

**The University of North Carolina at Chapel Hill  
School of Social Work**



**Course Number:** SOWO 840, Section 001

**Course Title:** Adult Mental Health: Theory and Practice

**Semester and Year:** Fall 2019

**Instructor:** Marilyn Ghezzi, MSW, LCSW

School of Social Work

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**Office Hours:** Tuesdays 12:30-1:30 or by appointment

**Course Website:** <https://www.unc.edu/sakai/>

**Course Description:** This course focuses on mental health social work practice with adults, covering assessment and several theoretically based interventions with an emphasis on gaining practice skills.

**Course Objectives:**

By the end of this course, students will:

1. Understand and apply concepts, selected theory, and research related to adult mental illness;
2. Understand the role of the social worker in mental health inpatient and outpatient settings and how social workers fit within multi-disciplinary teams;
3. Complete a bio-psychosocial and mental health assessment that is sensitive to, and addresses issues of diversity including ethnicity, age, gender, sexual orientation, class, and spiritual beliefs;
4. Effectively link the assessment process to an individualized treatment plan that delineates specific goals and objectives that are measurable based on a consistent theoretical framework;
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. Select and apply appropriate theoretically based interventions with clients in mental health settings based on evidence based practice principles;
7. Critically examine ethical issues experienced by social workers in mental health settings, including how broader contextual and systemic issues impact direct social work practice;
8. Demonstrate competence in professional documentation and communication of clinical material

**Expanded Description:**

This course is an advanced theory and practice course that builds on the foundation year of HBSE and practice courses. It is designed to increase students' competencies in both articulating their assessment with clients using a consistent theoretical framework, but also focusing on increasing their practice skills with adult clients. By the end of the course, students will be more confident in their ability to

articulate and choose an appropriate form of intervention using evidence-based practice principles and feel more confident in their ability to implement such an intervention. Advanced practice skills will be addressed throughout the course, such as tracking, use of self, resistance, and recognizing patterns. Case material and experiential exercises will be used to increase students' practice skills.

**REQUIRED TEXT:**

Teyber, E. & Teyber, F. (2017). *Interpersonal process in psychotherapy: An integrative model* (7th ed.). Belmont, CA: Brooks/Cole Publishing Company.

All other required readings for this course can be obtained via our Sakai course site.

**Supplemental Readings:** *You may wish to purchase these for your personal library, but any articles I assign from them will be put on Sakai.*

Dziegielewska, S.F. (2016). *Social work practice and psychopharmacology: A person-in-environment approach*. (3<sup>rd</sup> ed.). New York, NY: Springer Publishing Company. ebook.  
<http://libproxy.lib.unc.edu/login?url=http://site.ebrary.com/lib/uncch/Doc?id=11207178>

Goldstein, E.G., Miehl, D. & Ringel, S. (2009). *Advanced clinical social work practice: Relational principles and techniques*. New York, NY: Columbia University Press.

Messer, S.B. & Gurman, A.S. (2011). *Essential psychotherapies: Theory and practice*, (3rd ed.). New York, NY: Guilford Press.

Prochaska, J.O. & Norcross, J.C. (2018). *Systems of psychotherapy: A transtheoretical analysis*. (9<sup>th</sup> ed.), New York, NY: Oxford University Press.

Sadock, B.J., Sadock, V.A. & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry* (11<sup>th</sup> ed.). Philadelphia, PA: Walters Kluwer.

Willer, J. (2014). *The beginning psychotherapist's companion*. (2<sup>nd</sup> ed.). New York, NY: Oxford University Press.

Wampold, B.E. (2010). *The basics of psychotherapy: An introduction to theory and practice*. Washington, DC: American Psychological Association.

Wang, E.W. (2019). *The collected schizophrenias: essays*. Minneapolis, MN: Graywolf Press

Woo, S.M. & Keatinge, C. (2016). *Diagnosis and treatment of mental disorders across the lifespan*. (2<sup>nd</sup> ed.), Hoboken, NJ: Wiley & Sons.

