

SEMINAR IN ADVANCED SOCIAL WORK PRACTICE WITH INDIVIDUALS (SWRK 224)

INTRODUCTION TO COURSE AND INSTRUCTOR

This course is designed to prepare the student interested in social work practice with individuals with knowledge for sophisticated assessment and intervention. Within the framework of a competency-based assessment and treatment model, students will learn about adaptive and maladaptive behavior, the signs and symptoms of psychopathology, and the practical applications of diagnostic classification, as well as its limitations and misuses. Students will be apprised of the controversies and changes underway in mental health theories and diagnosis, how this manifest in practice, and the integral role social work professionals must play in the ongoing evolution of theory and practice. Students will be expected to evaluate their own practice with individuals in the context of social work values and ethics, and to contribute to the development of agency and institutional practices which promote social justice and the empowerment of their clients in a diverse regional and global community.

SYLLABUS FOR SEMINAR IN ADVANCED SOCIAL WORK PRACTICE WITH INDIVIDUALS (SWRK 224)	
Semester: Fall 2019	Department of Social Work Education, California State University, Fresno
Course Information:	Instructor Name:
Units: 3	Office Location:
Time: Tuesdays.	E-Mail:
Location:	Telephone:
Website:	Office Hours:

Catalog Statement: Analysis and application of the theories, principles, and techniques of social work practice with individuals from a strength based, empowerment perspective.

Prerequisites for the course: SWRK 203, 213, 220, 221, 260, 261, 281, and concurrent enrollment in SWRK 282

REQUIRED COURSE MATERIALS

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C.: American Psychiatric Association.

Brandell, J., R., Ed. (2014). *Essentials of clinical social work*. Thousand Oaks, CA: Sage Publications.

Petrovich, A. and Garcia, B. (2016). *Strengthening the DSM: Incorporating resilience and cultural competence*. (2nd ed.). New York, NY: Springer Publishing Co.

Recommended Texts

Morrison, J. (2013). *DSM-5 made easy: The clinician's guide to diagnosis*. New York, NY: The Guilford Press.

COURSE SPECIFICS

Course Goals

1. To understand, critically evaluate, and utilize the current classification system of mental and emotional disorders, DSM-5, in a socially just, empowering manner which recognizes and responds to the reciprocal effects of macro issues on micro practice and vice versa.
2. To understand, critically analyze, and apply the major theories that guide advanced social work practice with individuals, including the general concepts of evidence-informed practice and the role of the "common factors" in the relationship between social worker and client.
3. To understand and apply current interventions with individuals which are specifically designed in response to the needs of multi-cultural and oppressed populations, at multi-systems levels.
4. To use at an advanced level, evaluation tools, self-awareness, and the process of supervision/consultation in the service of empowering, culturally competent practice with individuals.

Learning Outcomes

- 1.1 To understand the evolution of the DSM classification system, the issues and controversies involved, and the contributions of the social work profession to the process.
- 1.2 To understand and critically evaluate the content of the DSM-5 and be able to utilize it in the diagnosis of individual clients in an empowering manner.
- 1.3 To apply the Mental Status Examination (MSE) and related instruments in the assessment process, including the written component of an assessment report.
- 1.4 To apply a comprehensive competency-based, multidimensional assessment model, which incorporates biological, psychological, social, cultural and spiritual components, to individual clients and their contexts.
- 2.1 To understand the evolution of psychodynamic theory into its current forms of ego psychology, object relations, self-psychology, and inter-subjectivist approaches, and be able to apply them to practice with individuals.

