

SOWK 8220 Clinical Social Work with Individuals

SOCIAL WORK 8220
Clinical Social Work with Individuals
(3 Credit Hours)

SYLLABUS

1.0 Course Description Information

1.1 Catalog Description:

This advanced course provides an in-depth study of several theories of personality and behavior, and of therapeutic approaches derived from the theories. Major focus is on therapy with individuals across the life span, but application to family systems is also considered, as well as the fit of each theory within the broader social systems framework.

1.2 Prerequisites of the course: SOWK 8170 or BSW degree; and SOWK 8190 prior to or concurrently.

1.3 Overview of content and purpose of the course: The course will cover in depth two major therapy modalities: one oriented primarily toward insight, and the other oriented primarily toward behavior change/action.

1.4 For whom course is intended: This is a required course for students in the Advanced MSW program.

1.5 Unusual circumstances of the course: None.

2.0 Course Justification Information

2.1 Anticipated audience/demand: This course is required for every student admitted to the Advanced MSW program.

2.2 Indicate how often this course will be offered and the anticipated enrollment: This course is offered each semester. Enrollment is 25 students per semester.

2.3 If it is a significant change to an existing course, please explain why it is needed: This course syllabus includes gerontological content, an updated bibliography, links MSW Clinical Program Objectives to course objectives and assignments.

3.0 Objective Information

3.1 List of performance objectives stated in learning outcomes:

Social Work Program Objectives

This course meets the following Clinical Social Work Practice Program Objectives:

Clinical Program Objective #1: Use critical thinking to apply theory and research to assess and intervene with client issues.

Clinical Program Objective #2: Describe the range and levels of client issues across the life cycle in clinical settings.

Clinical Program Objective #3: Identify the bio-psycho-social-spiritual-cultural factors influencing the development of client issues.

Clinical Program Objective #4: Identify vulnerable client systems and populations at risk for treatment and preventive services.

Clinical Program Objective #5: Analyze and apply social work values, ethical principles, and legal mandates in clinical practice.

Clinical Program Objective #6: Participate in multidisciplinary teams in clinical practice.

Clinical Program Objective #7: Identify and apply formal diagnostic classification systems.

Clinical Program Objective #8: Identify, adapt, and apply empirically supported interventions for client issues.

Clinical Program Objective #9: Conduct multidimensional assessments for treatment and intervention with individuals, families, and groups.

Clinical Program Objective #10: Provide culturally competent treatment, intervention services and programs across the continuum of care.

Clinical Program Objective #11: Demonstrate effective oral and written communication in clinical practice.

Clinical Program Objective #12: Analyze policies, practices and administrative structures to promote effective clinical services.

Clinical Program Objective #13: Function effectively within agency and community structures to deliver professional social work services.

Clinical Program Objective #14: Apply research methods to evaluate the effectiveness of clinical practice and program services.

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

Course Objectives:	Clinical Program Objectives:	Assignments:
Describe one psychodynamic or integrated model that explains stable individual patterns of personality or being in relationships (e.g., interpersonal process, object relations, ego-oriented, client-centered theory) and the process of therapy derived from it.	1, 6, 14	IP Take-home assessment test IP In-class test
Describe one action/change-oriented model that explains behavior and the process of therapy derived from it (i.e., cognitive-behavior therapy); if taught, describe an additional theory of interpersonal therapy.	1, 6, 14	C-B Take-home assessment test C-B In-class test
Explain how critical client issues, e.g., biological factors, life stage transitions, crisis events, safety issues, client values and motivation, and the DSM IV classification of mental disorders, are integrated with theory-driven models of assessment and treatment..	1, 2, 3, 5, 6, 9	IP Take-home assessment test C-B Take-home assessment test Suicide paper Group presentation
Identify the five axes of the DSM IV and selected anxiety and personality disorders that are covered in this course.	7, 9	IP Take-home assessment test C-B Take-home assessment test Suicide paper Group Presentation
Apply the major concepts from the two models to prepare comprehensive case assessments and treatment plans for clinical cases or case summaries.	1, 8, 9	Lab IP Take-home assessment test C-B Take-home assessment test IP In-class test C-B In-class test
Critique the strengths, weaknesses, and appropriate use of	1	Group Presentation

