Course Number: Social Work 840

Course Title, Semester and Year: Health and Mental Health Practice with Adults, Section 2, Fall 2008 Tuesdays 2-4:50

Course Description: This course is a seminar on clinical health and mental health social work practice with adults and covers assessment and several theoretically based interventions. The format of this course will include both lectures and experiential exercises.

Instructor: Melissa D. Grady, Ph.D., LCSW
School of Social Work
325 Pittsboro Street, CB #3550
Chapel Hill, NC 27599-3550
Phone: 919-843-0063
Email: mgrady@email.unc.edu

Office Hours: Mondays: 11:30-1:30; Tuesdays: 12:30-1:30pm; or by appointment. Office - #563H

Course Description: This course is a seminar on health and mental health clinical social work practice with adults and covers assessment and several theoretically based interventions.

Course Objectives: This advanced direct practice health and mental health course builds upon the basic knowledge regarding human development throughout the life cycle (HBSE SOWO 500), the foundation practice course in social work SOWO 540, and adult health and mental health (SOWO 800). Introductory-level theoretical knowledge and clinical skills are to be advanced and applied specifically to practice with adults and their families in health and mental health settings. Upon completion of this course students are expected to:

1. Demonstrate the role of the Social Worker in both health and mental health inpatient and outpatient settings;

2. Increase understanding of the social work roles and the role of other professionals in health and mental health settings, including the strategies necessary to develop collaborative relationships with interdisciplinary team members;

3. Complete a bio-psychosocial assessment that is sensitive to, and addresses issues of differences including ethnicity, age, gender, sexual orientation, class, and spiritual beliefs;

4. Demonstrate greater skills in linking the assessment process to an individualized treatment plan that delineates specific goals and objectives that are measurable;

5. Demonstrate greater skills in establishing and maintaining relationships with clients that may include addressing and managing resistance, boundaries, transference, counter-transference and self-disclosure;
6. Demonstrate the ability to critically examine and resolve ethical issues experienced by social workers in health and mental health settings;

7. Demonstrate the ability to select and apply appropriate theoretically based interventions with clients and their families in health and mental health settings;

8. Demonstrate the ability to work effectively within a managed care environment, including appropriate methods of documentation and intervention;

**Skills to be Acquired in this Class:**

1. The ability to identify and use “the process” during treatment interventions;
2. The ability to intervene successfully during the middle-phase of treatment;
3. The ability to identify your theoretical perspective which underlies your treatment intervention;
4. Increased ability for self-awareness which includes an ability to understand your cultural background and family system; and self assess one’s own development (i.e., counter-transference, over-identification, impatience, rescuing, etc.); and
5. The ability to utilize various techniques that will be helpful to the individual or family system.

**Required Texts/Reading**


Required texts are available in the UNC Health Affairs bookstore – 966-2208.

**All required readings for this course can be obtained via blackboard.**

**Recommended Text**


**Teaching Methods**

This course will involve lecture, discussion, role playing, video clips, and student case presentations. These teaching strategies will be used to help students master the theoretical approaches and necessary skills needed to intervene with adult clients in both health and mental health settings. It is expected that each student will be involved in this course; thus, participation in discussion and role-playing is mandatory.
Class Assignments (See Appendix A for grade sheet for all assignments)

1. **Journaling on Readings (30%)**. You will be required to journal on the readings. The journals are to be turned in 6 times throughout the semester at the choosing of the student. The journal turned in can ONLY be for that week, so there is no “catch-up” on past weeks. The journal writing is to be limited to 2-3 pages per week. **Do not summarize the chapter/article!** Instead, respond and react to the content. Suggested questions to respond to are: What new insights have you gained from this chapter? Have you been able to implement and practice these skills (interventions) in treatment with your clients? Why are you reacting to a line, point, argument in one particular way? What about the readings are you reacting to? Where are those reactions coming from? Personal experiences? Professional experiences? Try to understand the context for your understanding of your reactions. In what areas (or specific element of this skill) do you need to continue to grow? In what ways do you feel this information adds to your professional growth or sense of awareness? You will be graded on: How well the individual demonstrates effort in understanding the material; Has the individual demonstrated critical thinking (i.e. strengths/limitations; fit with own experiences; WHY point resonates and WHY it doesn’t, etc.).

