

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



SCHOOL OF SOCIAL WORK

Summer Semester, 2020

<b>COURSE NUMBER:</b>	SOWO 853
<b>COURSE TITLE:</b>	Brief Treatment
<b>TIMES:</b>	Thursday 9:00am – 4:00pm, Summer Semester
<b>INSTRUCTOR:</b>	Betsy (Sarah E.) Bledsoe, PhD, MPhil, MSW TTK 524-C; 646-785-6770 bledsoe@email.unc.edu
<b>OFFICE HOURS:</b>	Thursday, 2:45 – 4:00pm; open and by appointment
<b>COURSE WEBSITE:</b>	is available through <a href="https://sakai.unc.edu/portal">https://sakai.unc.edu/portal</a>

**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.

\*THE INSTRUCTOR RESERVES THE RIGHT TO MODIFY THE REMAINING PORTION OF THE SYLLABUS IF REQUIRED TO BEST MEET THE LEARNING OBJECTIVES OF THE COURSE.

**EXPANDED DESCRIPTION:**

This is an advanced direct practice elective. It will be conducted online due to the COVID 19 Pandemic and will be a combination of synchronous and asynchronous instruction. The synchronous portion will be conducted as a seminar with the classes involving a combination of lecture, discussion, and skill-building exercises. Synchronous work will occur from 10:30 am – 12:00pm and 1:00pm-2:30 pm each week. Asynchronous work will focus on viewing videotaped

case examples, class discussion via discussion boards on Sakai, and the completion of short essay questions and/or written assignments via Sakai. Asynchronous work will be assigned prior to each class. With the exception of class one, asynchronous assignment one, all asynchronous work will be due by the Wednesday prior to the next class meeting at 1:00pm. Student's will have class time allotted to complete asynchronous instruction activities from 9:00am-10:15 am and from 2:45pm-4:00pm each week in addition to synchronous class instruction.

The models covered will include solution-focused, cognitive-behavioral, and psychodynamic models applied to planned, short-term treatment. 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, etc.) and the evidence-based practice process all impact both the choice 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 therapeutic relationship and the difference in the worker's use of self.

#### **REQUIRED COURSE TEXTS:**

Binder, J.L. & Betan, E.J. (2013). *Core competencies in brief dynamic psychotherapy: Becoming a highly effective and competent brief dynamic psychotherapist*. New York: Routledge.

*Note: Available as a free online book. Can be downloaded from this site:*

<https://www.taylorfrancis.com/books/9780203837412> and full text available through UNC Library System.

Cully, J.A., & Teten, A.L. (2008). *A therapist's guide to brief cognitive behavioral therapy*. Houston, TX: Department of Veterans Affairs South Central MIRECC.

*Note: This is an online book which I have posted on Sakai.*

Dewan, M.J., Steenbarger, B.N., & Greenberg, R.P. (Eds.). (2018). *The art and science of brief psychotherapies: A practitioner's guide* (3<sup>rd</sup> ed.). Washington, D.C.: American Psychiatric Press.

*Note: Full text available online through UNC Library System.*

Greene, G.J. & Lee, M.Y. (2011). *Solution-oriented social work practice: An integrative approach to working with client strengths*. New York, NY: Oxford University Press.

#### **OTHER READINGS:**

All other readings will be on the Sakai site for the course.

**OTHER BOOKS WHICH MAY BE HELPFUL:** If you want to learn more about these approaches, the following texts may be helpful. These are not required texts.

#### About Psychodynamic therapy:

Cabaniss, D. L. (2011). *Psychodynamic psychotherapy: A clinical manual*. Chichester, UK: Wiley-Blackwell. Retrieved from <http://search.lib.unc.edu?R=UNCb6619935>;

Summers, R.F. & Barber, J.P. (2010). *Psychodynamic therapy: A guide to evidence based practice*. New York: Guilford Press.

Summers, R.F. & Barber, J.P. (2015). *Practicing Psychodynamic Therapy: A Casebook*. New York: Guilford Press.

About Cognitive Behavioral therapy:

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

Greenberger, P. & Padesky, C.A. (2016). *Mind over mood: Changing how you feel by changing the way you think* (2<sup>nd</sup> ed.). New York: Guilford Press.

Wright, J.H., Brown, G.K., Thase, M.E., & Basco, M.R. (2017). *Learning cognitive-behavior therapy: An illustrated guide*. Washington, DC: American Psychiatric Publishing.