SOWK 8220 Clinical Social Work with Individuals

the two theoretical models.		Suicide paper
Demonstrate skill in written description and role play with case examples in applying the major intervention techniques from the two models.	10	Lab IP Take-home assessment test C-B Take-home assessment test
Describe selected components from the two models that are similar, complementary, or may be integrated in clinical practice.	1	Lab Suicide paper Group presentation
Explain the extent of empirical research supporting the efficacy of the two theoretical models.	1, 8	Journal Group Presentation
Discuss the application or adaptation of the two models in practice with minorities (based on race, ethnicity, socioeconomic status, gender, sexual orientation, age) and with populations at risk.	1, 3	Lab
Apply ethical/legal guidelines as relevant to individual cases, with special attention to describing suicide risk, its assessment, and relevance to treatment planning and intervention.	1, 2	Lab Suicide paper
Discuss personal gains in self-awareness and professional growth and competence for clinical practice with individuals.	1, 2	Journal Lab Suicide paper

4.0 Content and Organization Information

4.1 List of topics to be covered in chronological sequence:

- 4.1.1 Overview and assessment of critical issues relevant to individual functioning and therapy.
 - A. Biological factors
 - B. Psychopathology and classification of mental disorders: DSM IV
 - C. Motivation: psychological unconscious vs. Freudian unconscious
 - D. Life cycle and crisis events, e.g., suicide risk, etc.
 - E. Cultural diversity
- 4.1.2 Psychodynamic/insight modality, e.g., Interpersonal Process: theory and therapy
- 4.1.3 Historical development
- 4.1.4 Philosophy, value assumptions, nature of human behavior
- 4.1.5 Conceptual explanation of behavior, e.g.,
 - A. Attachment concepts
 - B. Family structure
 - C. Child care and child rearing
 - D. Coping strategies
 - E. Ambivalent nature of client conflict
- 4.1.6 Assessment of behavior and problems via theoretical concepts
- 4.1.7 Principles, strategies, techniques of intervention
 - A. Establishing working alliance
 - B. Responding with empathy and care
 - C. Clarifying themes and identifying pathogenic beliefs
 - D. Responding to resistance
 - E. Maintaining an internal focus of change
 - F. Using the therapeutic relationship to work through problems
- 4.1.8 Research on effectiveness

- 4.1.9 Relevance to social systems as meta-theory
- 4.1.10 Psychodynamic applications to families, e.g., intergenerational family systems concepts
- 4.1.11 Action-oriented modality, e.g., cognitive behavioral assessment and treatment
 - A. Historical development
 - B. Philosophy, value assumptions, nature of human behavior
 - C. Cognitive-behavioral theoretical base
 - D. Maladaptive behavior
 - E. Behavioral excesses/deficits
 - F. Antecedent variables
 - G. Physiological and cognitive variables
 - H. Cognitive variables
 - I. Respondent variables (emotions, affect)
 - J. Consequent variables (reinforcement, punishment)
- 4.1.12 Principles, strategies, techniques of intervention
 - A. Cognitive conceptualization
 - B. Structure in early sessions
 - C. Identifying automatic thoughts and emotions
 - D. Evaluating, responding to and modifying automatic thoughts
 - E. Simple behavioral techniques
 - F. Identifying and modifying intermediate and core beliefs
 - G. Complex behavioral techniques
 - H. Termination and relapse prevention
 - I. Integrating cognitive and object relations concepts
 - J. Research on effectiveness
 - K. Relevance to social systems framework
 - L. Cognitive-behavioral applications to families, e.g., parent-training, home based treatment model
- 4.1.13 Critical elements of competence
 - A. Therapist qualities
 - B. Appreciation of client values
 - C. Self-appraisal regarding attitudes toward therapy
 - D. Comparison of personal/professional attitudes with philosophy of modality
 - E. Understanding ethical/legal issues (e.g., welfare of client, confidentiality, liability, informed consent, etc.)
 - F. Awareness of personal qualities, issues and values
 - G. Developing an integrated professional personal identity
- 4.1.14 Fostering therapist skills
 - A. Mastery of theoretical concepts
 - B. Case analysis and problem assessment
 - C. Observation of professionals in-vivo or on video
 - D. Use in practicum
 - E. Skill practice in class and demonstration of specific techniques in class
 - F. Application to racial minorities, ethnic, sexual minority client
 - G. Dealing with ethical issues and dilemmas
 - H. Suicide risk

5.0 Teaching Methodology Information

- 5.1 **Methods to be used:** Lecture, videotapes, student participation through discussion, skill development exercises, role-playing, student presentations, and sharing of professional experiences by instructor and other social work professionals in the field.
- 5.2 **Student role in the course:** A substantial amount of student participation will be expected in order to foster development of a high level of competence in implementing specific techniques.
- 5.3 **Contact hours:** Three contact hours per week for 15 weeks.