2. **Clinical Impasse Paper (25%) Due Week 11**: Inevitably, we will all reach impasses with clients. These moments can be wonderful learning opportunities and a chance to grow from our experience, while at the same time very frustrating. Describe a time when you were "stuck" with a client. Describe the situation, what happened, what did you do, what is your understanding of what happened, what were you feeling, how did you react, how did you manage the impasse. What client, system, family, factors, etc., might have played a role in this impasse. Now having looked back on the situation, what would you do differently? Using some of Teyber's discussions on how the worker factors (see chp. 5, the worker’s family rules in own family, patterns of family interactions, etc.), client's resistance, etc. can influence the work, how would you approach the case/moment now. This paper should be 7-10 pages long.

3. **Clinical Intervention Paper (30%) Due Week 14 or 15**, is designed to give students an opportunity to research in depth a treatment model of interest to the student. The paper should be approximately 10 pages, double-spaced and typed in a 12-point font. It should include a description of the treatment model and an application of that model to a fictional film character or true case example from your practice. If a true case example, issues of confidentiality must be respected. This paper will include a mental status exam, assessment of the presenting problem, a tentative diagnosis, initial treatment goals or service plan that reflect a culturally competent approach. Empirical evidence about the evidence based practice for this model should be cited. As this is a clinical and research paper, it is expected that the reference list will include at least five sources other than assigned readings, though assigned readings may also be used. APA style should be followed. Please check in with the instructor for movie options.

4. **Class Participation (15%)**: 94-100 is assigned to those students who have consistently attended and have been regular and active participants. 90-93 is for students who have missed one to two classes, but who regularly participate. 85-89 is for students who have either attended regularly, but do not participate often, or for students who participate but do
not have very regular attendance. 80-84 is for students who have do not participate actively, but may have fairly regular attendance. Under 80 means that the student has irregular attendance, and has demonstrated through class discussions that s/he has not done the readings or actively disengages with class activities.

**Grading System**

- **H** = 94 and above
- **P** = 80 to 93
- **L** = 70 to 79
- **F** = 69 and below

---

In order to be as objective as possible in my grading of your assignments, use your student **PID number. DO NOT USE YOUR NAME.**

*You will lose 5 points if your name is included.*

---

**Policy on Incompletes and Late Assignments:**

It is expected that assignments will be completed at times noted in the syllabus. If you have a situation arise that may prohibit you from completing the assignment on time, any request for delay of an assignment/exam must be done in advance of the due date (at least 24 hours) on an assignment/exam. Approved delays will not affect the grade. Any unapproved delays or assignments completed after an approved delay date will begin to accrue a 10% reduction every 24 hours that the assignment is late. Papers are due **at the start of class.** Papers that are handed in after the beginning of class will be considered late and there is a 10% deduction for every 24 period past the due date/time of the paper. In other words, if the paper is due at 2:00, and turned in at 11:00 pm that night, there will be a 10% deduction. The clock begins at the start of class.

If the student meets unavoidable obstacles to meeting the time frame, the student should discuss the circumstances with the instructor to determine if an initial grade of incomplete (INC) would be appropriate. I prefer not to give an incomplete grade and will give incompletes only in compliance with University policy.

**Policy on Academic Dishonesty**

Please refer to the *APA Style Guide*, The SSW *Manual*, and the SSW Writing Guide for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments. All written assignments should contain a signed pledge from you stating that, "I have not given or received unauthorized aid in preparing this written work". In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required.

---

**Policy on Accommodations for Students with Disabilities:**
Students with disabilities which affect their participation in the course may notify the instructor if they wish to have special accommodations in instructional format, examination format, etc.

**Use of Laptops or other electronic devices**
No laptops or other electronic devices are permitted in the classroom, unless you have a specific documented learning disability. Please turn off all cell phones or other devices that would disrupt the learning environment of the classroom.