About Solution Focused therapy:

Kim Berg, I. & Steiner, T. (2003). *Children's solution work*. New York: W.W. Norton.

DeJong, P. & Kim Berg, I. (2008). *Interviewing for solutions*, (3<sup>rd</sup> ed.). Belmont, CA: Brooks/Cole.

Franklin, C., Trepper, T.S., Gingerich, W.J., & McCollum, E.E. (Eds.). (2012). *Solution-focused brief therapy: A handbook of evidence-based practice*. New York: Oxford University Press.

General psychotherapy books:

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

Okun, B.F. & Suyemoto, K.L. (2013). *Conceptualization and treatment planning for effective helping*. Belmont, CA: Brooks/Cole.

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

**TEACHING METHODS:**

This course utilizes synchronous and asynchronous instructional techniques including lecture, discussion, role-playing, “real” playing, experiential exercises, lessons, and video clips. It is expected that each student will be actively involved in this course; thus, participation in synchronous and asynchronous discussion, exercises, and role-playing is mandatory. To be enjoyable, our class should be interactive. We will create comfort and cohesion in this class through interactions that reflect our social work values. Adherence to our profession's code of values and ethics extends to this course. If you are unfamiliar with that code, you can access it here: <https://www.socialworkers.org/pubs/code/code.asp>

The development of a supportive learning environment that reflects the values of the social work profession is essential for the success of this class. A supportive learning environment is fostered by listening to and reading the ideas and views of others; being able to understand and appreciate a point of view that differs from your own; articulating your point of view clearly and concisely; and linking experiential activities to course content, readings, and assignments. I will appreciate your contributions to making this a safe and respectful class for learning and growth, particularly by giving honest and constructive feedback to your peers. We will focus on calling in rather than calling out.

To promote an inclusive classroom environment the instructor will endeavor to use gender-neutral pronouns (they/them/their) and encourages students to do the same unless they know an individual and know the pronoun they use

**TRAUMA CONTENT:**

This course may include intense content related to traumatic events experienced by children, adolescents, and/or adults. Students may experience strong reactions related to their own trauma history, or related to their lack of previous exposure to detailed accounts of harm that children and adults experience. Students may find themselves emotionally triggered or possibly overwhelmed, as well as having judgmental thoughts (e.g., about victims, caregivers, and perpetrators of harm).

Students are encouraged to develop and use self-care strategies during class sessions and when reading and/or completing assignments for class. During this semester these feelings may be intensified as many are experiencing the COVID 19 Pandemic and events related to the Pandemic as traumatic. Please be mindful of your own self care and reach out to the instructor if you feel you could benefit from accommodations or support. Students may have strong reactions that are more safely processed outside of the classroom and with appropriate support from the instructor or with professional support. In the event that students experience significant distress, please notify the instructor. The instructor will seek to foster a safe classroom environment in which learning may occur. This includes setting guidelines for safe behavior collaboratively with students, preparing students for graphic case material, and utilizing alternative assignments when determined to be beneficial.

**CLASS ASSIGNMENTS:**

Assignments and weighting of course assignments:

1. Two Theory Summary assignments to be turned in near the end of each unit throughout the semester. 25% (50% Total)
2. One Take Home Final Exam. 30%
3. Class participation (synchronous and asynchronous) and attendance. 20%

**Detailed descriptions of Theory Summary assignments and the Take Home Final Exam including grading rubrics are at the end of the syllabus.**

**GRADING SYSTEM:**

H = 94 and above

P = 70 to 93

F = 69 and below

**CLASS PARTICIPATION:**

Synchronous and asynchronous class participation counts for 20% of your final grade. Everyone will receive a standard score of 100 for participation, in recognition of a norm of attendance, contributions to small group assignments, and informed participation in class discussion. Informed participation means that you clearly demonstrate that you have completed assigned readings and can offer analysis, synthesis and evaluation of written material. Excellent participation also means that your comments are thoughtful, focused and respectful. Points will be deducted from the base score if you miss class, are late, leave early, disappear for long periods on break, fail to complete synchronous and/or asynchronous instructional activities, or are unprepared.

This course is structured as a seminar; all class members are expected to share responsibility for synchronous and asynchronous participation in discussions and for presenting materials needed by the class. Some classroom time will be spent working in small task groups, experiential activities and role-plays; therefore, class attendance and participation is crucial. The development of a supportive learning environment is fostered by respectfully reading and 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.