6.0 Evaluation Information

6.1 Types of student projects that will be the basis for evaluating student performance.

- ✓ In-class Tests. (Worth 30 points)
- ✓ Content and format will be discussed and reviewed.
- ✓ Brief Paper on Suicide Video, etc. (worth 10 points)
- ✓ A four-page double-spaced analysis of video on suicide in relation to course content (see assignment description below)
- ✓ Take-Home Assessment Tests (see assignment descriptions below)
- ✓ Interpersonal Process Therapy Assessment Test (worth 15 points)
- ✓ Cognitive Behavior Therapy Assessment Test (worth 15 points)
- ✓ Group Presentation on Evidence-Based Practice (see assignment description below) (worth 15 points)
- ✓ Lab Work (worth 10 points)
- ✓ Class Attendance and Participation (5 points)

6.2 Basis for determining the final grade:

In-class Test (Interpersonal Therapy)	15%
In-class C-B Therapy Test	15%
Take-home IP Assessment Test	15%
Take-home C-B Assessment Test	15%
Four-page double-spaced paper on suicide	10%
Lab preparation & participation	10%
Group Presentation	15%
<u>Class Attendance, Participation</u>	<u>5%</u>
TOTAL	100%

Graduate Standards: Students are expected to fulfill graduate level academic standards in all written work. Minimally this includes clear organization, complete sentences, careful attention to details of grammar and spelling, and the APA form of documentation of sources for formal papers. For help, see the *APA Publication Manual*. Points will be deducted for work that does not meet graduate standards

Attendance: Regular attendance is required. Students are expected to be prepared for each session and to participate knowledgeably. Excessive absences may lead to deduction of points for lab work and attendance and participation. If warranted, such a reduction will be determined at the discretion of the professor. It is assumed students will attend all sessions unless there are unavoidable or necessary absences (let me know about these).

Incomplete: An incomplete grade is given only for severe illness or hardships and if approved by the instructor and the School. If extensive absence from class becomes necessary, the student may be advised to withdraw. Assignments are due on the announced date. **Points will be deducted for late papers, and it is the student's responsibility to see the instructor if a late paper will be accepted.**

6.3 **Grading Type**

A+ = 98% and above	B+ = 88-90.9	C+ = 78-80.9	D+ = 68-70.9
A = 94-97.9	B = 84-87.9	C = 74-77.9	D = 64-67.9
A- = 91-93.9	B- = 81-83.9	C- = 71-73.9	D- = 61-63.9
		F = 60.9	and below

7.0 **Resource Material**

7.1 **Textbooks or other required readings used in course.**

Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.

Teyber, E. (2000). *Interpersonal process in psychotherapy: A relational approach*. Belmont, CA: Brooks/Cole.

Professor’s COURSE WORKBOOK (Woody) available at the UNO Bookstore

LIBRARY RESERVE READINGS: Required reserve readings are listed on the Course Outline.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual, Fourth Edition (DSM IV) TR*. Washington, DC: American Psychiatric Association. (This book is required for this course and many courses throughout the M.S.W. program.)

American Psychological Association. (2001). *Publication Manual of the American Psychological Association*. Washington, DC: APA. (This book is required for all research courses and represents the School’s standards in all courses for the writing and documentation of sources in student papers, research reports, and theses.)

National Association of Social Workers. (1997). *Code of Ethics*. (This is available at nasw.org and is reprinted in the School of Social Work Handbook and Practicum Manual and is required in this course and throughout the MSW program.)

7.2 **Other suggested reading material**

Library Videos. Some videos may be assigned to be viewed in the Library. See Course Outline.

7.3 **Current bibliography and other resources**

(Some older references are included if they are based on empirical research on effectiveness or have other special value.)