**APA Formatting**
It is an expectation of this course that you will correctly cite all of your material following the 5th ed. of the APA manual. If you are not familiar with this style, please refer to the manual, the study guide on the school’s website or see Diane Wyant, the School’s editor at dwyant@email.unc.edu
COURSE OUTLINE

August 19    NO CLASS
August 26    Class 1: Introductions, Course Overview, Process & Content Skills
September 2  Class 2: Interconnection between theory and interventions
September 9  Class 3: Biopsychosocial Assessments and the Mental Status Exam
September 16 Class 4: Diversity and Ethical Issues
September 23 Class 5: Crisis Intervention: Medical & Psychiatric
September 30 Class 6: Identification of recurrent themes/Working Alliance
October 7     Class 7: Honoring client’s resistance/ MET – Motivational Enhancement Therapy
October 14    Class 8: An internal focus for change/ Therapist & Client Anxiety
October 21    Class 9: Responding to conflicted emotions  
               Clinical Impasse Paper Due
October 28    Class 10: Familial and developmental factors/ Family Theory
November 4    Class 11: Inflexible interpersonal coping strategies & Current interpersonal factors
November 11   Class 12: Case Management/DBT
November 18   Class 13: Open Topic
November 25   Class 14: Trauma – Abuse Focus
               Final Paper may be submitted Week 14 or Week 15
December 2    Class 15: An interpersonal solution & Working through termination
               Termination Rituals and Evaluations.
Week 1: Introduction and Overview

1. Introductions
2. Course overview
3. The inter-relationship between health and mental health practice.
4. Focus on Process and Content


Week 2: Interconnection between theory and interventions

1. Understand the importance of using theory as a roadmap in treatment
2. Understand how an assessment using a particular theory influences what interventions will be developed and implemented.

Assigned Reading:
Teyber Ch 1- Introduction and Overview


Read Case of “Jerome” on blackboard

Week 3: Mental Status Exam & Bio-psychosocial Assessments:

1. Mental Status Exam
2. Assessments
3. Writing goals & objectives

Assigned Reading:


Week 4: Diversity and Ethical Issues

1. Ethnographic Interviewing: A useful Technique
2. Differences in access to and quality of services: The impact of gender, socio-economic status, ethnicity, and sexual orientation
3. Ethical issues
4. Incorporating spirituality in clinical practice

Assigned Reading:


Read Case of “Beauty Shop” on blackboard

Week 5: Crisis Intervention/ Medical & Psychiatric Settings

1. Evaluating health behavior theories
2. Steps of health behavior

Assigned Reading:


Read Case of “Joanne” on blackboard
Week 6: Establishing a working alliance /Identify Recurrent Themes
1. Client as expert
2. Recurrent themes
3. Working alliance

Assigned Reading:
Teyber Ch 2- Establishing a working alliance


Week 7: Honoring the client’s resistance
1. Resistance issues throughout the treatment process
2. Motivational interviewing techniques
3. Role plays: primary challenges to the therapist

Assigned Reading:

Teyber Ch. 3- Honoring the client’s resistance


Week 8: An internal focus for change
1. Focusing the client inward
2. Managing client’s anxiety
3. Supportive vs. modifying interventions

Assigned Reading:
Teyber Ch 4- An internal focus for change


Read cases “The Replacement”
**Week 9: Responding to conflicting emotions**

1. Affective constellations
2. Counter-transference

**Assigned Readings:**


Teyber Ch 5- Responding to conflicted emotion

*Read case of “Icarus” on blackboard*

**Week 10: Familial and developmental factors**

**Assigned Reading:**


Teyber Ch. 6- Familial and developmental factors.

*READ “Ghosts in the Nursery” on blackboard by Fraiberg*

**Clinical Impasse Paper Due**
Week 11: Inflexible interpersonal coping strategies & Current interpersonal factors
1. Coping skills
2. Generic conflict
3. Bringing conflict into session
4. Testing behaviors

Assigned Reading:
Teyber Ch 7- Inflexible interpersonal coping strategies
Teyber Ch 8- Current interpersonal factors

Read case “Are you looking at me?” on blackboard

Week 12: Case Management and DBT
1. Role of Case Management in Social Work
2. Working with the Aging
3. Introduction to DBT
4. Mindfulness

Assigned Readings:


Read case of “Clifford and Jean Roberts” on blackboard
Week 13: Open Topic
Readings yet to be determined

Week 14: Trauma & Forensic Work – Abuse Focus
1. Principles of trauma theory
2. Differences between a clinical role vs. a forensic role
3. Understanding different roles within social work

Assigned Reading:


*Read case of “Marvin Thompson” on blackboard*

---

Clinical Intervention Paper due Week 14 or 15

Week 15: An interpersonal solution & Working through termination and Grief
1. Termination Rituals
2. Evaluating Your Practice
3. Class Evaluations

Assigned Reading:
Teyber Ch 9- An interpersonal solution
Teyber – Ch 10 – Working through and termination
Journal Assignment
840: Advanced Practice with Adults

Objective:
The assignment is designed to give students the opportunity to integrate the readings from the course, practice and class discussion and to begin to crystallize his/her ideas of practice in relation to the literature.

