

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF SOCIAL WORK**

Fall Semester, 2011

COURSE NUMBER: SOWO 853
COURSE TITLE: Brief Treatment
TIMES: Mondays 2-4:50, Fall Semester
INSTRUCTOR: Rebecca J. Macy, PhD, ACSW, LCSW
TTK 324-L; 919-843-2435; rjmacy@email.unc.edu;
@rebeccajmacy
OFFICE HOURS: Tuesday 2.30-5pm and by appointment
COURSE WEBSITE: is available through <https://sakai.unc.edu/portal>

COURSE DESCRIPTION: This advanced practice elective covers theories and application of three models of brief psychotherapy. Skill building, critical thinking, and utilization of empirical support are emphasized.

COURSE OBJECTIVES:

1. Knowledge of and beginning practice skills in models of brief treatment including psychodynamic brief psychotherapy, cognitive-behavioral brief psychotherapy, and solution focused brief therapy. In addition, the students will learn some of the prominent models of trauma intervention.
2. An understanding of managed care and its impact on mental health practice.
3. The ability to apply evidence and client factors when considering choices around intervention models.
4. Knowledge of ethical considerations in brief treatment.
5. An ability to assess, formulate goals and design intervention strategies for clients using the models of practice introduced in the course.
6. Critically examine how client factors such as race, sexual orientation, gender identity, spiritual beliefs, ethnicity, class, and other characteristics impact the implementation of social work interventions.

EXPANDED DESCRIPTION:

This is an advanced direct practice elective. It is conducted as a seminar with the classes involving a combination of lecture, discussion, skill-building exercises, and videotaped case examples. The models covered will include solution-focused, cognitive-behavioral, trauma and psychodynamic/interpersonal models applied to planned short-term treatment as well as crisis intervention. Topics such as cultural competence, managed care, and common crises will be discussed. Students will be challenged to consider how ethical issues, managed care, client differences (e.g. race, ethnicity, gender identity, sexual orientation, class, spiritual beliefs) and the evidence based practice process all impact both the choices of intervention, as well as how each intervention will need to be uniquely tailored to individual clients' needs. With each model presented, students will consider the role of the relationship and the difference in the use of self of the worker.

COURSE TEXTS:

Beck, Judith S. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.

Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.

Levenson, H. (1995) *Time-limited dynamic psychotherapy: A guide to clinical practice*. New York: Basic Books.

Walter, J. & Peller, J. (1992). *Becoming solution-focused in brief therapy*. Levittown, PA: Brunner/Mazel.

OTHER READINGS:

All other readings will be on the Blackboard website for the course.

CLASS ASSIGNMENTS:

Several methods will be used to promote and assess student learning. These methods include written assignments, as well as, in-class exercises and participation. Detailed descriptions of each assignment are included at the end of the syllabus.

Please use your PID number (not your name) on any written work or assignments. Use of your PID number as an identifier will allow the instructor to evaluate student work as fairly as possible.

The instructor is delighted to meet with students to discuss assignments in advance of the assignment due date. The instructor will also read rough drafts of students' assignments to provide feedback. To offer such feedback, the instructor must receive the assignment **well in advance of the due date.**

1. Three Theory Summary Grid assignments will be turned in near the end of each unit throughout the semester. (*See Appendix A for Assignment Details*)
2. One Final Paper is assigned. (*See Appendix B for Assignment Details*)
3. The course will be conducted as a seminar with an emphasis on skill-building for social work practice. Accordingly, being present and participating actively is essential to the learning experience. Attendance will be noted and utilized in determining the final grade. If it is necessary to miss, the instructor should be contacted in advance and arrangements should be made to get class notes from another student. Active participation is important, but equally important is the thoughtfulness of comments and questions. (*See Appendix C for Assignment Details*)

LATE ASSIGNMENTS AND COURSE INCOMPLETES:

A grade of "Incomplete" will be given only in extenuating circumstances and in accordance with SSW and University policy. Assignments are due in class on the day as noted in the course outline. Late assignments, i.e., those not handed in to the instructor in class on the day due, will be reduced 10 points for each day they are late. Please plan your work to have things completed on time. 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. Please note that the assignment "clock" begins at the start of class. As an example, if the assignment is due at 2:00pm, and turned in at 11:00 pm that same night, there will be a 10% deduction. If problems or questions arise as you are completing your assignments, please contact the instructor as soon as possible. Many problems can be solved through timely communication with the instructor. If a student meets unavoidable obstacles in meeting assignment due dates, then the student should discuss the circumstances with the instructor to determine if an initial grade of incomplete (INC) would be appropriate. The instructor will only give incompletes 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. Please contact the University's Disability office to request the paperwork necessary for approved accommodations.