Wright, J.H., Turkington, D., Kingdon, D. & Basco, M. (2009). *Cognitive-behavior therapy for severe mental illness: An illustrated guide*. Arlington, VA: American Psychiatric Press.

## CLASS ASSIGNMENTS

<i>Assignment</i>	<i>Due Date</i>	<i>Points</i>
Teyber journal assignment	October 22	15
Assessment paper	November 12	30
Clinical impasse paper	December 6	40
Class participation and attendance	N/A	15

Detailed descriptions of each assignment and grading rubrics are included at the end of the syllabus.

### Grading System

H = 94 and above

P = 80 to 93

L = 70 to 79

F = 69 and below

### TEACHING METHODS AND CLASS PARTICIPATION

This course is structured as a seminar; all class members are expected to share responsibility for participating in discussions and activities. The development of a supportive learning environment is fostered by respectfully listening to the ideas of others, being able to understand and appreciate a point of view which is different from your own, clearly articulating your point of view, and linking experience to readings and assignments. It is also important to be considerate, supportive and respectful of classmates when working in small groups.

Nearly half of classroom time will be spent working in small groups engaging in experiential activities; therefore **class attendance is crucial**. This course will utilize lecture, discussion, video clips, experiential exercises, role plays and “real” plays. Lack of participation will be reflected in student’s participation grade which counts for 15% of the final grade. Informed participation means that you clearly demonstrate that you have completed assigned readings and can offer analysis, synthesis and evaluation of the readings. Excellent participation also means that your comments are thoughtful, focused and respectful. Participation points will be deducted if you miss class, are late, leave early, disappear for long periods on break or are unprepared.

### USE of LAPTOPS or OTHER ELECTRONIC DEVICES

Laptops are allowed in the classroom and I encourage you to bring your laptop to view the powerpoints. Please close laptops during class discussions and activities which do not require the use of laptops. It is quite obvious when someone is doing something other than taking notes on their laptop during lecture. Please show respect for me and your classmates by avoiding typing or using your laptop for purposes other than taking notes during class time. Also please refrain from using cell phones during class. **Failure to follow this policy will be reflected in your class participation grade.**

### POLICY ON PAPER SUBMISSION, INCOMPLETES AND LATE ASSIGNMENTS:

A grade of “Incomplete” will be given only in extenuating circumstances and in accordance with SSW and University policy.

All papers and assignments are to be submitted electronically to the Drop Box on our Sakai site and are due on the dates noted on this syllabus. Ten percent will be deducted from your grade for each day that

a paper is late. If you have a situation arise that may prohibit you from completing the assignment on time, any request for an extension on the papers must be done *in advance* of the due date (at least 24 hours) for the paper. Approved delays will not affect the grade.

***Your cover sheet for the paper should contain your name, PID# and honor code pledge. Do not put your name in the body of the paper that you submit to Sakai, instead use your PID# as a running head on each page. Following these directions will be reflected in your grade.***

#### **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.

#### **ACCESSIBILITY AND RESOURCES SERVICES:**

The School of Social Work aims to create an educational environment that supports the learning needs of all students. The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in difficulties with accessing learning opportunities. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations. If you might need accommodations at any point during the semester, please contact ARS prior to the beginning of the semester or as early in the semester as possible so that they can assist you; this process takes time. You can visit their website at <http://accessibility.unc.edu>, and contact ARS by email: [accessibility@unc.edu](mailto:accessibility@unc.edu) or phone at 919-962-8300. The accommodations process starts with ARS and helps instruct faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to implement needed accommodations for all of our students. In addition to seeking ARS supports, please also make an appointment with me to communicate how best your needs can be met once you have begun the ARS process.