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

All papers and assignments are to be submitted to the Drop Box in our Sakai site. Assignments are due at the beginning of class (9:00 am) on the dates noted on this syllabus.

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

Assignments associated with asynchronous instructional activities are due on the Wednesday after they are assigned by 1:00pm. Asynchronous instructional activities (with the exception of our first class) will be provided each week.

Assignments should be completed on time. Late assignments are strongly discouraged. However, we are operating in unusual times and reasonable exceptions and accommodations will be made when possible. If a situation arises that prohibits you from completing any assignment or activity on time, a request for an extension must be made *in advance* of the due date. Approved extensions will not affect the grade. If approval for late submission is not granted before breaking a deadline, the grade will automatically be reduced 10%, and another 10% reduction will occur each day, including weekends.

In case of an emergency (generously defined), a late paper may be accepted without penalty at the discretion of the instructor. However, the student must alert the instructor to the emergency within a reasonable time period and negotiate a new due date with the instructor in order for any late penalty to be waived.

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

It is my goal to be flexible and work with you to help you make the most of this experience, particularly during the COVID 19 Pandemic. My goal is to assist you in meeting your learning objectives for this course within the bounds of the University and School of Social Work policies.

**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 reach out to your instructor to communicate how best your needs can be met once you have begun the ARS process.

My goal is to ensure that all students with accessibility accommodation have their needs met. If you have worked with ARS to establish and coordinate accommodations and you have not heard from me, then I have not received notification from ARS. Please be in touch with me.

**EQUAL OPPORTUNITY AND COMPLIANCE (EOC) STATEMENT:**

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, [adrienne.allison@unc.edu](mailto:adrienne.allison@unc.edu)), Report and Response Coordinators (Ew Quimbaya-Winship, [eqw@unc.edu](mailto:eqw@unc.edu); Rebecca Gibson, [rmgibson@unc.edu](mailto:rmgibson@unc.edu); Kathryn Winn [kmwinn@unc.edu](mailto:kmwinn@unc.edu)), Counseling and Psychological Services (CAPs) (confidential) in

Campus Health Services at (919) 966-3658, or the Gender Violence Services Coordinators (confidential) (Cassidy Johnson, [cassidyjohnson@unc.edu](mailto:cassidyjohnson@unc.edu); Holly Lovern, [holly.lovern@unc.edu](mailto:holly.lovern@unc.edu)) to discuss your specific needs. Additional resources are available at [safe.unc.edu](http://safe.unc.edu).

### **USE of LAPTOPS or OTHER ELECTRONIC DEVICES AND CLASS DISRUPTIONS**

Use of electronic devices during synchronous instruction for *non-class related activities* is strongly discouraged. Electronics should be silenced or put on vibrate during class. If you must respond to a call, please mute yourself and stop your video prior to answering or returning the call. The use of laptop computers or tablets is welcomed for note taking and other activities that enhance student learning and class participation. Please do not use electronic devices in any way that may detract from your participation or the learning experience of other students in the class.

These are unique times and circumstances. I understand that many students in this class may have unexpected responsibilities during class time due to the COVID 19 Pandemic such as care for children or loved ones. We will work together to make this class as seamless as possible while understanding that sometimes these responsibilities will need to come first.

### **APA AND WRITTEN ASSIGNMENTS**

All written assignments in this course should follow APA style *with the exception of the inclusion of a cover page. You may instead place your PID as a running header and place the honor code at the end or beginning of your written assignment. Please do not include your name and use your PID to sign the honor code.* 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.

Clear, cogent writing is an essential skill for social work professionals. Writing support is available to all students through the School's Writing Support Team; they can help you strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a *learning opportunity* for students but does not merely copy edit student papers. Writing support is available by zoom, e-mail, or telephone. E-mail a requested appointment day and time to [SOSWwritingsupport@gmail.com](mailto:SOSWwritingsupport@gmail.com) . In addition, see the Writing Resources and References page on the School's website (under the Current Students tab: <https://ssw.unc.edu/students/writing> ).