- 2.2 To understand the evolution of learning theory into its current forms of self-efficacy, cognitive and multi-modal behavioral therapy, and be able to apply these theories in advanced practice with individuals.
- 2.3 To understand current integrative theories and be able to apply them in clinical practice, including research on psychotherapy outcomes, the “common factors,” and the strengths and limitations of evidence-based treatments.
- 2.4 To understand the status of current knowledge concerning neurobiological bases of mental and emotional disorders, the role of medication in their treatment, and the role of the social work professional in clients’ understanding, decision to utilize, comply with, and communicate about their responses to medical interventions.
- 3.1 To understand the basic tenets of a multicultural approach to advanced social work practice with individuals, including the role of culture in the mental health assessment and intervention process and ethical standards for culturally competent skills.
- 3.2 To understand the basic tenets of an empowerment approach to social work practice, including the nature and effects of oppression, the participatory nature of the client/consumer role in the intervention process, and the characteristics of strengths-based practice.
- 3.3 To understand and be able to utilize solution-focused, ethnographic and narrative approaches to social work with individuals.
- 4.1 To conduct ongoing process and summative evaluations of professional service in a mutual, collaborative process with clients and client systems.
- 4.2 To demonstrate increased depth of self-reflection in the context of an ongoing supervisory relationship, understanding and examining the processes of transference and countertransference as essential components of evaluating the helping relationship.
- 4.3 To engage in consultative processes in multi-disciplinary settings and with professional social work peers.

Course requirements/assignments

Methods of Instruction:

Each seminar will meet for three hours per week. There will be a combination of presentations by the instructor, guest speakers, readings and discussion, student led discussion sessions, with emphasis on student participation. All students are expected to attend regularly, to read in preparation for class, and to contribute to seminar discussion. Students are encouraged to bring for discussion experiences with clients in their field placements in order to promote the integration of classroom learning to the world of practice. Additional case material will be introduced to illustrate and clarify discussions. Various teaching media such as audiotapes, videotapes, films, and role-playing may be used.

Students will be expected to explore areas related to advanced practice in depth, illustrating the connection between theory and practice. Special emphasis will be placed upon assignments that illustrate practice issues in working with culturally diverse and marginalized populations. This will be

accomplished through complex case examples, seminar focused discussion, and written and oral assignments. Ethical and value concerns, issues, and dilemmas will be addressed in case material throughout the semester.

Web-based Instruction/Canvas:

THIS COURSE IS WEB-SUPPORTED: This course syllabus, calendar, assignments, and supplemental material are posted on Canvas. Power points for lecture material will be posted after the lecture is presented in class (and may be available prior to class). **TO ACCESS CANVAS**, students need a university (CVIP) e-mail account and Internet connection. Your “my.csufresno.edu” login and password provides you with access to Canvas.

It is your responsibility to make sure you can access and negotiate Canvas for class materials and resources. You are responsible for checking for announcements and e-mail sent through Canvas.

Attendance and Participation: SWRK 224 is a weekly seminar and therefore requires your active and meaningful participation. Students are expected to be present and on time for all classes and to notify the instructor in advance when compelling circumstances make attendance impossible. University, School, and Departmental policies require all students to attend class. Students will be allowed two (2) *excused* absences during the course of the semester. In order for the absence to be considered an excused absence, a doctor’s note must be presented at the class following the excused absence except in extenuating circumstances. **After two absences, students will lose 5 points per missed class toward their final grade. Late arrivals or early departures from class will denote missing half of a class. If you are absent or late to class, it is your responsibility to check on announcements that were made or any material that was distributed in your absence.**

Use of electronic devices: To minimize class disruptions, please turn these devices off during the class. **Smartphones, cellphones, and pagers are to be put away or remain in backpacks during class.** If you are required to be “on-call,” please advise me at the beginning of class, turn the “audio” option off, and sit near the door, so you can exit with minimal disruption to the class, if needed.

You are asked to consult with me if you would like to use your laptop in class; laptops are acceptable for note taking. **Laptops are not to be used during class activities.** Non-Canvas, Internet, and email access during class are distracting to everyone; you are asked to use your best judgment rather than lose the privilege of using online access in class. Remember, this is a graduate course. You are preparing for your professional life; act accordingly.