#### **APA AND WRITTEN ASSIGNMENTS**

The School of Social Work faculty has adopted APA style as the preferred format for papers and publications. The best reference is the *Publication Manual of the American Psychological Association*, Sixth Edition (2009) that is available at most bookstores. The following web site provides additional information: <http://www.apastyle.org/apa-style-help.aspx>

Students are strongly encouraged to review the materials on the School of Social Work's website <http://ssw.unc.edu/students/writing> . This page includes numerous helpful writing resources such as tutorials on understanding plagiarism, quick reference guide to APA, writing tips and ESL materials. Students are also strongly encouraged to review the section on plagiarism carefully. All instances of academic dishonesty will result in disciplinary measures pre-established by the School of Social Work and the University.

## Course Outline

### Week 1: August 20 Introduction and Course Overview

### Week 2: August 27 Interconnection between theory and interventions

#### Required Readings:

Teyber & Teyber- Chapter 1- The interpersonal process approach

Miehls, D. (2011). Relational theory and social work treatment. In F.J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5<sup>th</sup> ed.). (pp. 401-412). New York, NY: Oxford University Press.

Cameron, M., & Keenan, E. K. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work*, 55(1), 63+. Retrieved from [http://go.galegroup.com/ps/i.do?id=GALE%7CA215304827&v=2.1&u=unc\\_main&it=r&p=ANE&sw=w&asid=60c7ce4737bc9c97c926602ce0d6a23c](http://go.galegroup.com/ps/i.do?id=GALE%7CA215304827&v=2.1&u=unc_main&it=r&p=ANE&sw=w&asid=60c7ce4737bc9c97c926602ce0d6a23c)

### Week 3: September 3 Bio-psychosocial assessments and mental status exam

#### Required Readings:

Willer, J. (2014). The first session. In *The beginning psychotherapist's companion*. (2<sup>nd</sup> ed.). (pp. 149-166). New York, NY: Oxford University Press.

Black, D.W., & Andreasen, N.C. (2014). Interviewing and assessment. In *Introductory textbook of psychiatry* (6<sup>th</sup> ed.). (pp. 17-56). Washington, D.C.: American Psychiatric Press.

### Week 4: September 10 Assessment

#### Required Readings:

Lee, E. (2012). A working model of cross-cultural clinical practice. *Clinical Social Work Journal*, 40, 23-36. *You read this in SOWO 740, please review*

Yeung, A., Trinh, N. & Chang, T. (2014). The engagement interview protocol (EIP): Improving the acceptance of mental health treatment among culturally diverse populations. In R. Parekh (Ed.), *The Massachusetts General Hospital textbook on diversity and cultural sensitivity in mental health* (pp. 213-227). New York, NY: Humana Press.

Watts-Jones, D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, 49(3), 405-420.

### **Week 5: September 17 Assessment**

#### **Required Readings:**

Edwards, J. B. (2016). Cultural intelligence for clinical social work practice. *Clinical Social Work Journal*, 44(3), 211-220. doi:10.1007/s10615-015-0543-4

**Read two** of the following five articles (your choice) from *Clinical Social Work Journal*, 41(3). Entire issue is on LGBTQ issues.

Collazo, A., Austin, A. & Craig, S. (2013). Facilitating transition among transgender clients: Components of effective clinical practice. *Clinical Social Work Journal*, 41(3), 228-237.

Scherrer, K. (2013). Culturally competent practice with bisexual individuals. *Clinical Social Work Journal*, 41(3), 238-248.

Hash, K. & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal*, 41(3), 249-257.

Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, 41(3), 288-296.

Longhofer, J.L. (2013). Shame in the clinical process with LGBTQ clients. *Clinical Social Work Journal*, 41(3), 297-301.

**Come to class prepared to discuss/teach the articles you read. In addition to highlighting the key concepts from the articles that you read, consider the following issues:** How does your personal experience impact your insight into this area of clinical social work practice? What insights will you take from the articles as you work with LGBTQ issues as a clinical social worker? As clinical social workers, how can we bring issue of societal oppression into the therapy room when working with LGBTQ clients?