APA FORMATTING

It is an expectation of this course that you will correctly cite all of your material following the 6th 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 contact Diane Wyant, the School's editor at dwyant@email.unc.edu

EVALUATING PERFORMANCE:

Weighting of Course Assignments:

Final Paper: 30%

Each Unit's Theory Summary: 20% (Total 60%)

Class Attendance and Participation: 10%

General Course Assignment Grading Criteria:

100-94: An outstanding assignment. Goes beyond the written assignment and in fact exceeds the assignment criteria (e.g., outside literature is cited where none is required by the assignment, the author effectively integrates relevant concepts and analysis from beyond the course). The author integrates all relevant course readings and content, demonstrates an exceptional grasp of the relevant concepts, creates a unique synthesis of the content, and produces an innovative analysis.

93-87: An excellent assignment. Meets or exceeds all the criteria described for the assignment. Careful thought and strong scholarship are evident.

86-80: A strong assignment. The criteria described for the assignment are met. The assignment is clearly written, builds on the relevant literature, and demonstrates serious reflection and effort.

79-75: A satisfactory assignment. Most all of the assignment criteria are met. The written work is generally clear, builds on the relevant literature, and demonstrates reflection and effort.

74-70: Assignment is adequate. The assignment is clearly written, the relevant literature is cited, and effort is evident. Most of the criteria are met, but some are not.

Less 70: There are problems with the assignment. For example, the author did not follow or complete the assignment guidelines, the author's written work is confusing and unclear; spelling or grammatical errors are prevalent; relevant literature is not cited, discussed, or integrated into the paper; the author provides no or little thoughtful analysis and original thought.

Grading:

The scores for each assignment will be combined and converted to the following scale for final grading: 94 and above: H; 80 – 93: P; 70 – 79: L; 69 and below: F

Course Schedule:

- **August 29:** Class 1- Introductions, Course Expectations, Review of Foundational Social Work Practice Skills
- **September 5:** LABOR DAY NO CLASS
- **September 12:** Class 2- Conducting Brief Treatment & Time-Limited Therapies: An Introduction & Overview
- **September 19:** Class 3- Psychodynamic Therapy: Introduction
- **September 26:** Class 4- Psychodynamic Therapy: Application & Techniques
- **October 3:** Class 5- Psychodynamic Therapy: Children & Adolescents
- **October 10:** Class 6- Cognitive Behavioral Therapy: Introduction (*Psychotherapy Theory Summary Grid Assignment Due*)
- **October 17:** Class 7- Cognitive Behavioral Therapy: Application & Techniques
- **October 24:** Class 8- Cognitive Behavioral Therapy: Children & Adolescents
- **October 31:** Class 9- Solution-Focused Therapy: Introduction (*Cognitive Behavioral Therapy Summary Grid Assignment Due*)
- **November 7:** Class 10- Solution-Focused Therapy: Application & Techniques
- **November 14:** Class 11- Solution-Focused Therapy: Children & Adolescents
- **November 21:** Class 12- Using Manual-Based and Standardized Therapies in Brief Therapy (*Solution-Focused Therapy Summary Grid Assignment Due*)
- **November 28:** Class 13- Crisis Intervention Therapies
- **December 5:** Class 14- Synthesizing Course Content & Planning Professional Development
- **December 8 at 5pm:** FINAL PAPER DUE TO INSTRUCTOR

Course Outline

CLASS 1- Introductions, Course Expectations, Review of Foundational Social Work Practice Skills

- Instructor and student introductions
- Review of course syllabus and assignments
- Review of foundational social work practice skills

CLASS 2- Conducting Brief Treatment & Time-Limited Therapies

- An introduction to and overview of brief treatment approaches and time-limited therapies
- Review and discussion of evidence based practice process
- Critically reading a research article to inform clinical practice

Readings:

- Chapters 1, 8, and 9 in Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.
- Mullen, E.J., Bellamy, J., & Bledsoe, S.E. (in press). Evidence based practice. In R. Grinnel (Ed.), *Social Work Research and Evaluation* (8th Ed.). Oxford University Press.
- Pachankis, J.E., & Goldfried, M.R. (2004). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 227-246.
- P. Knekt, O., Lindfors, T., Härkänen, M., Välikoski, E., Virtala, M.A., Laaksonen, M., Marttunen, M., Kaipainen, & C. Renlund. (2008). Randomized trial on the effectiveness of long-and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*, 38, 689-703 doi:10.1017/S003329170700164X

CLASS 3- Psychodynamic Therapy: Introduction

- Main tenets of & key assumptions underlying the psychodynamic treatment approach
- How the psychodynamic treatment approach conceptualizes the main stages of therapy (i.e., beginning/assessment, middle and end/termination)
- The nature of the therapeutic relationship in the context of the psychodynamic approach

Readings:

- Chapter 6 in Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.
 - Brandell, J. (2004). Enter Freud: Psychodynamic thinking in clinical social work. In *Psychodynamic social work* (pp. 3-24). New York, NY: Columbia University Press.
- Chapters 2, 3, 4 & 7 in Levenson, H. (1995) *Time-limited dynamic psychotherapy: A guide to clinical practice*. New York: Basic Books.

- Shendler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65 98-109. DOI: 10.1037/a0018378

CLASS 4- Psychodynamic Therapy: Application & Techniques

- Key intervention strategies of the psychodynamic approach with adult clients
- Bridging theory-to-practice with adult clients

Readings:

- Chapters 6, 8, 9 & 10 in Levenson, H. (1995) Time-limited dynamic psychotherapy: A guide to clinical practice. New York: Basic Books.
- Hoglend, P. (2003). Long-term effects of brief dynamic psychotherapy. *Psychotherapy Research*, 13(3), 271-292.
- Leichsenring, F., Rabung, S., & Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders. *Archives of General Psychiatry*, 61, 1208-1216.

CLASS 5- Psychodynamic Therapy: Children & Adolescents

- Key intervention strategies of the psychodynamic approach with child and adolescent clients
- Bridging theory-to-practice with child and adolescent clients

Readings:

- Brandell, J. (2004). Children. In *Psychodynamic social work* (pp. 257-291). New York, NY: Columbia University Press.
- Brandell, J. (2004). Adolescents. In *Psychodynamic social work* (pp. 292-318). New York, NY: Columbia University Press.
- Fonagy, P., Roth, A., & Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bulletin of the Menninger Clinic*, 69(1), 1-58.
- Wheelock, I. (2000). The value of psychodynamic approach in the managed care setting. *American Journal of Psychotherapy*, 54(2), 204-215.

CLASS 6- Cognitive Behavioral Therapy (CBT): Introduction (Psychotherapy Theory Summary Grid Assignment Due)

- Main tenets of & key assumptions underlying the CBT approach
- How the CBT approach conceptualizes the main stages of therapy (i.e., beginning/assessment, middle and end/termination)
- The nature of the therapeutic relationship in the context of the CBT approach

Readings

- Chapters 2 and 3, in Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.

- Chapters 1, 2, 3 & 4 Beck, Judith S. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.
- Beck, A.T. (2005). The current state of cognitive therapy: A 40-year retrospective. *Archives of General Psychiatry*, 62, 953-959.
- Tolin, D. F. (in press). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical Psychology Review*. doi: 10.1016/j.cpr.2010.05.003
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31. doi: 10.1016/j.cpr.2005.07.003.

CLASS 7- Cognitive Behavioral Therapy: Application & Techniques

- Key intervention strategies of the CBT approach with adult clients
- Bridging theory-to-practice with adult clients

Readings

- Chapters 5, 9, 10, 11, 12 & 14 in Beck, Judith S. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.
- Arch, J. J., & Craske, M. G. (2009). First-line treatment: A critical appraisal of cognitive behavioral therapy developments and alternatives. *Psychiatric Clinics of North America*, 32(3), 525-547. DOI: 10.1016/j.psc.2009.05.001.
- Voss Horrell, S. C. (2008). Effectiveness of cognitive-behavioral therapy with adult ethnic minority clients: A review. *Professional Psychology: Research and Practice*. 39(2), 160–168. DOI: 10.1037/0735-7028.39.2.160
- Satterfield, J. M., & Crabb, R. (2010). Cognitive-behavioral therapy for depression in an older gay man: A clinical case study. *Cognitive and Behavioral Practice*, 17(1), 45-55. DOI: 10.1016/j.cbpra.2009.04.008.
- Wykes T., Steel C., Everitt, B., & Tarrier N. (2008). Cognitive behavior therapy for schizophrenia: Effect sizes, clinical models, and methodological rigor. *Schizophrenia Bulletin*, 34(3), 523–537. doi:10.1093/schbul/sbm114