Task:
The student should write a 2 page reflection on material which was covered that week. Examples might include disagreements with the author, an aspect of a concept that resonated with the student in some way, confusion over a point made in an article, an application of a concept to a treatment case. It is recommended that the student begin this exercise at the beginning of the semester. These journal entries do not need to be formal and should reflect the students’ observation of the material covered. This assignment is NOT meant for students to summarize the readings or material from the course. Rather, it is an exercise in critical thinking. SIX journals must be turned in by the end of the semester and must be on the week’s readings. In other words, you cannot turn in 6 entries on the last day of class. Only the ones turned in on that week’s readings will count. The student is responsible for making sure that you have turned in all 6.

Grading Criteria:
There are a total of 6 journals, each journal being worth 15 points each (EACH IS 5% OF TOTAL GRADE).

1. Has the individual demonstrated effort in understanding the material? [5 pts.]
2. Has the individual demonstrated critical thinking (e.g. strengths/limitations of a point/idea or how concept applies to non-majority individuals)? [5 pts.]
3. Has the individual discussed WHY a point resonates and WHY it doesn’t? On what are these opinions based? Personal experiences? Professional experiences? Literature or research have read elsewhere? [5 pts.]
Clinical Impasse Paper Description
840: Advanced Practice with Adults

Objective:
This assignment is designed for two main purposes. The first is to acknowledge and help normalize the fact that all of us will have times when we don’t know what to do or where to go in our work with people. This could occur in a first encounter or over a longer-term treatment and anywhere in between. The second purpose is to have you spend some time thinking about one time when such an impasse happened and to think through it carefully and thoughtfully so they when it happens again (which it will) that you have “practiced” being reflective of such an event.

Type of Case to Use:
There are no parameters around the type of case you can use. It can be someone that you met with only one time or worked with in a non-clinical role. The case just needs to be someone with whom you had a professional encounter and felt stuck in your work with that person(s).

Image of Paper:
(Part 1 of Paper: Description of the impasse)
Think about that both you and your client are driving a car, each in your own car. You collide. Some of the factors around the impact of the collision had to do with the size of your client’s car, the speed he/she was driving, how well he/she was paying attention, etc. In addition, your car, your style of driving, your concentration, etc. might have also contributed to the collision.

(Part 2 of Paper: Understanding of contributing factors)
Your job in this paper is to think through what factors in the client’s life (history with mental health system, family history, affective constellations, current diagnosis, relational patterns, etc.) have contributed to the impasse, AND what factors in your own life (family rules, confusion around a policy, lack of experience, desire to be liked, etc.) may have contributed. These should be listed/described so that it is clear that you have thought through the various factors that lead you to this point. This is often difficult for students to reflect on what they have brought to the interaction that may have contributed to the impasse. Many of these points should be grounded in Teyber and other readings from class and documented as such.

Reflection Part:
(Part 3 of Paper: What would you do differently and why?)
Once you have thought through those factors, now what would you do? These ideas should be grounded in theory/literature. It can be from this class’ readings or other sources. Would you use a different treatment model than what you did before? If so, why and base that choice in some literature. Would you have used a different decision-making process? Maybe refer back to the Murdoch article and how that would shift your thinking/actions. It could also be that you learned something from another class or supervision that made you think about how you would do it differently. The biggest issue is for you not to just tell me what you would do, but WHY you would do those things (based on some literature). In essence, you need to articulate what you would do with this client and provide a rationale as to why you believe that this new strategy
would be a better choice than what you did before. Whatever you decide you would do now, this approach needs to be grounded in some theoretical framework that is somewhat cohesive and provides a roadmap of where you would go with the client.

Other Stuff:
Look at the point distribution to see where you should be spending your energy. Make sure when you cite articles or other sources in your reflection part that you use correct APA formatting.