### **Week 6: September 24 Assessment (cont.); Beginning the treatment: Establishing a working alliance**

#### **Required Readings:**

Teyber & Teyber- Chapter 2- Establishing a working alliance

Teyber & Teyber- Chapter 3- Honoring the client's resistance

Cunningham, M. (2012). Spiritual assessment. In *Integrating spirituality in clinical social work practice: Walking the labyrinth* (pp. 37-49). Boston, MA: Pearson.

Greene, M.P. & Blitz, L.V. (2011). The elephant is not pink: Talking about white, black and brown to achieve excellence in clinical practice. *Clinical Social Work Journal*, 40(2), 203-212.

**Week 7: October 1 Beginning the treatment: Honoring the client's resistance**

**Required Readings:**

Teyber & Teyber- Chapter 4- An internal focus for change

Rooney, R.H. (2009). Initial phase work with individual involuntary clients. In R.H. Rooney (Ed.), *Strategies for work with involuntary clients* (2<sup>nd</sup> ed.) (pp. 117-166). New York, NY: Columbia University Press.

**Week 8: October 8- Beginning the treatment: Deciding on interventions; Psychiatric medications**

**Required Readings:**

Seligman, L & Reichenberg, L.W. (2012). Introduction to effective treatment planning. In *Selecting effective treatments: A comprehensive guide to treating mental disorders* (4th ed.). (pp. 1-40). Hoboken, NJ: Wiley & Sons.

*Note: The article listed above is very long!! Think of this article as you would a reference work, like an encyclopedia entry-- it compiles a lot of information in one place. Just as you might skim an encyclopedia entry for the key points, you don't need to read every word of this article. Also note that much of it will be review for you. For example, it reviews the Common Factors model which you had other readings about, it reviews the stages of change on p. 11. It also reviews assessment which we've already covered. Pages 18-25 give a brief review of various treatment options and much of this will also be familiar to you but I liked the fact that it has all of these options listed in one place. Pages 25-29 review the therapeutic alliance (again this should reinforce other readings). **Newer information starts on p. 29 and I think you will find this to be a helpful summary.** Medication is discussed starting on p. 34.*

Dziegielewska, S.F. (2016). Understanding how medications work: the human brain. In *Social work practice and psychopharmacology: a person-in-environment approach*. (3<sup>rd</sup> ed.). New York, NY: Springer Publishing Company.

**Week 9: October 15 Transference and countertransference; Boundaries**

**Required Readings:**

Teyber & Teyber- Chapter 5- Helping clients with their feelings

Dewane, C.J. (2006). Use of self: A primer revisited. *Clinical Social Work Journal*, 34, 543-558.

Bender, S., & Messner, S. (2004). Transference and countertransference. In *Becoming a therapist: What do I say and why?* (pp. 277-290). New York, NY: Guilford Press.

Gibson, M.F. (2012). Opening up: Therapist self-disclosure in theory, research and practice. *Clinical Social Work Journal*, 40, 287-296.

**Week 10: October 22- Crisis intervention; Ethical and Legal issues**

<b>Journal Assignment Due at 11:59 pm - Submit to Dropbox on our Sakai site</b>
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**Required Readings:**

Jobes, D.A. (2016). Managing suicidal risk: A collaborative approach (2<sup>nd</sup> ed.). New York: Guilford Press. Chapters 6 and 7. *You read chapters 2,4 & 5 in SOWO 740*

Callahan, J. (2009). Emergency intervention and crisis intervention. In P.M. Kleespies (Ed.), *Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence and victimization* (pp. 13-32). Washington, D.C.: American Psychological Association.

Kleespies, P.M. & Richmond, J.S. (2009). Evaluating behavioral emergencies: The clinical interview. In P.M. Kleespies (Ed.), *Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence and victimization* (pp.33-55). Washington, D.C.: American Psychological Association.