Make/up/Late Paper Policy: ***Assignments that are not turned in to the instructor on the due date and time specified on the syllabus will automatically be reduced by one whole letter grade. All assignments must be turned in within one week of due date or they will not be accepted by instructor.*** Exceptions to this rule are at the discretion of the instructor and will be granted only for rare, extenuating circumstances of compelling reasons that can be documented. An assignment may be made up only if absence is due to extenuating circumstances of compelling reasons and at the instructor’s discretion. The student is responsible for notifying the instructor in advance regarding an absence and to make prior arrangements to turn in the assignment.

Email: You are expected to check your university e-mail regularly (csufresno.edu account) or redirect email to the regular mailbox you use. I send email to the account listed in Canvas. It is my intention to respond to all program/course related student email. If I do not respond in a timely manner (2-3 days),

please be persistent and contact me again. I value and appreciate your persistence. **You should ALWAYS put SWRK 224 in the subject line or you may risk your email being deleted or unopened.**

Examinations and Major Assignments

Take Home Assignments: (4 @ 10 pts each = 40 points) Along with the material presented in class on most weeks, a take-home assignment will be given, applying class material to specific advanced theoretical and interventions challenges involved in social work with individuals. Students will be expected to demonstrate their ability to apply theoretical concepts, assessment, and practice skills in the field, to describe their practice in writing, to critically analyze the effectiveness of their interventions, and to demonstrate increased personal awareness of strengths and weaknesses through reflective writing, utilizing the departmental mission pillars and applying the NASW Code of Ethics to complicated practice challenges.

Thought Provoking Questions: (4 @ 10 pts each= 40 points) This assignment requires four (4), *briefly* written responses to questions regarding the readings in the Brandell and Petrovich & Garcia texts assigned for the week. These will be *unscheduled assignments* and handed out at random times during the semester and the TPQs due date will be announced when it is assigned for writing. A score of 0-10 points will be awarded to commensurate with your succinct thoroughness in response to each question. TPQs are principally a GUIDE for reading and class discussion.

Audiotaping Assignment: (55 points) This assignment requires an audiotape of student practice, peer consultation, mutual peer ratings, oral feedback, and a written reflection statement. Students will be given specific written instructions for the completion of this assignment. Both the audiotapes and written ratings and reports must be turned in in order to obtain credit. **Note:** With prior permission from the instructor, students may elect to videotape this assignment for observation and feedback from peers, if desired, and if time permits.

Midterm Paper: (70 points) Students will be asked to select a diagnostic category to study in depth. This is a research paper which must contain the following components: 1) current theory and research concerning the etiology, symptoms, and course of the disorder; 2) a critical analysis of competing theories and research; 3) an assessment of alternative approaches to intervention and their strengths and weaknesses; and 4) a case example applying theory and interventions chosen, with articulate argument and presentation of the interventions selected. Item 5 includes related ethical and social work value issues that an astute clinician must consider. The paper must include the APA format, with a minimum of 5 professional journal articles read and cited, along with any web-based sources used and your DSM-5 and course textbook citations.

Canvas Journal Entry (3 @ 5 pts each = 15 points) Canvas Journal Entries (CJE) assignments consists of three (3) reflective questions to document your learning process, which is to be uploaded to Canvas after class by the end of the day (11:59 p.m.). The criteria for evaluation of the journal assignments will be based on: (1) clarity of writing/presentation including headings in bold before each section of your entry; (2) quality of reflection in terms of analysis; and (3) uploading of your entry to the journal before each deadline. Each of the five entries should answer all of the following five questions:

1. At what moment, did you feel the most engaged or the least engaged during class?
2. What action (if any) did anybody take that you found most affirming/helpful?
3. What action (if any) did anybody take that you found most puzzling/confusing?
4. What was the most important information you learned during class?

5. Do you have any questions or suggestions about your classes since the last Canvas journal? (This question is to be used with the second and third CJE.)
6. Upload your journal entries before the deadlines indicated in the syllabus to qualify for extra points.