CLASS 8- Cognitive Behavioral Therapy: Children & Adolescents

- Key intervention strategies of the CBT approach with child and adolescent clients
- Bridging theory-to-practice with child and adolescent clients

Readings

- Conduct the first five sessions of the TF-CBT WEB (<http://tfcbt.musc.edu/>) : *Psychoeducation through Cognitive Coping*
- Cohen J. A., & Mannarino, A. P. (2008). Trauma-focused cognitive behavioural therapy for children and parents. *Child and Adolescent Mental Health*, 13(4), 158–162.
- Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K. and Steer, R. A. (2011), Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. *Depression and Anxiety*, 28: 67–75. doi: 10.1002/da.20744

CLASS 9- Solution-Focused Therapy: Introduction (*Cognitive Behavioral Therapy Summary Grid Assignment Due*)

- Main tenets of & key assumptions underlying the SFT approach
- How the SFT approach conceptualizes the main stages of therapy (i.e., beginning/assessment, middle and end/termination)
- The nature of the therapeutic relationship in the context of the SFT approach

Readings

- Chapters 4 in Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.
- Chapters 1, 2, 3 & 4 in Walter, J. & Peller, J. (1992). *Becoming solution-focused in brief therapy*. Levittown, PA: Brunner/Mazel.
- de Shazer, S., & Dolan, Y. (2007). Questions, misconceptions, and joys. In *More than miracles: The state of the art of solutions-focused brief therapy* (pp. 153-164). New York, NY: Routledge.

CLASS 10- Solution-Focused Therapy: Application & Techniques

- Key intervention strategies of the SFT approach with adult clients
- Bridging theory-to-practice with adult clients

Readings

- Chapters 5, 6, 7, 8 & 9 in Walter, J. & Peller, J. (1992). *Becoming solution-focused in brief therapy*. Levittown, PA: Brunner/Mazel.
- Iveson, C. (2002). Solution focused brief therapy. *Advances in Psychiatric Treatment*, 8, 149–157. doi: 10.1192/apt.8.2.149
- Gingerich, W.J., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process*, 39(4), 477-498.

CLASS 11- Solution-Focused Therapy: Children & Adolescents

- Key intervention strategies of the SFT approach with child and adolescent clients
- Bridging theory-to-practice with child and adolescent clients

Readings

- Lethem, J. (2002). Brief solution focused therapy. *Child and Adolescent Mental Health*, 7(4), 189–192.
- Cepukiene, V., & Pakrosnis R. (2011). The outcome of Solution-Focused Brief Therapy among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. *Children and Youth Services Review*, 33, 791–797.
- Koob, J. J., & Love S. M. (2010). The implementation of solution-focused therapy to increase foster care placement stability. *Children and Youth Services Review*, 32, 1346–1350.

- Franklin C., Moore, M., & Hopson L. (2008) Effectiveness of solution-focused brief therapy in a school setting. *Children & Schools*, 30(1), 15-26.

CLASS 12- Using Manual-Based and Standardized Therapies in Brief Therapy (*Solution-Focused Therapy Summary Grid Assignment Due*)

- Application of manual-based and standardized therapies to clinical practice

Readings

- Conduct the final five sessions of the TF-CBT WEB (<http://tfcbt.musc.edu/>) : *Creating the Trauma Narrative* through Evaluation
- Hembree, E. A., Rauch, S. A., Foa E. B. (2003) Beyond the manual: The insider's guide to Prolonged Exposure therapy for PTSD. *Cognitive and Behavioral Practice*, 10(1), 22-30. doi:10.1016/S1077-7229(03)80005-6
- Schnurr, P. P., Friedman, M. J., Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., Resick, P. A., Thurston, S. M., Orsillo, S. M., Haug, R., Turner, C., & Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *JAMA*, 297(8), 820-830. doi:10.1001/jama.297.8.820
- Najavits, L. M. (2009). Seeking Safety: An implementation guide. In A. Rubin & D. W. Springer (Eds). *The Clinician's Guide to Evidence-Based Practice* (pp. 311-347). Hoboken, NJ: John Wiley.
- Zlotnick, C., Najavits, L. M., & Rohsenow, D. J. (2003) A cognitive-behavioral treatment for incarcerated women with substance use disorder and posttraumatic stress disorder: Findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105.