**CLASS SCHEDULE**

<b>CLASS 1: MAY 14</b>	
UNIT 1	Introductions, Course Expectations and Overview, Introduction to Psychotherapy and Brief Treatment
UNIT 2	Psychodynamic Theory
<b>CLASS 2: MAY 21</b>	
UNIT 3	Psychodynamic Therapy: Assessment and Interventions
UNIT 4	Psychodynamic Therapy: Interventions
UNIT 5	Psychodynamic Therapy: Children, Adolescents and Families
<b>CLASS 3: MAY 28 - Psychodynamic theory summary paper due</b>	
UNIT 6	Cognitive Behavioral Theory/Assessment
UNIT 7	Cognitive Behavioral Therapy: Cognitive interventions
UNIT 8	Cognitive Behavioral Therapy: Behavioral interventions
<b>CLASS 4: JUNE 4</b>	
UNIT 9	Cognitive Behavioral Therapy: Children, Adolescents and Families
UNIT 10	Solution-Focused Theory
UNIT 11	Solution-Focused Therapy: Assessment and Interventions
<b>CLASS 5: JUNE 11 - CBT theory summary paper due</b>	
UNIT 12	Solution-Focused Therapy: Interventions
UNIT 13	Solution-Focused Therapy: Children, adolescents and Families
UNIT 14	Synthesizing course content
<b>JUNE 15 - Solution-Focused theory summary paper due</b>	
<b>JUNE 18 – FINAL EXAM</b>	



## COURSE OUTLINE

### CLASS 1

#### **Unit 1: Introductions, Course Expectations and Overview, Introduction to Psychotherapy and Brief Treatment; Psychodynamic Theory**

- Instructor and student introductions
- Review of course syllabus and assignments
- What is psychotherapy?
- How do we evaluate psychotherapy theories?
- An introduction and overview of brief treatment approaches and time-limited therapies

#### Readings:

Wampold, B.E. (2010). Psychotherapy defined. The role of theory. In *The basics of psychotherapy: An introduction to theory and practice* (pp. 8-12 and 43-60). Washington, DC: American Psychological Association.

#### **Unit 2 – Psychodynamic Theory – History and Overview**

- Main tenets & key assumptions underlying the psychodynamic treatment approach
- How do we make psychodynamic therapy brief?

#### Readings:

Chapter 2 in Binder & Betan text

Chapters 1, 2 and 4 in Dewan text

Summers, R.F. & Barber, J.P. (2010). Why dynamic psychotherapy? In *Psychodynamic therapy: A guide to evidence-based practice* (pp. 7-22.). New York: Guilford Press.

## CLASS 2

### Unit 3 - Psychodynamic Assessment & Interventions

- 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:

Chapters 3, 4, 5 and 6 in Binder & Betan text

Chapter 12 in Dewan text.

#### Optional Reading:

Drisko, J., & Simmons, B. (2012). The evidence base for psychodynamic psychotherapy. *Smith College Studies in Social Work*, 82(4), 374-400. doi:10.1080/00377317.2012.717014

Driessen, E., Hegelmaier, L. M., Abbass, A. A., Barber, J. P., Dekker, J. J. M., Van, H. L., . . . Cuijpers, P. (2015). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update. *Clinical Psychology Review*, 42, 1-15. doi:10.1016/j.cpr.2015.07.004

Gilboa-Schechtman, E., Foa, E. B., Shafran, N., Aderka, I. M., Powers, M. B., Rachamim, L., . . . Apter, A. (2010). Prolonged exposure versus dynamic therapy for adolescent PTSD: A pilot randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 1034-1042. doi:10.1016/j.jaac.2010.07.014

Knekt, P., Välikoski, M., Virtala, E., Lindfors, O., Laaksonen, M. A., Marttunen, M., Härkänen, T., Kaipainen, M., & Renlund, C. (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

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.

### Unit 4- Psychodynamic Therapy: Interventions and Techniques

- Key intervention strategies of the psychodynamic approach

#### Readings:

Chapters 7, 8, 9 & 10 in Binder & Betan text

### Unit 5- Psychodynamic Therapy: Children and Adolescents

- Key intervention strategies of the psychodynamic approach with child and adolescent clients and families

#### Readings:

Briggs, S. (2010). Time limited psychodynamic psychotherapy for adolescents and young adults. *Journal of Social Work Practice*, 24(2), 181-195. doi:10.1080/02650531003741660

Medicus, J. (2012). Practice parameter for psychodynamic psychotherapy with children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(5), 541- 556.

Reyes V., Stone B.J., Dimmler M.H., Lieberman A.F. (2017) Child-parent psychotherapy: An evidence-based treatment for infants and young children. In: M. Landolt, M. Cloitre, & U. Schnyder (Eds.), *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents* (pp.321-340). Cham, Switzerland: Springer.