Final Take-home Exam/Paper (Common Assignment): (80 points) Students will be asked to complete an open-book integrative final exam requiring the student to integrate course material as applied to a case vignette. This will be due in the form of a paper one week after the last class. APA format and a reference section are required.

Grading

Final grades will be based on accumulated points from each assignment. Grades will be based on the following point spread:

90-100% (270-300 points)	A
80-89% (240-269 points)	B
70-79% (210-239 points)	C
60-69% (180-209 points)	D
Below 60% (179 or fewer points)	F

Assignment and Examination Schedule

Due Date	Activity	Points
9/17; 10/22; 12/3	Three (3) Canvas Journal Entries (CJE) @ 5 pts. each	15
9/17; 10/29; 11/5; 11/26	Four (4) Take-Home Assignments (THAs) @ 10 pts. each	40
Scheduled TBA	Four (4) TPQs @ 10 pts. each	40
9/24	Audio Recorded Interview	55
11/12	Mid-Term Paper	70
12/17	Final Exam (Common Assignment)	80
Total Points	Maximum points possible	300

COURSE POLICIES & SAFETY ISSUES

Attendance: SWRK 224 is a weekly seminar and therefore requires your active and meaningful participation. Students are expected to attend class regularly and to engage in class discussions and activities throughout the semester. More than three absences in a semester has the potential of significantly impacting whether or not a student will be able to pass this course. The instructor does not determine whether absences are excused or unexcused (it is assumed that, as graduate students and professionals, all absences are excused). Tardiness and early departures from class will be noted by the instructor and could result in point reductions.

Plagiarism Detection: The campus subscribes to Turnitin plagiarism prevention service through Canvas, and you will need to submit written assignments to Turnitin. Student work will be used for plagiarism detection and for no other purpose. The student may indicate in writing to the instructor that he/she refuses to participate in the plagiarism detection process, in which case the instructor can use other electronic means to verify the originality of their work. Turnitin Originality Reports **WILL** be available for your viewing.

UNIVERSITY POLICIES

Students with Disabilities: Upon identifying themselves to the instructor and the university, students with disabilities will receive reasonable accommodation for learning and evaluation. For more information, contact Services to Students with Disabilities in the Henry Madden Library, Room 1202 (278-2811).

The following University polices can be found at:

- [Adding and Dropping Classes](#)
- [Cheating and Plagiarism](#)
- [Computers](#)
- [Copyright Policy](#)
- [Disruptive Classroom Behavior](#)
- [Honor Code](#)
- [Students with Disabilities](#)
- [Title IX](#)

University Services

The following University services can be found at:

- [Associated Students, Inc.](#)
- [Dream Success Center](#)
- [Learning Center Information](#)
- [Student Health and Counseling Center](#)
- [Writing Center](#)

Subject to Change Statement: This syllabus and schedule are subject to change in the event of extenuating circumstances. If you are absent from class, it is your responsibility to check on announcements and assignments made while you were absent.

TENTATIVE COURSE SCHEDULE

FALL 2019

Week/ Date	Topic	Assignment Due Date	Reading Due Date
1 8/27	Introductions: Advanced practice with individuals, Social justice, multi-cultural diversity, resiliency, Introduction to the DSM-5		Read: Petrovich & Garcia, Ch. 1 & 2; DSM-5, pp. 5-25; Review: NASW Code Ethics and CA mandatory reporting requirements on Canvas.
2 9/3	Assessment-Diagnosis as multi-systematic, multi-layered, reciprocal-bio-psycho-social-spiritual-cultural assessment, PIE, Mental Status Examination (MSE)	*Please bring your DSM-5	Review: Petrovich & Garcia, Ch. 2; Brandell, Ch. 1 & 2.
3 9/10	Psychodynamic Theory and Practice Cognitive Behavioral Theory and Practice		Read: Brandell, Ch. 3, 4, & 9.
4 9/17	Psychopharmacology; Neurobiology and social work practice Assessment, diagnosis and critical thinking Use of DSM trees, diagnostic frameworks	Take Home Assignment #1; Canvas Journal Entry #1 both due	Read: Brandell, Ch. 8 & 14.
5 9/24	Disorders with Onset in Childhood - Diagnostic criteria in DSM-promote support and resilience, education in families-ethnographic issues, ethical and legal issues, treatment evaluation. Advocating for families in mental health treatment. Guest Speaker: Dr. Christine Maul, CCC-SLP	*Please bring your DSM-5 to every class Audio-recording assignment due	Read Petrovich & Garcia Ch. 4 & 6; Brandell, Ch. 5; DSM-5, Neurodevelopmental, pp. 31-86.
6 10/1	Disorders with Onset in Childhood		Read: Brandell, Ch. 7; DSM-5, Anxiety Disorders and Obsessive-Compulsive and Related Disorders, pp. 189-264.
7 10/8	Disorders with Onset in Adolescence Guest Speaker: Mr. John Martinez, LCSW		Read: Brandell, Ch. 6 & 10; DSM-5, Depressive Disorders: pp. 155-188.

