proofread all of your work prior to submitting it. When reading your papers be certain that your sentences hang together and flow in a coherent fashion. You are encouraged to keep to the limits permitted in regard to paper length. There is no need to include “fluff.” Be certain that the material you include has a purpose. In that light be sure to edit materials. There is no need to say the same thing in more than one way. Search out the best way and state it plainly. Papers that contain a high level of unnecessary material are not considered outstanding papers. The important aspect is quality, not quantity. It is better to say less than more, especially if more means not saying it at all.

Clients' right to confidentiality must be safeguarded. This means that all identifying data concerning clients must be disguised -- names, addresses, places of employment, etc. The use of pseudonyms is a great strategy for ensuring confidentiality. You may also choose to use initials. It is usually acceptable to name the town or area where clients live, to describe the type of employment unless very unusual, but not the specific company where client works. Give correct ages, race, etc. -- delete or change only what might serve to identify clients. Do not give real names of "collaterals" (teacher, probation officer, psychiatrist, etc.). Check with your practicum instructor so that you can conform to any additional confidentiality criteria required by your agency.

Share the assignment with your practicum instructor, as they can be very helpful in recommending areas that you might target for your own practice growth. If you have concerns about how to describe your client within the framework of the assignment, please bring this matter to my attention as soon as possible.

Your behavior is expected to conform to ethical standards described in University guidelines (School of Social Work Student Handbook) and the NASW Code of Ethics. Violations of the expectations will be brought to the attention of the University.

X. Course Outline

INTEGRATIVE APPROACHES USING PSYCHODYNAMIC AND INTERPERSONAL THEORY AND INTERVENTION

The Therapeutic Relationship and Clinical Social Work

Module 1

Topics:

- 1. Syllabus and requirements**
- 2. Process dimension**
- 3. Corrective emotional experience**

4. Client response specificity
5. Theory and case formulation
6. Bio-psycho-social perspective and social inequality
7. Best practices in telemental health

Required Readings:

- Teyber & Teyber
 - Chapter 1: The Interpersonal Process Approach (pp. 2-34)
- Berzoff, J. (2011). Why we need a biopsychosocial perspective with vulnerable, oppressed, and at-risk clients. *Smith College Studies in Social Work*, 81, 132–166.
- Shore, J. H., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., ... & Hilty, D. (2018). Best practices in videoconferencing-based telemental health. *Telemedicine and e-Health*, 24(11), 827-832. <https://doi.org/10.1089/tmj.2018.0237>

Recommended Reading:

- Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York, NY: W.W. Norton (chapter 2)

Integrative Approaches Using Psychodynamic and Interpersonal Theory and Intervention

Module 2

Topics:

1. **Holding environment**
2. **Working or therapeutic alliance**
3. **Empathy and empathic listening**
4. **Relationship as mechanism of therapeutic change**

Required Readings:

- Teyber & Teyber
 - Chapter 2: Establishing a Working Alliance (pp. 37-68).
- Applegate, J. S. (1997). The holding environment: An organizing metaphor for social work theory and practice. *Smith College Studies in Social Work*, 68, 7-29.
- Sudberry, J. (2002). Key features of therapeutic social work: The use of relationship. *Journal of Social Work Practice*, 5, 231-162.
- Wright, J. H., Brown, G. K., Thase, M. E., & Basco
 - Chapter 2: The Therapeutic Relationship: Collaborative Empiricism in Action, pages 27-42.

Recommended Readings:

- Martin, J. I., & Alessi, E. J. (2016). Self psychology. In P. Lehmann & N. Coady (Eds.), *Theoretical perspectives for direct social work practice: A generalist-eclectic approach* (3rd ed.; pp. 203-219). New York, NY: Springer.
- Reamer, F.G. (2015). Clinical social work in a digital environment: Ethical and risk-management strategies. *Clinical Social Work Journal*, 32, 120-132.

- Swenson, C.R. (1998). Clinical social work's contribution to a social justice perspective. *Social Work*, 43, 527-535.

Module 3

Topics:

1. Shame and guilt
2. Assessing readiness for treatment
3. Resistance
4. Anxiety
5. Treatment choices and the symptom
6. Leadership in social work

Required Readings:

- Teyber & Teyber
 - Chapter 3: Honoring the Client's Resistance (pp. 69-109)
 - Chapter 4: An Internal Focus for Change (pp. 110-142)
- Sullivan, W.P. (2016) Leadership in social work: Where are we?, *Journal of Social Work Education*, 52:sup1, 551-561. <https://doi.org/10.1080/10437797.2016.1174644>
- Barbara J. Love, 2010. "Developing a Liberatory Consciousness." In Adams, Blumenfeld, Casteneda, Hackman, Peters & Zuniga,(EDs), 2010. Readings for Diversity and Social Justice. NY: Routledge. Pp. 533-540.
- Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C. & Owen, J. (2017). Cultural Humility. *Practice Innovations*, 2 (4), 221-233. doi: 10.1037/pri0000055.

Recommended Reading:

- Swartz, H.A., Zuckoff, A., Grote, N.K., Spielvogel, H.N., Bledsoe, S.E., Shear, M.K., & Frank, E. (2007). Engaging depressed patients in psychotherapy: Integrating techniques from motivational interviewing and ethnographic interviewing to improve treatment participation. *Professional Psychology: Research and Practice*, 38, 430-439.