Optional Reading:

Fonagy, P., Roth, A., & Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bulletin of the Menninger Clinic*, 69(1), 1-58.

Hoglund, P. (2003). Long-term effects of brief dynamic psychotherapy. *Psychotherapy Research*, 13(3), 271-292. doi: 10.1093/ptr/kpg031

Latino, R., Friedman, B. & Bellucci, V. (2006). Treatment for children and adolescents traumatized by the September 11<sup>th</sup> attack. *Clinical Social Work Journal*, 34(4), 447-466. doi: 10.1007/s10615-005-0025-1

Leichsenring, F., Leichsenring, F., Salzer, S., Beutel, M., & Herpertz, S. (2013). Psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder: A multicenter randomized controlled trial. *The American Journal of Psychiatry*, 170(7), 759-767.

Leichsenring F, Rabung S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *JAMA*, 300(13):1551-1565. doi:10.1001/jama.300.13.1551.

Levy, K. N., Ehrenthal, J. C., Yeomans, F. E., & Caligor, E. (2014). The efficacy of psychotherapy: Focus on psychodynamic psychotherapy as an example. *Psychodynamic Psychiatry*, 42(3), 377-421. doi:http://dx.doi.org/101521pdps2014423377

Palmer, R., Nascimento, L. & Fonagy, P. (2013). The state of the evidence base for psychodynamic psychotherapy for children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 22(2), 149-214. doi:10.1016/j.chc.2012.12.001

### CLASS 3

#### *Psychodynamic Therapy Summary Assignment Due Today*

#### **Unit 6- Cognitive Behavioral Theory (CBT): Theory and Assessment**

- Main tenets of & key assumptions underlying the CBT approach
- The nature of the therapeutic relationship in the context of the CBT approach

#### Readings:

Modules 1, 2, 3 and 4 in Cully and Teten text 34f

Early, B. P., & Grady, M. D. (2017). Embracing the contribution of both behavioral and cognitive theories to cognitive behavioral therapy: Maximizing the richness. *Clinical Social Work Journal*, 45(1), 39-48. doi:10.1007/s10615-016-0590-5

#### Optional Reading:

Ahern, E., Kinsella, S., & Semkovska, M. (2018). Clinical efficacy and economic evaluation of online cognitive behavioral therapy for major depressive disorder: A systematic review and meta-analysis. *Expert Review of Pharmacoeconomics & Outcomes Research*, 18(1), 25-41. doi:10.1080/14737167.2018.1407245

Battaglia's, G., Caccetta, M., Luppino, O. I., Baglioni, C., Cardi, V., Mancini, F., & Buonanno, C. (2015). Cognitive-behavioral therapy for externalizing disorders: A meta-analysis of treatment effectiveness. *Behaviour Research and Therapy*, 75, 60-71. doi:10.1016/j.brat.2015.10.008

Beck, A.T. (2005). The current state of cognitive therapy: A 40-year retrospective. *Archives of General Psychiatry*, 62, 953-959.

Tolin, D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical Psychology Review*.30(6),710-720.  
<http://dx.doi.org/10.1016/j.cpr.2010.05.003>

#### **Unit 7- Cognitive Behavioral Therapy (CBT): Interventions (focus on cognitive interventions)**

- Key cognitive intervention strategies of the CBT approach
- How the CBT approach conceptualizes the main stages of therapy (i.e., beginning/assessment, middle and end/termination)

#### Readings:

Chapter 7 in Dewan text

Modules 5, 6, 7, 8, 9, 10 in Cully and Teten text

#### Optional Reading:

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

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

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

### **Unit 8 - Cognitive Behavioral Therapy: Interventions (focus on behavioral interventions)**

- Key cognitive intervention strategies of the CBT approach

#### Readings:

Module 11, 13, and 14 in Cully and Teten text

Chapter 8 in Dewan text

#### Optional Reading:

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.

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, 46(1), 21-29. doi:10.1037/a0038642

Carter, M.M., Sbrocco, T., Gore, K.L., Marin, N.W. & Lewis, E.L. (2003). Cognitive-behavioral group therapy versus a wait-list control in the treatment of African-American women with panic disorder. *Cognitive Therapy and Research*, 27(5), 505-518.