CLASS 13- Crisis and Disaster Intervention

- Key treatment conceptualizations & intervention strategies in crisis and disaster interventions

Readings

- Roberts, A. R. & Ottens, A. J. (2005). The seven-stage intervention model: A road map to goal attainment, problem-solving, and crisis resolution. *Brief Treatment and Crisis Intervention*, 5(4), 329-339.
- Boscarino, J. A., & Adams, R. E. Overview of findings from the World Trade Center disaster outcome study: Recommendations for future research after exposure to psychological trauma. *International Journal of Emergency Mental Health*, 10(4), 275–290.
- Haskett, M., E., Scott, S. S., Nears, K., & Grimmer, M. A. (2008). Lessons from Katrina: Disaster mental health service in the Gulf Coast region. *Professional Psychology: Research and Practice*, 39(1), 93-99. doi: 10.1037/0735-7028.39.1.93
- Vernberg, E. M., Steinberg, A. M., Jacobs, A. K., Brymer, M. J., Watson, P. J., et al. (2008). Innovations in disaster mental health: Psychological First Aid. *Professional Psychology: Research and Practice*, 39(4), 381-388.

CLASS 14- Synthesizing Course Content & Planning Professional Development

- Comparing, contrasting & integrating psychodynamic, cognitive behavioral therapy & solution-focused therapy approaches

- Planning for professional development in brief treatment, time-limited therapies & as a clinical social worker

Readings

- Chapters 11 and 12, in Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2004). *The art and science of brief psychotherapies: A practitioner's guide*. Washington, D.C.: American Psychiatric Press.
- Chapter 21 in Beck, Judith S. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.
- McWilliams, N. (2008). Psychoanalysts: The next generation. *Psychologist Psychoanalyst (Official Publication of Div. 39)*, XXVIII, pp. 1-3.

Practicing Effective Social Work Skills in the Classroom

Students can develop valuable social work skills by actively participating in this course, particularly through practicing self-awareness in class discussions and activities.

1) Participation. A guideline for class discussions can be found in this Quakers adage for Meetings: No one speaks thrice until everyone has spoken once. Observe and consider how you participate in the class. Are you the type of person who tends to always say what is on your mind? Or are you the type of person that is more likely to hang back and let others talk? Both kinds of styles are needed in effective social work practice. If you tend to be more one way, challenge yourself to use more of the other style in class. Being able to discriminate when to actively engage in discussion and when to allow others to take the floor is essential for effective social work practice.

2) Self-disclosure can be a powerful tool in effective social work practice, as well as education and learning. It can help a worker to engage with a client, to show empathy, and to move the change process forward. To be useful however, self-disclosure must be employed in a precise and thoughtful manner. A worker needs to consider why I am self-disclosing? How is this helpful to the task at hand? Similarly, in our classroom before self-disclosing consider how it will add to everyone's overall learning.

3) Promoting social justice. Practicing effective social work means working for social justice. One important place we can begin this work is here in the classroom for two reasons. First, exclusive focus on the work at hand, although important, can obscure injustices and reinforce oppression. Second, we can behave as if the classroom (or the social worker-client relationship) is a safe place, but that does not necessarily make it so. However, challenging oppression and injustices are not easily accomplished. As we work together over the next few weeks, I would like to recommend the following guidelines to help address social justice in this course. 1) Be generous- be willing to listen to others' experiences and perspectives; also be willing to learn from others' perspectives and experience without expecting others to inform. 2) Be inclusive- we should all strive to be willing to examine our assumptions, beliefs and opinions critically. 3) Take risks- have courage to use your voice and express your perspectives.*

* The idea of generosity, inclusiveness and risk and their importance in the classroom comes from Quashie, K. E. (2002). Fear and the professorial center. In (eds. B. Tusmith & M. T. Reddy) *Race in the college classroom* (pp. 96-107). Rutgers University Press: New Brunswick, NJ.