**Week 11: October 29- - Psychotherapy and comprehensive intervention with SPMI clients**

**Required Readings:**

Peter, O., & Jungbauer, J. (2019). Diagnosis talk and recovery in people with a mental illness: A qualitative study and perspectives for clinical social work. *Clinical Social Work Journal*, 47(2), 222-232. doi:10.1007/s10615-018-0646-9



Schmolke M., Amering M., & Svetlini A. (2016). Recovery, empowerment, and person centeredness. In: Mezzich J., Botbol M., Christodoulou G., Cloninger C., Salloum I. (Eds.), *Person Centered Psychiatry* (pp. 97-111). Springer, Cham

Wang, E.W. (2019). *The collected schizophrenias: essays*. (pp. 43-58 and 145-159). Minneapolis, MN: Graywolf Press.

Wright, J.H., Turkington, D., Kingdon, D. & Basco, M. (2009). *Cognitive-behavior therapy for severe mental illness: An illustrated guide*. (pp. 51-73). Arlington, VA: American Psychiatric Press.

### **Week 12: November 5- Substance abuse treatment**

#### **Required Readings:**

Vakharia, S. P., & Little, J. (2017). Starting where the client is: Harm reduction guidelines for clinical social work practice. *Clinical Social Work Journal*, 45(1), 65-76. doi:10.1007/s10615-016-0584-3

Woo, S. M. & Keatinge, C. (2016). Substance-related disorders. In *Diagnosis and treatment of mental disorders across the lifespan* (2<sup>nd</sup> ed.). (pp.771-804). Hoboken, N.J.: John Wiley & Sons.

### **Week 13: November 12 Teyber text discussions**

<b>Assessment Paper Due at 11:59 - Submit to Dropbox on our Sakai site</b>
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#### **Required Readings:**

Teyber & Teyber Chapter 6- Familial and developmental factors.

Teyber & Teyber Chapter 7- Inflexible interpersonal coping strategies

Teyber & Teyber Chapter 8 – Relational themes and reparative experiences

### **Week 14: November 19- Personality disorders and their treatments**

#### **Required Readings:**

Nelson, K. J., Zagoloff, A., Quinn, S., Swanson, H. E., Garber, C., & Schulz, S. C. (2014). Borderline personality disorder: Treatment approaches and perspectives. *Clinical Practice*, 11(3), 341-349. doi:10.2217/cpr.14.24

Woo, S.M. & Keatinge, C. (2016). Personality disorders. In *Diagnosis and treatment of mental disorders across the lifespan* (pp. 869-955). Hoboken, NJ: Wiley & Sons.  
*Note: This is another very long book chapter. Again, think of it as you would a reference work, like an encyclopedia entry-- it compiles a lot of information in one place. Just as you might skim an encyclopedia entry for the key points, you don't need to read every word of this article. Focus on the treatment issues.*

### **Optional Reading**

Gunderson, J. G., Stout, R. L., McGlashan, T. H., Shea, M. T., Morey, L. C., Grilo, C. M., ... & Skodol, A. E. (2011). Ten-year course of borderline personality disorder: Psychopathology and function from the Collaborative Longitudinal Personality Disorders study. *Archives of General Psychiatry*, 68(8), 827-837.

Nelson, K. J., M.D., & Schulz, S. C. (2012). Treatment advances in borderline personality disorder. *Psychiatric Annals*, 42(2), 59-64. doi:<http://dx.doi.org/10.3928/00485713-20120124-06>

Allen, D.M., Whitson, S. (2004). Avoiding patient distortions in psychotherapy with borderline personality disorder patients. *Journal of Contemporary Psychotherapy*, 34 (3), 211-229.