Module 4

Topics:

1. Developmental Needs
2. Object Relations
3. Affect, Emotion, Feeling
4. Affect Regulation

Required Readings:

- Teyber & Teyber
 - Chapter 5: Helping Clients with Their Feelings (pp. 143-180)

- Bliss, S. (2010). The 'internal saboteur': Contributions of W.R.D. Fairbairn in understanding and treating self-harming adolescents. *Journal of Social Work Practice*, 24, 227-237.

Module 5

Topics:

- 1. Attachment**
- 2. Parenting**

Required Readings:

- Teyber & Teyber
 - Chapter 6: Familial and Developmental Factors (pp. 183-223)
- Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36, 9-20.
- Novick, K. K., & Novick, J. (2011). Building emotional muscle in children and parents. *The Psychoanalytic study of the child*, 65(1), 131-151.

Module 6

Topics:

- 1. Knowing and working with defenses**
- 2. Compromise solutions**
- 3. Core conflicts**

Required Readings:

- Teyber and Teyber: Chapter 7: Inflexible Interpersonal Coping Strategies (pp. 224-252).
- Teyber and Teyber: Chapter 8: Relational Themes and Reparative Experiences (pp. 253-292)
- Trevithick, P. (2011). Understanding defences and defensiveness in social work. *Journal of Social Work Practice*, 25, 389-412.

Module 7

Topics:

- 1. Knowing and working with transference and countertransference**
- 2. Using the process dimension and process comments to facilitate change**

Required Readings:

- Teyber and Teyber: Chapter 9: Working with the Process Dimension (pp. 295-332)
- Teyber and Teyber: Chapter 10: Working through (pp. 333-354)
- Alessi, E. J., & Kahn, S. (2019). Using psychodynamic interventions to engage in trauma-informed practice. *Journal of Social Work Practice*, 33, 27-39.

Cognitive Behavioral Therapy and Intervention

Module 8

Topics:

1. Cognitive Theory
2. Directive vs Indirective Treatment Approaches

Required Reading:

- Wright, Brown, Thase, & Basco.
 - Chapter 1. Basic Principles of Cognitive Behavior Therapy, pages 1-22.
 - Chapter 3. Assessment and Formulation, pages, 45-65.
 - Chapter 4. Structuring and Educating, pages 65-88.

Module 9

Topics:

1. Automaticity or Unconscious
2. Repetition

Required Reading:

- Wright, Brown, Thase, & Basco.
 - Chapter 5. Working with Automatic Thoughts, pages, 89-123.

Module 10

Topics:

1. Depression and Sadness

Required Reading:

- Wright, Brown, Thase, & Basco.
 - Chapter 6. Behavioral Methods 1: Improving Energy, Completing Tasks, Solving Problems, pages, 123-151.

Module 11

Topics:

1. Anxiety
2. Avoidance and Defenses

Required Reading:

- Wright, Brown, Thase, & Basco.
 - Chapter 7. Behavioral Methods II: Reducing Anxiety and Breaking Patterns of Avoidance, pages, 151-173.
- Craig, S.L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: Clinical adaptations and approaches. *Clinical Social Work*

Journal, 41, 258-266.

- Austin, A., Craig, S. L., & Alessi, E. J. (2017). Affirmative Cognitive Behavior Therapy with Transgender and Gender Nonconforming Adults. *The Psychiatric clinics of North America*, 40(1), 141–156. <https://doi.org/10.1016/j.psc.2016.10.003>

Module 12

Topics:

1. What is a Mental Schema?
2. Change, transformation, modifying schemas
3. Potential, Limitations, and Critiques

Required Readings:

- Wright, Brown, Thase, & Basco.
 - Chapter 8. Modifying Schemas, pages 173-203
 - Chapter 9, CBT to reduce Suicide Risk, pages 215-231.
- Gonzalez-Prendes, A.A., & Brisebois, K. (2012). CBT and social work values: A critical analysis. *Journal of Social Work Values and Ethics*, 9(2), 21-33.

Dialectical Behavior Therapy

Module 13 and Module 14

Topics:

1. Theoretical perspective
2. Treatment stages and targets
3. Strategies

Required Readings:

- Linehan, M. M. (1998). An illustration of Dialectical Behavior Therapy. *In Session: Psychotherapy in Practice*, 4, 21-44.
- Swales, M., Heard, H.L., & Willams, J.M.G. (2000). Linehan's Dialectical Behavior Therapy (DBT) for borderline personality disorder: Overview and adaptation. *Journal of Mental Health*, 9, 7-23.
- Koons, C.R. (2008). Dialectical behavior therapy. *Social Work in Mental Health*, 6, 109-131.
- Cheng, P.-H., & Merrick, E. (2017). Cultural Adaptation of Dialectical Behavior Therapy for a Chinese International Student with Eating Disorder and Depression. *Clinical Case Studies*, 16(1), 42–57. <https://doi.org/10.1177/1534650116668269>

Recommended Reading:

- Linehan, M.M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford.

- Linehan, M.M. (2014). *DBT skills training handouts and worksheets* (2nd ed.) New York: Guilford.

Termination

Module 15

Topic:

1. Summary and Termination

Required Readings

- Teyber & Teyber
 - Chapter 10: Working-Through and Termination (pp. 354-364)
- Vasquez, M.J., Bingham, R.P., & Barnett, J.E. (2008). Psychotherapy termination: 564, 653-665.