Hinton, D. E., Hofmann, S. G., Rivera, E., Otto, M. W., & Pollack, M. H. (2011). Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: A pilot study comparing CA-CBT to applied muscle relaxation. *Behaviour Research and Therapy*, 49(4), 275-280. doi:<http://dx.doi.org/10.1016/j.brat.2011.01.005>

## CLASS 4

### Unit 9 - Cognitive Behavioral Therapy: Children & Adolescents

- Key behavioral intervention strategies of the CBT approach

#### Readings:

- Kliethermes M.D., Drewry K., Wamser-Nanney R. (2017). Trauma-focused cognitive behavioral therapy. In: M. Landolt, M. Cloitre, & U. Schnyder (Eds.), *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents* (pp. 167-186). Cham, Switzerland: Springer.
- Bloomquist, M.L. (2006). Enhancing a child's self-control development. In *Skills training for children with behavior problems: A parent and practitioner guidebook* (pp. 43-74). New York: Guilford Press.
- Edelman, S., & Remond, L. (2005). Group cognitive behavior therapy program with troubled adolescents: A learning experience. *Family Behavior Therapy*, 27(3), 47-59.

### Unit 10 - Solution-Focused Therapy: Theory

- Main tenets of & key assumptions underlying the SFT approach
- The nature of the therapeutic relationship in the context of the SFT approach

#### Readings:

Chapter 10 in Dewan text

Chapters 1, 2 & 3 in Greene and Lee text

Iveson, C. (2002). Solution focused brief therapy. *Advances in Psychiatric Treatment*, 8, 149–157. doi: 10.1192/apt.8.2.149

#### Optional readings

- Chaudhry, S., & Li, C. (2011). Is solution-focused brief therapy culturally appropriate for Muslim American counselees? *Journal of Contemporary Psychotherapy*, 41(2), 109-113. doi:10.1007/s10879-010-9153-1
- Franklin C., Zhang A., Froerer A. & Johnson S. (2017). Solution focused brief therapy: A systematic review and meta-summary of process research. *Journal of Marital and Family Therapy*, 43, 16–30. doi: [10.1111/jmft.12193](https://doi.org/10.1111/jmft.12193)

### Unit 11- Solution-Focused Therapy: Assessment and Interventions

- Key intervention strategies of the SFT approach
- How the SFT approach conceptualizes the main stages of therapy (i.e., beginning/assessment, middle and end/termination)

#### Readings:

Chapters 4,5,6 &7 in Greene & Lee text

de Shazer, S., & Dolan, Y. (2007). Questions, misconceptions, and joys. In *More than miracles: The state of the art of solution-focused brief therapy* (pp. 153-164). New York, NY: Routledge.

Optional Reading

- Corcoran, J. & Pillai, V. (2009). A review of the research on solution-focused therapy. *British Journal of Social Work, 39*, 234-242. doi:10.1093/bjsw/bcm098
- Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of solution-focused brief therapy: A systematic qualitative review of controlled outcome studies. *Research on Social Work Practice, 23*(3), 266-283. doi:10.1177/1049731512470859
- Kim, J.S., Smock, S., Trepper, T.S., McCollum, E.E. & Franklin, C. (2010). Is solution-focused brief therapy evidence-based?. *Families in Society, 91*(3), 300-306. doi:10.1606/1044-3894.4009

## CLASS 5

### *Cognitive Behavioral Therapy Summary Assignment Due*

#### **Unit 12 – Solution Focused Therapy: Interventions (focus on involuntary clients)**

- Understanding how to use SFT with involuntary clients

#### Readings:

Chapters 7, 8, 9 & 10 in Greene & Lee text

#### Optional Reading

Ouer, R. N. (2016). *Solution-focused brief therapy with the LGBT community: Creating futures through hope and resilience*. New York ; London: Routledge. Retrieved from <http://search.lib.unc.edu?R=UNCb8617746>

Roeden, J. M., Bannink, F. P., Maaskant, M. A., & Curfs, L. G. (2009). Solution-focused brief therapy with persons with intellectual disabilities. *Journal Of Policy & Practice In Intellectual Disabilities*, 6(4), 253-259. doi:10.1111/j.1741-1130.2009.00226.x

Seidel, A. & Hedley, D. (2008). The use of solution-focused brief therapy with older adults in Mexico: A preliminary study. *The American Journal of Family Therapy*, 36, 242-252.