### **November 26- No class- Thanksgiving holiday**

### **Week 15: December 3 Ending stage of treatment: Working through, termination and evaluation of practice**

#### **Required Readings:**

Teyber & Teyber Chapter 9 - An interpersonal solution

Teyber & Teyber – Chapter 10 – Working through and termination

<b>Clinical Impasse Paper Due- Friday, December 6 at 11:59 pm - Submit electronically on Sakai</b>
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## Assignments

### Journal Assignment – Due Oct 22 at 11:59 pm

The purpose of this assignment is to help students reflect on the assigned reading from the Teyber text. In this 5-6 page double-spaced paper, students should demonstrate comprehension of the first five chapters of the text. Briefly summarize the key concepts from the text in approximately two pages. Then, discuss strengths, limitations and utility of these key concepts. Explore your personal reactions to the text. Feel free to write about any or all of the following topics: disagreements with the authors; an aspect of a concept that resonated with you in some way; confusion over a point made in the text; application of a concept to a treatment case.

I recommend that students begin this exercise at the beginning of the semester by taking good notes as they read the Teyber & Teyber text.

#### *Grading criteria:*

1. Does the journal demonstrate that the student has read and understood the text? (5 pts)
2. Does the journal demonstrate graduate level critical thinking about the material (e.g. strengths, limitations, fit with the student's own beliefs and personality, application to their work)? (8 pts)
3. Is the journal clearly written and within the suggested length (i.e. 5-6 pages)? (2 pts)

*Your cover sheet for the paper should contain your name, PID# and honor code pledge. Do not put your name in the body of the paper that you submit to Sakai, instead use your PID# as a running head on each page.*

### Assessment Paper- Due November 12 at 11:59

**Objective:** Demonstrate the ability to write a biopsychosocial/spiritual assessment with an accurate DSM diagnosis, treatment plan and case formulation.

**Description of Assignment:** Pick a case from either your field placement this year or from a previous internship/work experience and write up an assessment using the outline provided below. Provide a summary of the client's history, current issues and presenting problem, as well as an accurate DSM-5 diagnosis and a mental status exam in paragraph format. Also provide a preliminary treatment plan that addresses relevant issues in the assessment.

Your paper should also include a formulation of the case that is a summary of the relevant issues that you believe are contributing to the client's current difficulties. These factors may include childhood issues, biological issues, cultural issues, family dynamics, interpersonal and intrapsychic issues. This same client can also be used for your Impasse paper, so keep that in mind as you write this paper.

*Your cover sheet for the paper should contain your name, PID# and honor code pledge. Do not put your name in the body of the paper that you submit to Sakai, instead use your PID# as a running head on each page.*

Format for paper:Section 1:

*This section of the paper should be written as though you were writing in a client's chart, using nonjudgmental language, single-spaced, and with section headings.*

- Identifying information- includes demographics, referral info, data sources used
- Presenting problem and Current situation-
- Psychiatric and medical history-
- Psychosocial history-
- Mental Status Exam- (in paragraph format)
- DSM-5 Diagnosis
- Treatment Plan

Section 2: Case formulation

This next section includes your case formulation. This section should be double-spaced following APA format. This type of analysis would not typically be included in a client chart. This section should be 2-3 double-spaced pages. I will provide more guidance on writing the formulation section during our class meetings. **An excellent formulation will use the Teyber text as a theoretical lens.**

<b>Grading Criteria for Assessment Paper</b>	<b>Pts. Possible</b>
Identifying information, presenting problem and current situation was clear and complete (this includes symptom presentation)	4
Psychiatric and medical history complete and clear	3
Accuracy and balance between succinct yet complete MSE	4
Formulation clearly linked to client's history, presenting problems and current situation. Formulation was thorough, complete and showed critical thinking about the case. Formulation accounted for issues of diversity	8
DSM-5 diagnosis was accurate and justified based on presenting symptoms, history, mental status	5
Treatment plan is consistent with issues presented in assessment and is written correctly based on model provided in class. There are at least 2 goals and at least 2 objectives per goal written correctly.	4
Report was well written, well organized, no errors in writing, followed guidelines for submission to Dropbox and use of PID # in body of paper	2
<b>Total Points</b>	<b>30</b>

## Clinical Impasse Paper Description: Due December 6 at 11:59 pm

### Objective:

Imagine that you and your client are driving a car, each in your own car. You collide. Some of the factors contributing to 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. A clinical impasse is analogous to this type of collision and examining the factors which contributed can be a very useful clinical exercise.