8 10/15	<p>Trauma and Stress related Disorders: Dissociative Disorders & Somatoform Disorders - Roles of attachment, abuse, trauma, and development-evaluation of practice DSM criteria-assessment and differential diagnosis, treatment issues.</p> <p>Guest Speaker: Mr. Herman Barretto, LCSW</p>		Read: Petrovich & Garcia, Ch. 5; Brandell, Ch. 12 & 13; DSM-5, Trauma & Stressor Related, pp. 265-290.
9 10/22	<p>Social Learning and Integrative theory and practice; Solution-focused and Motivational Interviewing; Ethical issues and evaluation of practice</p>	Canvas Journal Entry #2 due	
10 10/29	<p>Substance Use Disorders-Classifications in DSM-5; current issues in etiology and treatment. 12 step programs and other models of recovery. Assessment-motivational and confrontational skills. Relapse plan prevention. Ethical/legal issues.</p> <p>Guest Speaker: Ms. Lynette Stratham, LCSW</p>	Take Home Assignment #2 due	Read: Petrovich & Garcia, Ch. 9; Brandell, Ch. 15; DSM-5, Substance Related and Addictive Disorders, pp. 481-589.
11 11/5	<p>Depressive Disorders: Theory and Practice. Assess for suicide, mandatory reporting issues, developing relapse prevention plan with client and family</p> <p>Disorders with Onset in Adulthood: Bipolar Disorders: Theory & Practice-Etiology-Evidenced based practice-Current treatments and evaluations. Behavioral rehearsal and response prevention.</p>	Take Home Assignment # 3 due	Read: Petrovich & Garcia, Ch. 3; DSM-5, Depressive Disorders, pp. 155-188; Bipolar & Related Disorders, pp. 123-154.
12 11/12	<p>Personality Disorders - Classification DSM-Treatment issues. Classification in DSM-5 and related treatment issues. Role of attachment, abuse, trauma, and development; co-occurring disorders. Formative and summative evaluation of practice.</p>	Mid-Term paper due	Read: DSM-5, Personality Disorders, pp. 645-684.
13 11/19	<p>Schizophrenia Spectrum Disorders- Delusional Disorder, Brief Psychotic Disorder, Schizophreniform Disorder Schizophrenia, Schizoaffective Disorder, medications-empowerment and family support issues – assessments.</p>		Read: Petrovich & Garcia, Ch. 8; DSM-5, Schizophrenia Spectrum Disorders, pp. 87-122.
14 11/26	<p>Dissociative Disorders and Somatic Symptom and Related Disorders-DSM criteria; disorder vs non-disorder criteria. Assessment & Treatment issues.</p>	Take Home Assignment #4 due	Read: DSM-5, Dissociative Disorders, pp. 291-307.
15 12/3	<p>Disorders with Onset in the Elderly Neurocognitive Disorders, Aging; Evaluation of Practice-DSM criteria; Issues in diagnosis and interventions</p>	Canvas Journal Entry #3 due	Read: Petrovich & Garcia, Ch.7; Brandell, Ch. 16;