#### **Unit 13 - Solution-Focused Therapy: Children & Adolescents**

- Key intervention strategies of the SFT approach with child and adolescent clients and families

#### Readings:

Berg, I. K. (2003). *Children's solution work* (1st ed.). New York: Norton. (Read pp. 4-19 which is an introduction and discusses play therapy and Chapter 4, pp. 32-47 on assessment and goal setting)

Chapters 9 & 10 in Greene & Lee text

Lethem, J. (2002). Brief solution focused therapy. *Child and Adolescent Mental Health*, 7(4), 189–192.

#### Optional Reading:

Cepukiene, V., & Pakrošnis 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.

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

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.

#### **Unit 14- Synthesizing course content**

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



Readings:

Chapter 16 in Dewan text

Norcross, J.C. (2005). Conceptual and historical perspectives. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 3-21). New York: Oxford Press.

**JUNE 15, 2020**

*Solution-Focused Therapy Summary Assignment Due*

**JUNE 18 – FINAL EXAM**

*Final Take Home Exam Due*

## THEORY SUMMARY PAPERS 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, including their work with diverse and vulnerable client groups.

**Students will choose two of the three theory assignments to complete.**

**Due Dates for each:**

Psychodynamic theory paper due: May 28

Cognitive behavioral therapy theory paper due: June 4

Solution focused therapy theory paper due: June 15

**Description of Assignment:** In this 6 to 8 page double-spaced paper, students should answer ALL the questions posed below in each section, but the student is also welcome to include additional information that goes beyond the provided questions. Writing should be in the student's own words rather than direct quotes. In addition, students should include APA citations as appropriate in the body of the paper, along with a reference list for the assignment.

*Your paper should contain your 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.*

Answer the following questions about the theoretical approach. Use the three section headings below to organize your paper.

**Main elements of the approach: (2-3 pages)**

- What are the main tenets of the treatment approach? In other words, what are the key assumptions underlying the approach? These include assumptions about the development of personality and psychopathology, assumptions about how people change, how do symptoms/problems develop and how are symptoms/problems maintained?
- What is the nature of the therapeutic relationship in the context of the approach? How central is the therapeutic relationship as a mechanism of change? (also consider issues such as how active or directive the therapist is, use of self-disclosure, use of transference)
- Briefly summarize the key intervention strategies of the approach

**Evidence-Base/ Strengths and Limitations: (2-3 pages)**

- In your own words, provide a thoughtful summary of the evidence and research about the approach. This section of the paper should cite some of the research articles from your syllabus.
- In light of the course readings (including but not limited to research articles), for which clients and presenting problems might this approach work well and for which clients/problems would it **not** work well?

**Fit for You: (2 pages)**

- 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?

Grading Criteria	Pts. Possible
Main Elements -(thorough, puts concepts into their own words, demonstrates understanding of the approach, explanations are clear)	8
Evidence-Base - Strengths and Limitations - (thorough, considered quality of evidence, shows evidence of critical thinking, integrates the relevant literature, explanations are clear)	9
Fit for You - (gives informed opinion, exhibits thoughtful, introspective, critical thinking, explanations are clear)	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. The paper follows the instructions for anonymity posted on the course website under assignments.	3
Total Points	25

**BRIEF THERAPY FINAL TAKE HOME EXAM**  
**DUE DATE: JUNE 18, 2020**

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 (approximately 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, Brief 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.

*In this section, there is no need to summarize the approach—you should instead jump right into applying the approach to your client.*
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).

*Again, it is not necessary to summarize the interventions. Instead discuss how you will apply the intervention with this particular client.*
  - b. According to the approach, how do you see the therapy unfolding with this particular client? (Or if you have already implemented the intervention—how did

- it unfold?) Discuss how the main stages of therapy (i.e., beginning/assessment, middle and end/termination) are unfolding 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.

*Your paper should contain your 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.*

Grading Criteria	Pts. Possible
The case example information is succinct yet appropriately detailed. All relevant biopsychosocial assessment information is presented. (See #1 of Assignment Description above)	3
Each treatment approach is applied accurately and effectively. There are clear case formulations using each model. (4 points for each approach; See #2 of Assignment Description above)	9
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. (2 points for each approach = Total of 6 points; See #2 of Assignment Description above)	4
There is a detailed and thoughtful rationale for <i>why</i> this approach is the best fit for this client's case which integrates the relevant literature. (See #3 of Assignment Description above)	5
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)	4
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)	2
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. The paper follows the instructions for anonymity posted on the course website under assignments.	3
<b>Total Points</b>	<b>30</b>