This assignment is designed to have you examine such an impasse. There are three main purposes for the assignment. 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 clients. This could occur in a first encounter or over a longer-term treatment and anywhere in between. The second purpose is to have you consider one time when such an impasse occurred and to think through it carefully and thoughtfully so that when it happens again (which it will) you will have "practiced" being reflective about such an event. The third purpose is to have you solidify your ability to formulate a case and adjust your treatment plan as you learn more about the client and their issues.

### 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).

### Structure of the Paper:

#### *Section 1: Description of the case and the impasse*

In this section you will include the case you included in the Case Summary assignment OR if you are using a different case, you will need to summarize the case including a DSM diagnosis. Next you will describe the impasse that occurred between you and your client. It could be something that occurred in a single session, or it could be where you got stuck over the course of a treatment with a client.

#### *Section 2: Understanding of contributing factors*

Your job in this paper is to think through what factors in the client's life (cultural issues, 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 described so that it is clear that you have thought through the various factors that lead you to this point. You **MUST** include readings from the course to demonstrate how you are assessing the factors and the impasse. You have many readings on countertransference, transference, differences, reenactments, and more that should help with this section.

#### *Section 3: Resolving the Impasse*

Once you have thought through the contributing factors, now what would you do? **These ideas should be grounded in the course readings or other sources.** Make sure you do not just tell me what you would do, but **WHY** you would do those things (based on the course readings). 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. Describe how your approach would be different and in what ways. What *specifically* would you do differently? How would the treatment

look? In other words, do not merely say that you would be a better listener. What interventions would you make, based on your assessment of the client, yourself, the situation and what went wrong?

*Section 4: Addressing Worker Issues*

In addition, since you have been able to identify issues that you brought to the impasse, how will you address those issues? What steps will you take to address those areas that may have negatively impacted the work? These steps might include, *but are not limited to*: supervision; personal therapy; and/or more research on the client specific issue.

*Section 5: Critique of Plan*

Now that you have developed a new treatment plan/approach, what do you think of it? Would the Teyber approach be a good model for addressing the impasse? Why or why not? In essence, could you provide a solid rationale for why this model would be a good fit for this case? If not, what is missing? What other approach would be more appropriate for this client based on the evidence-based practice literature and taking into consideration the realities of your practice setting and the unique client factors?

This paper should be 9-12 double-spaced pages (not including the case summary) in length and should use APA format. *Your cover sheet for the paper should contain your name, PID# and honor code pledge. Do not put your name in the body of the paper that you submit to Sakai, instead use your PID# as a running head on each page.*

**Clinical Impasse Paper Grading Criteria**

Criteria	Possible Pts.
The case summary was included in the paper (if necessary) and the impasse was described clearly	4
Clearly demonstrated an understanding of what factors in the client's life might have contributed to the impasse and incorporated readings from the course	6
Clearly demonstrated an understanding of what factors in their own life might have contributed to the impasse and incorporated readings from the course	6
There is a description of how the impasse will be resolved	4
There is a rationale for WHY and how this new plan/intervention would address the impasse. <b>The rationale incorporates course readings.</b>	4
The student has outlined steps taken to address his/her factors that s/he brought to the impasse	4
The student has provided a critique of this plan, positive or negative, using the EBP process (considering client factors, practice setting and evidence) and <b>has cited relevant practice literature</b>	8
The paper is clearly written with no errors, APA format is correct and followed guidelines for submission to Dropbox and use of PID # in body of paper	4
<b>Total Points</b>	<b>40</b>