7.3.1 Evidence-Based Practice Materials on Reserve

- Bourne, E. J. (1998). *Therapist protocol: Overcoming specific phobia: A hierarchy and exposure-based protocol for the treatment of specific phobia*. Oakland, CA: New Harbinger. RC.535. V.1.
- Bourne, E. J. (1998). *Client manual: Overcoming specific phobia: A hierarchy and exposure-based protocol for the treatment of specific phobias*. Oakland, CA: New Harbinger. RC.535. B69.1998 V. 2.
- Deffenbacher, J., & McKay, M. (2000a). *Overcoming situational and general anger: Client manual*. Oakland, CA: New Harbinger.
- Deffenbacher, J., & McKay, M. (2000b). *Overcoming situational and general anger: Therapists protocol*. Oakland, CA: New Harbinger.
- Emery, G. (2000). *Therapist protocol: Overcoming depression: A cognitive-behavior protocol for the treatment of depression*. Oakland, CA: New Harbinger. RC 535. E49 2000 V. 1.
- Emery, G. (2000). *Client manual: Overcoming depression: A cognitive-behavior protocol for the treatment of depression*. Oakland, CA: New Harbinger. RC 535. E49 2000 V. 2.
- Gilson, M. , & Freeman, A. (2000). *Overcoming depression: A cognitive therapy Approach for taming the depression beast: Workbook*. San Antonio, TX: TherapyWorks: The Psychobiological Corporation.
- Kearney, C. A., & Albano, A. M. (2000a). *When children refuse school: A cognitive-behavioral therapy approach. Parent workbook*. New York: Psychological Corporation.
- Kearney, C. A., & Albano, A. M. (2000b). *When children refuse school: A cognitive-behavioral therapy approach. Therapist's manual*. New York: Psychological Corporation.
- White, J. R. (1999a). *Overcoming generalized anxiety disorder: Client manual: A relaxation, cognitive restructuring, and exposure-based protocol for the treatment of GAD*. Oakland, CA: New Harbinger.
- White, J. R. (1999b). *Overcoming generalized anxiety disorder: Therapist protocol*. Oakland, CA: New Harbinger
- Wiessman, M. M. (2000) *.Mastering depression through interpersonal psychotherapy: Patient workbook*. San Antonio, TX: Therapy Works
- Wiessman, M. M., Markowiz, J. C., & Klerman, G.L. (2000). *Comprehensive guide to interpersonal psychotherapy*. New York: Basic Books.
- Zuercher-White, E. (1999). *Therapist protocol: Overcoming panic disorder and agoraphobia: A cognitive restructuring and exposure-based protocol for the treatment of panic and agoraphobia*. Oakland, CA: New Harbinger. RC 535. Z81 1999 V. 1.
- Zuercher-White, E. (1999). *Client manual: Overcoming panic disorder and agoraphobia: A cognitive restructuring and exposure-based protocol for the treatment of panic and agoraphobia*. Oakland, CA: New Harbinger.

RC 535. Z81 1999 V. 2.

7.3.2 Other Evidence-Based Practice Resources

Chambless, D. L., & Gills, M. M. (1993). Cognitive therapy of anxiety disorders. *Journal of Consulting and Clinical Psychology, 61*, 248-260.

Clark, D. M. (1989). Anxiety states: Panic and generalized anxiety. In P. Salkovskis (Eds.), *Frontiers of cognitive therapy* (pp.318-344). New York: Guilford.

Cournoyer, B. R., and Powers, G. T. (2004). Evidence –based Social Work: The quiet revolution continues. In A. R. and G. Greene, eds. *The Social Work Desk Reference*. New York: Oxford University Press.

Craske, M. G., Antony, M. M., & Barlow, D. H. (1998). *Mastery of your specific phobia: Therapist guide*. San Antonio, TX: TherapyWorks: The Psychological Corporation.

Craske, M. G. & Barlow, D. H. (2001). Panic disorder and agoraphobia. In D. H. Barlo (Eds.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (3rd ed., pp. 1-59). New York: Guilford.

Gilson, M., & Freeman, A. (2000). *Overcoming depression: A cognitive therapy approach for taming the depression beast: Client workbook*. San Antonio, TX: TherapyWorks: The Psychological Corporation.

Lydon, W. J. & Jones, J. V. (2001). *Empirically supported cognitive therapies*. New York: Springer.

Howard, M. O., Bricout, J., Edmond, T., Elze, D., and Jenson, J. M. (In press). Evidence based practice guidelines. *Encyclopedia of Social Work*. Washington, DC: NASW Press.

Oei, T. P., Llamas, M., & Devilly, G. J. (1999). The efficacy and cognitive process of cognitive behaviour therapy in the treatment of panic disorder with agoraphobia. *Behavioural and Cognitive Psychotherapy, 27*(1), 63-88.

Rosen, A., Proctor, E. K., and Staudt, M. (1999). Social Work research and the quest for effective practice. *Social Work Research, 23*, 4-14.