Course Evaluation

Student ideas about the course are important to me and can help improve learning, as well as the course experience for all of us. I will provide a survey at the mid-point of the course, so you can give me ideas and suggestions for the course. You will also be given an opportunity to evaluate the course at the end of the term.

APPENDIX A**THEORY SUMMARY GRID AND GRADING CRITERIA**

Objective: The purpose this assignment is to enable students to: (1) synthesize course materials on each brief treatment approach; (2) demonstrate foundational expertise with each brief treatment approach; and (3) think critically about the applicability of each approach for their clinical practice.

Description of Assignment: Students may get a blank grid in the Assignments folder on the course website and complete the blank sections in the grid using bullets or outline form. The questions provided should be considered, but the student is also welcome to include additional information that goes beyond the provided questions. Writing in the grid should be a summary and synthesis of course material. That is, writing should be in the students own words, rather than direct quotes. Though students are welcome to use bullet points and/or outlines to complete the grid, students should make certain that their ideas as written will be clear to a reader. In addition, students should include APA citations as appropriate in the grid, along with a reference list for the assignment.

Grading Criteria	Pts. Possible
Main Elements (Please see the grid form for details)	30
Evidence-Base (Please see the grid form for details)	25
Strengths and Limitations (Please see the grid form for details)	20
Fit for You (Please see the grid form for details)	25
Total Points	100

SOWO 853
Brief Treatment: Treatment Approach Summary Grid

Treatment Approach: _____

PID: _____

Domain	Discussion
<p>Main Elements</p> <ul style="list-style-type: none"> • What are the main tenets of the treatment approach? In other words, what are the key assumptions underlying the approach (i.e., postulations about change, human beings, life)? • How does the treatment approach conceptualize the main stages of therapy: beginning/assessment, middle and end/termination? • What is the nature of the therapeutic relationship in the context of the approach? • What are the key intervention strategies of the approach? 	
<p>Evidence-Base</p> <ul style="list-style-type: none"> • In your own words, provide a thoughtful summary of the evidence and research about the approach. • In light of the evidence and research, could the approach be considered generally efficacious? Why yes? Or why not? 	
<p>Strengths and Limitations</p> <ul style="list-style-type: none"> • In light of the course readings (including but not limited to research articles), for which clients and presenting problems might this approach work well? • In light of the course readings(including 	

Domain	Discussion
but not limited to research articles), for which clients and presenting problems might this approach not work well?	
<p>Fit for You</p> <ul style="list-style-type: none"> • How does the approach relate (or not relate) to your field practice experience and/or other professional experience? • How does the approach relate (or not relate) to your own life experience? • What are your opinions (i.e., personal feelings and thoughts) about the approach? • How does the approach fit (or not fit) with your own personal views of change, human beings and life? • Based on what you know about the approach so far, are you likely to use the approach in your clinical practice? Why yes? Why not? 	

Note: Remember to include APA citations as appropriate in the grid, along with a reference list for the assignment.

APPENDIX B

BRIEF THERAPY PAPER ASSIGNMENT

Objective: To solidify students' knowledge of the three major treatment approaches by applying the concepts and learning from this course to a client's case scenario.

Assignment Description:

1. Select a client's case from your current field placement or from an earlier work or volunteer experience. **Please protect the client's privacy and confidentiality!** (In advance of the assignment due date, we will have an in-class discussion about how students can ensure clients' privacy and confidentiality while completing the assignment.) Give a brief description of the client's information (1-2 pages) that includes a succinct description of the client's life history, current life situation, and presenting problem and any other relevant information that you deem appropriate.
2. Apply *each* of the following approaches: Cognitive-Behavioral Therapy, Psychodynamic Therapy, and Solution-Focused Therapy; (approximately 2 pages on each approach). This application includes:
 - a. A brief formulation of the client's case using the approach (i.e., how would the approach conceptualize the client's presenting problem and/or situation); and
 - b. Three treatment goals that would be appropriate for the client, using the language and perspective of the approach.
3. After you have described the three approaches, choose the one approach that you think is the best fit for this client's case. First, provide a detailed rationale for *why* this approach is the best fit for this client's case. This discussion should include the following three evidence-based process components:
 - a. Outcomes studies relevant to the client, the client's presenting problem and/or the client's situation (i.e., from class readings and other sources);
 - b. Your fit with that particular approach and what you would bring to your work with this client;
 - c. Issues of client specificity, e.g., client's demographic and/or personal characteristics; client's social and ecological context; client's motivation to change; any relevant treatment mandates; patterns from the past/life history/prior treatment; what interventions have worked (or not worked) for the client in the past.
4. Second, in applying your selected approach to this client's case, discuss and detail the following therapeutic issues:
 - a. How you are employing (or plan to employ) the approach's key intervention strategies to the client's presenting problem (feel free to refer to and elaborate on the treatment goals from #3 above);
 - b. According to the approach, how the main stages of therapy (i.e., beginning/assessment, middle and end/termination) are unfolding (have unfolded or will unfold) in this client's case;
 - c. What is the nature of your therapeutic relationship with this particular client in the context of this approach?