Clinical Impasse Paper:
There are 100 possible points on this assignment.
1. The impasse was described clearly (10 points)
2. Clearly demonstrated an understanding of what factors in the client’s life might have contributed to the impasse (15 pts.)
3. Clearly demonstrated an understanding of what factors in their own life might have contributed to the impasse? (15 pts.)
4. Materials from the readings were integrated into the discussion of contributing factor and used to inform their understanding of what happened? (15 pts.)
5. There a clear framework for what the student would now do differently (15 pts.)
6. The ideas for what s/he would now do differently are thoughtful and grounded in a theoretical framework or evidence based practice that informed those ideas (15 pts.)
7. The paper is clearly written with no grammatical, syntax, or typing errors (8 pts.)
8. APA formatting is correct throughout the paper (7 pts.)
Clinical Intervention Paper
840: Advanced Practice with Adults

Purpose of Assignment:
The purpose of this assignment is for you to learn about a model of intervention in which you have some interest. It can be anything you want, such as narrative therapy, DBT, solution-focused, exposure therapy, etc. I have no agenda for what you can cover. This assignment is really a place for you to learn about something that interests you.

Image of Paper:
This is primarily a research paper. You are to explore the model thoroughly and accurately and discuss its empirical evidence, either what is available or the fact that there isn’t any evidence around its efficacy for any particular population.

The case is in this assignment for three primary reasons. The first is since this is a practice class, reading how you organize case material gives me a sense of your ability to describe clinical material in an accurate and comprehensive way. The second is to make sure that whenever you are learning about a model of intervention you keep in mind its applicability to real people and that this exercise not just be an intellectual exercise in thinking about clinical work without a person in the picture. The third piece of how the case fits in is that the goals that you are required to write (2-3 goals with 2-3 objectives for each goal) that combine the model and the client. In other words, the goals and objectives should reflect the language of the model. For example, if you are working from an IPT framework, there would be goals that reflect gaining awareness of the relational patterns, being able to recognize core conflicts, etc. You would NOT include for goals for an IPT framework objectives that involved filling out dysfunctional thought records or completing coping cards. In other words, where the case and the research come together is in writing the goals and objectives. They should match the language of the model you are researching.

Type of Case to Use:
I always believe it is a richer experience for you to use a case that you have worked with. As with the impasse paper, the case can be from a one-time assessment experience. You do not need to describe a course of treatment with the case, you only need to write up what goals and objectives you would use if you were going to apply the model to this case.

You can use a film or fictional character if you want and pick up that character at any point in the film/book. Some people opt to use a character because they want to learn about a particular model (e.g. DBT or a trauma treatment) and they don’t work with someone with the issues that a specific model addresses.

Structure of the Paper:
This is up to you. Some people like to present the model and then the case with the goals at the end to show the connection. Others like to present the case and then the model. It is completely your call.

What you need to include is:

Information on the Model
- Brief history of the model
- Basic tenets of the model
- Applicability of the model to various populations
- Research on efficacy of the model
- Any critiques of the model, your included

Description of the case
- Description of case (demographics)
- Presenting problem
- History of the presenting problem
- Family/community/cultural issues that influence their presentation
- Other relevant information (e.g. history with mental health system, substance/legal/suicidal/violence history)
- Mental status exam
- 5 axis diagnosis

Goals and Objectives
- 2-3 goals with 2-3 objectives under each goal
- Refer to class on writing goals and objectives and follow criteria
- Goals and objectives should be written in the language of the model you are describing

Other Info:
For those of you who were in Brief Treatment last year, this is a different paper than for that class. This is a research paper on a model. You do not need to justify your application of it or formulate the case using the model. In this paper, you are only using the goals and objectives to connect the two pieces.
Clinical Intervention Paper:
There are 100 possible points on this assignment.
1. The model was described thoroughly and accurately. (20 pts.)
2. The applicability of the model to various populations was discussed (10 pts.)
3. Empirical evidence about the evidence based practice for this model is cited and described. (10 pts.)
4. Critical thinking of the strengths and limitations of the model were presented and discussed. (10 pts.)
5. Was the case described well? (10 pts.)
6. How accurate and thorough was the mental status exam? (5 pts.)
7. Accuracy of diagnosis given material presented. (5 pts.)
8. Initial treatment goals are appropriate, written correctly, and culturally consistent with the individual needs of the client (5 pts.)
9. Treatment goals are consistent with the model presented (10 pts.)
10. At least five readings not from class are included as references. (5 pts.)
11. APA formatting is followed. (5 pts.)
12. The writing was clear with NO errors. (5 pts.)