Turner, S. M., Beidel, D. C., & Cooley, M. (1997). *Social effectiveness therapy: A program for overcoming social anxiety and phobia*. Toronto: Multi- Health Systems.

7.3.3 Other Relevant Resources

Clark, D. A. (2004). *Cognitive-behavioral therapy for OCD*. New York: Guilford.

Hubble, M.A., Duncan, B. L., and Miller, S. D. (Eds.) (2000). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Leahy, R. L. (2003). *Cognitive therapy technique: A practitioner's guide*. New York: Guilford.

Sue, D. W. (2003) Counseling the culturally different. *Theory and practice*, New York: Wiley and Sons.

Young, J. E., Klosko, J. S., & Weishaar, M.E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford.

7.3.4 Aging, Older Adults and Therapy

Arean, P., & Cook, B. (2002). Psychotherapy and combined psychotherapy/pharmacotherapy for late life depression. *Biological Psychiatry, 52*, 293-303.

Chiriboga, D. A., Yee, B. W. K., & Jang, Y. (2005). Minority and cultural issues in late-life depression. *Clinical Psychology, 12*, 358-363.

Fisher, J. E., Ferguson, K. E., & Droel, C. (2006). Evidence-based practices for the assessment and treatment of depression, anxiety, and substance use disorders. In S.

Levkoff, C. Hongtu, J. Fisher, J. McIntyre (Eds.), *Evidence-based behavioral health practices for older adults*. New York: Springer.

Heisel, M. J., & Duberstein, P. R. (2005). Suicide prevention in older adults. *Clinical Psychology, 12*, 242-259.

King, D. A., Heisel, M. J., & Lyness, J. M. (2005). Assessment and psychological treatment of older adults with terminal or life-threatening illness. *Clinical Psychology, 12*. 330-353.

Laidlaw, K., Thompson, L., Gallagher-Thompson, D., & Dick-Siskin, L. (2003). *Cognitive behaviour therapy with older people*. W. Sussex, UK: Wiley.

Reynolds, C. F., Frank, E., Perel, J. M., et al, (1999). Nortriptyline and interpersonal psychotherapy as maintenance therapies for recurrent major depression: A randomized controlled trial in patients older than 59 years. *Journal of the American Medical Association, 281*, 39-45.

Scoggin, F., Welsh, D., Hanson, A., Stump, J., & Coates, A. (2005). Evidence-based psychotherapies for depression in older adults. *Clinical Psychology, 12*, 222-237.

Teri, L., McKenzie, G., & LaFazia, D. (2005). Psychosocial treatment of depression in older adults with dementia. *Clinical Psychology, 12*, 303-316.

8.0 Other Information

8.1 Plagiarism

The Executive Body of the School of Social Work has passed a policy alerting students to, and emphasizing the importance of, the issue of plagiarism. The UNO policy on plagiarism is as follows:

"The prevention of plagiarism and the imposition of sanctions upon those who resort to plagiarism is necessary in any university that espouses the ideals embodied in the concept of academic freedom. Plagiarism is the appropriation of the work (be it ideas or words) of another without crediting the source. Such a practice is particularly reprehensible in a community dedicated to the pursuit and advancement of knowledge."

The UNO policy on Academic Integrity reads as follows:

"The maintenance of academic honesty and integrity is a vital concern of the University community. Any student found guilty of academic dishonesty shall be subject to both academic and disciplinary sanctions."

Academic dishonesty definitions, procedures and sanctions are available on the current University of Nebraska at Omaha web-site

8.2 **Procedure Regarding Student Grades/Papers**

The Family Educational Rights and Privacy Act (FERPA) of 1974 requires that student grades not be published in a personally identifiable fashion. Therefore, unless prior arrangements have been made with the instructor, students must provide a self-addressed adequately stamped envelope for papers, projects, or exams that were not returned to them in class. Any remaining papers, projects or exams will be kept by the instructor for 3 months after the semester ends, at which time they will be shredded.

8.3 **Statement Regarding Students with Disabilities**

Accommodations are provided for students with certified disabilities. For more information contact Services for Students with Disabilities, EAB 117 or 554.2872, TTY 554.3799.

8.4 **Additional Assistance**

Students who have concerns about their competence in writing papers or who have extreme anxiety in taking tests or giving class presentations should address these concerns by seeking professional counseling through the University Division Counseling Services.

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DA