5. Throughout the case presentation and analysis, demonstrate awareness of social work professional values, social work professional ethics, diversity and social justice, as well as consideration of the client's ecological context.

Grading Criteria	Pts. Possible
The case example information is succinct yet appropriately detailed. Consistent with effective professional social work practice, all relevant biopsychosocial assessment information is presented. (See #1 of Assignment Description above)	15
Each treatment approach is applied accurately and effectively. There a clear case formulation using each model. (10 points for each approach = Total of 30 points; See #2 of Assignment Description above)	30
Treatment goals logically follow from each case formulation using the three different approaches. The goals for each approach fit the language of the approach and address the presenting problem. (5 points for each approach = Total of 15 points; See #2 of Assignment Description above)	15
There is a detailed and thoughtful rationale for <i>why</i> this approach is the best fit for this client's case. (See #3 of Assignment Description above)	15
There is detailed and thoughtful analysis of the approach's therapeutic issues in relation to the client's case. (See #4 of Assignment Description above)	15
Throughout the case presentation and analysis there is demonstrated awareness of professional values and ethics, diversity and social justice, and the client's ecological context. (See #5 of Assignment Description above)	5
The document is well written and uses nonjudgmental language. References are used accurately, appropriately and provide support/evidence for the analysis. References are presented in APA format in both the text and reference list.	5
Total Points	100

APPENDIX C CLASS PARTICIPATION

Class participation is more than mere attendance. It is arriving on time, reading the assigned material, preparing for class with questions, contributing appropriately to class discussions, doing assignments, and participating in class activities. The class participation grade is a subjective grade given by the professor. The professor will use this matrix to determine the class participation grade (modified from Maznevski, M.(1996). Grading Class Participation. Teaching Concerns. <http://www.virginia.edu/~trc/tcgp.htm> and developed by Dr. Melissa Grady).

Grade	Class Participation Criteria (Carpenter-Aeby, 2001)
0 No effort	Absent No effort, disruptive, disrespectful.
60-70 Infrequent Effort	<ul style="list-style-type: none"> <input type="checkbox"/> Present, not disruptive (This means coming in late.) <input type="checkbox"/> Tries to respond when called on but does not offer much. <input type="checkbox"/> Demonstrates very infrequent involvement in class.
70-80 Moderate Effort	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them. <input type="checkbox"/> Offers straightforward information (e.g. straight from the case or reading), without elaboration or very infrequently (perhaps once a class). <input type="checkbox"/> Does not offer to contribute to discussion, but contributes to a moderate degree when called on. <input type="checkbox"/> Demonstrates sporadic involvement.
80-90 Good Effort	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates good preparation: knows case or reading facts well, has thought through implications of them. <input type="checkbox"/> Offers interpretations and analysis of case material (more than just facts) to class. <input type="checkbox"/> Contributes well to discussion in an ongoing way: responds to other students' points, thinks through own points, questions others in a constructive way, offers and supports suggestions that may be counter to the majority opinion. <input type="checkbox"/> Demonstrates consistent ongoing involvement.
90-100 Excellent Effort	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.). <input type="checkbox"/> Offers analysis, synthesis, and evaluation of case material, e.g. puts together pieces of the discussion to develop new approaches that take the class further. <input type="checkbox"/> Contributes in a very significant way to ongoing discussion: keeps analysis focused, responds very thoughtfully to other students' comments, contributes to the cooperative argument-building, suggest alternative ways of approaching material and helps class analyze which approaches were effective. <input type="checkbox"/> Demonstrates ongoing active involvement.
Total Pts	of 100 points