	with elderly populations-depression-delirium and-APS: legal issues-strength based practice.		DSM-5, pp. 591-643.
16 12/10	Final Comments and Review		Read: Petrovich & Garcia, Ch. 10.
Finals week		Days	Dates
Final Exam Preparation & Faculty Consultation Days		Thursday and Friday	Dec 12 – 13
Final Semester Examinations		Monday – Thursday	Dec 16 – 19
Final Exam due by 2:00 p.m. (paper copy) in Dr. Delich’s office (PHS 144)		Tuesday	December 17th

Bibliography

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SWRK 224 Final Exam

Common Assignment

This is an individual assignment. It is to be completed and returned by **Tuesday, December 17th**. Please provide me with a **hard copy** while simultaneously posting your final paper on Canvas. You may use any of the class materials made available during the semester. *Please include this original material, assignment and vignette with your paper upon submission. Your paper will not be accepted without it!*

This assignment has *six components* with the case vignette as the central clinical case for reference for each of the components. Your paper should be organized in the APA format.

The first part of the assignment is for you to provide a diagnosis or diagnoses using the DSM-5 and descriptive narratives of psychosocial challenges of the case vignette. In this part, demonstrate evidence of your critical thinking by showing which diagnoses you would exclude or include and the rationale of your exclusion or inclusion. Identify your initial thoughts, feelings, and intuitions about this case. What value differences, if any, do you see as potentially problematic for you? Identify any countertransference issues that you foresee.

The second part of the assignment is to provide a *mental status exam* of the clinical material in the case and include any ego functions and defense mechanisms that you observe. You may use the mini-exam format that was used during the midterm. For each of the sections, correctly identify the functions that section is assessing. (i.e., Attention and Calculation: Identify the cognitive functions this is measuring; do not just state “attention and calculation.”)

The third part is to develop a complete a *competency-based assessment* and/or *diversity/resiliency formulation* that builds upon your DSM-5 diagnosis. Identify the environmental, cultural and social supports that cause, exacerbate, maintain or reduce symptoms, and identify observable strengths. Think of the biopsychosocial framework in our readings on this topic.

The fourth part is to provide the *theoretical approach* to your work with this person and how this theory informs your practice approach. Add supporting research that validates your theoretical selection and discuss the basis of your selecting this approach. If you use the one you used on your mid-term paper, add to it, do not just cut and paste!

The fifth part of the paper is to provide *four goals or outcomes that you and this client hope to attain; clearly state six SMART objectives* that you will use in your efforts to move toward these goals with this client. Think of this as your treatment plan and identify *eight to ten practice behaviors, techniques, and interventions that you will use*. These 8-10 examples should indicate evidence of new learning you experienced. (e.g., self-efficacy, systematic desensitization, relaxation training, cognitive behavioral intervention, miracle question, etc.) Describe how you will evaluate these outcomes using a scale.

The sixth part requires you to respond to the four questions at the end of the vignette. Consider ethical considerations, your rationale for your decision-making and critical thinking. Each question is worth five points for a total of 20 points.

Rosa

Rosa presented on referral from her primary care physician who was concerned about her mental and emotional stability and thought therapy would be helpful for her.

Rosa is a 36-year old married female who has been separated for four months and a mother of three children ages 8, 12 and 20. She attended the initial session casually dressed and hair combed. This client information encompasses three sessions over a month period. She reports she has been experiencing these symptoms for five months.

Rosa presented with a high level of anxiety, with worry about her medical condition, her medical treatment, her job status and her marital situation. Her emotions are labile at this time, she reports several bouts of depression, and she is on the verge of tears, with tears flowing three times during the three interviews. She has some tangential thought process, often going into different subjects. She is able to bring her thoughts back to the topic. She says, "I have so much going on, I hope I can get it all out so you can understand." She says she has been hearing a man's voice tell her that she is evil and should go back to her husband." She says she thinks this is strange and only reports hearing it a couple of times.

Rosa seems oriented to place, but is somewhat confused frequently about time. She interrupts herself by becoming distracted over the many things she is coping with. She is oriented to objects and persons. She becomes confused at times trying to recall the events and processes of her life since an auto accident 16 months ago, and the injuries and changes in her life in the aftermath. She is able, when she calms down, to better recall specific events. She states she is afraid she will not be able to "get back to my old self," and that she will feel like this and not be able to "snap" out of it.

Rosa was able to recall names of objects and could recall two of three when asked to name them later in the interview. She was able to name objects and could repeat: "no ifs, ands or buts." She was able to read a sentence and do what it said. She was able to write a short sentence. She was able to repeat a three-stage command of folding a piece of paper. She also could copy the drawing.

She reports injuring her back (three herniated discs) and broke several ribs while crushing into the steering wheel upon impact. She reports being in a lot of pain and is receiving medical treatment for this injury and the constant pain she experiences. She has been off work on a medical disability leave since that time, but wants desperately to return to work. "I really love my job, and I have to support my kids." She reports a sporadic work history, having many different jobs, often getting into conflicts with co-workers, who "just don't do their work well." She describes herself as somewhat of a perfectionist, and wants everyone else to perform at her determined level of competence.

Rosa has difficulty with concentration and often interrupts herself, skipping from one topic to another. With some support, she is able to calm herself, and find the threads of her thoughts and connect events and thoughts. She scored a '26' on the Beck Depression Scale.

Rosa tells you that she wants to return to her job, follow medical direction and support to heal from her wounds resulting from her auto accident and resume her previous life.

She acknowledges she must adjust the time it is taking to heal and not be in denial about the amount of pain she is in and how it affects her daily functioning.

Rosa has been married for 20 years to the same man whom she married when she was 16 years old, because she was pregnant. There has been marital discord for a long time due to a couple of affairs she has had and a couple her husband has had. She describes him as dependent upon her both financially and psychologically. She has completed two years of college and wants to continue her education to better the life for herself and her children. She doesn't know what's going to happen in her marriage. She says she believes she should stay with him for the children and because her religion says she should, but "I have never really felt passionately about him and he really isn't very ambitious and he is always jealous and trying to control me." My husband does not want to be separated, but I think he has been having an affair, and after I found text messages on his phone from a woman, I confronted him and he denied having a girlfriend. This has happened before and I don't trust him."

Rosa reported she was the oldest girl of three girls born to Alfred and Phyllis. She reports she was reared in a very strict religious orthodox Catholic family in a small rural town, where she was not allowed to date until she was 16. She was not allowed to attend school functions without a chaperone and was assigned household responsibilities that focused on care of her younger siblings. She indicated her mother was "sick" much of the time growing up and would be screaming at times and then depressed and withdrawn much of the other time. She stated her father relied upon her much of the time to keep things moving and routine around the house. She reports he treated her as a confidant and was critical of her. She reported no traumatic events in her childhood, but did indicate her mother would yell and scream at her and called her a "bitch" and a "whore." "I never really felt very close to that woman." She did not know the health status of other family relatives, but stated she believed her father had a drinking problem. She said she would sneak alcohol from his supply at times but did not think she had a problem.

As a child she stated she frequently had upset stomach and headaches and trouble sleeping. She reports her mother has been in a psychiatric hospital twice and she still does not have a very good relationship with her. She reports even though her father was very strict when she was a child, she has a good relationship with him now, but that he is still judgmental and critical of her. She reported having been taken to the emergency room on two occasions when she was 14 due to her cutting on herself with a kitchen knife. At that time, she was scheduled to see a counselor at the mental health clinic where you now work, but only went once and did not keep further appointments.

Rosa stated that there were times when she felt uncomfortable around him when he was drinking, because he would try to, "hug on me and get too close." She reported on several occasions, he fondled her and forced her to have oral sex with him. She said she never told anyone, and after I heard from a girlfriend that it was happening to her too, and she told her father to stop or she would report him, he did. "I was able to fend him off after those times, and he would never remember it after he sobered up." "I don't really blame him, I guess he had a lot of his own problems and was just doing the best he could." "I still have dreams about him coming into my room at times, which startles me awake. I eventually go back to sleep. I guess maybe this was a reason I didn't like sex with my husband when he was drinking. It was ok when he was not."

She reports she had an extended family of three aunts and two uncles who lived nearby. She recalls liking one aunt very much and would often go talk with her when things became very stressful at home. “I never really told her what was going on at home; I was just too embarrassed and didn’t want to talk about it.” She would ask how I was doing in school, and I would tell her very well, and she liked that.” “There was another aunt who acted ‘weird’ like my mother; no one liked her very much either.” She lived alone and one of the uncles helped take care of her.”

She was a good high school and college student and seems motivated to achieve goals in her life. She reported experiencing a bout of depression when in college that required medical treatment and psychotherapy.

Rosa indicated this had to do with her wanting to go to college and her husband feeling jealous and controlling of her time and whereabouts.

She has been on a regime of medications to support her treatment for pain and depression evolving from her accident 16 months ago. She is being treated with pain suppression and anti-depression, and anti-anxiety medications and seemed to be running out of her pain medication before the allowed prescription refill. This condition has required additional treatment, which she indicates, is under way through another physician.

Rosa reported she is on a variety of medications including: OxyContin-AR, Wellbutrin, Prozac, Toprol XL, and Xanax PRN, and has been treated with a pain patch. She reports she is currently being treated with Methadone for coming off of the OxyContin-AR.

Rosa indicated she returned to work too soon and was only able to function in her work duties and tasks for two weeks, as she was unable to maintain focus, attention and concentration, and had to leave her work assignments due to medical problems.

Rosa is currently in treatment on an out-patient basis for her medical problems. She has difficulty keeping track of timed and scheduled appointments. She becomes overwhelmed with the many issues facing her currently. She is worried about her ability to recover from her pain, from depression, increase her ability to focus, concentrate and make decisions and manage a daily practice of maintained energy levels and clear judgment. Rosa is able to drive herself, make medical appointments, and manage some home chore duties to support her family.

She is having difficulty decision making based upon gathering information and arriving at thought out goals and objectives and following through with the necessary steps to complete tasks. She is also experiencing difficulty sustaining her energy level and focus necessary to follow through and complete specific tasks. She has many strengths as you can see, and has been able for much of her history, to hold a job and perform daily tasks. Now she seems to be in a crisis and a lot of her feeling overwhelmed seems to have to do in part with unresolved issues from her past.

Cultural service plan: Please respond to ONE of the following options. Select one option below where Rosa is culturally different from you. Make sure that you consider AND ADDRESS the DIVERSE cultural variables in your response.

1. Rosa is White and grew up in a small rural community in the Central Valley
2. Rosa is an immigrant from Guatemala.
3. Rosa is the child of Cambodian immigrants and was born after her parents immigrated to the United States.

Part VI – Respond to each of the questions below:

1. In your work with Rosa, she becomes increasingly agitated and asks you for three sessions a week, which, due to the demands of your job, you realistically can't schedule for her. She is afraid of relapsing into substance abuse or other self-destructive behavior and admits to having a few drinks the other night. She is experiencing strong urges to self-mutilate. What do you say and do?
2. How would you respond if Rosa did the following, and why? She asks for your home phone number, asks for bus fare, stops coming to sessions without calling, tells you that you don't understand her because your ethnicity or race or gender is different from hers? Respond to each.
3. What would your criteria for termination be for Rosa? What would you do if you had to terminate your relationship prematurely (e.g., your internship ends, you move out of town, you take another job)?
4. What macro issues may be affecting Rosa's life and/or your ability to work effectively with her? How would you cope with them? Think broadly about community resources, funding and program philosophy and design, legislative issues, and social policy.