SAN DIEGO STATE UNIVERSITY
SCHOOL OF SOCIAL WORK
Master Syllabus – Social Work 631
SOCIAL WORK PRACTICE
WITH INDIVIDUALS, FAMILIES AND GROUPS

Spring Semester 2016

Instructor: Lucinda A. Lee Rasmussen, Ph.D., LCSW
Phone: (619) 594-6459
Email: lucindarasmussen@cox.net
Sections and Classrooms: Section 1 (23335 – HH 134) and Section 3 (23337 – SLHS 220)
Office Hours:
- Tuesdays 2:30 to 4:30 p.m.
- Wednesdays 9:45 to 11:45 a.m.; 2:45 to 3:45 p.m.
- Other times by appointment.

I. Purpose and Description of Course (from Master Syllabus)

This course is an introduction to direct social work practice with individuals, families, and groups. It builds on the EPAS Competencies detailed in the previous foundation course (SW 630: Generalist Social Work Practice), and helps students shift from a generalist practice perspective to an interpersonal, clinical practice orientation. The evidence-based practice (EBP) process, introduced in SW630, will be emphasized as students learn to apply their knowledge the assessment and choice of intervention strategies. Students will gain in-depth knowledge and skills related to clinical assessment, case formulation, selection/application of intervention strategies and techniques from various practice theories/models, and evaluation of practice. Particular attention is placed on direct practice with culturally diverse clients, use of DSM-5 assessment, group process, and skills in self-monitoring one’s own practice.

II. Learning Outcomes and Competencies (from Master Syllabus)

At the completion of SW631, students are expected to achieve the following EPAS and CalSWEC mental health (foundation level - CF) competencies:

<table>
<thead>
<tr>
<th>EPAS 1: Demonstrate Ethical and Professional Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication. [quizzes, paper]</td>
</tr>
<tr>
<td>Use self-regulation and emotional self-regulation to manage personal values and maintain professionalism in practice situations. [quizzes]</td>
</tr>
<tr>
<td>CF 1.b. Demonstrate self-awareness of personal knowledge limitations and biases, and practice self-correction and reflection in action while pursuing ongoing professional development [quizzes, paper]</td>
</tr>
</tbody>
</table>
**EPAS 2. Engage in Diversity and Difference**

| Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies systems. [quizzes, paper] |
| Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in their practice at the micro, mezzo, and macro levels. [quizzes, paper] |
| CF 4.c. Demonstrate self-awareness of bias, including knowledge of and capacity to manage power differences, when assessing and working with diverse populations. [quizzes] |
| CF 4.d. Demonstrate ability to understand and communicate the effects of individual variation in the human developmental process and its importance to the shaping of life experiences within diverse groups. [quizzes] |

**EPAS 4: Engage in Practice-Informed Research and Research-Informed Practice**

| Use and translate research findings to inform and improve practice, policy, and service delivery. [paper] |
| CF 6.a. Demonstrate a beginning capacity and skills to gather and synthesize practice evaluation findings, including client feedback, to support and increase the professional knowledge base. [paper] |

**EPAS 6: Engage with Individuals, Families, Groups, Organizations, and Communities**

| Apply knowledge of human behavior and the social environment, person-in-environment, to engage with clients and constituencies. [quizzes, paper] |
| Use empathy, reflection, and interpersonal skills to engage diverse client and constituencies [quizzes] |
| CF 10(a).c. Demonstrate the ability to work with individuals, families, and groups to identify and work towards accomplishment of shared goals. [quizzes, paper] |

**EPAS 7. Assess Individuals, Families, Groups, Organizations, and Communities**

| Apply knowledge of human behavior and the social environment, person-and-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies (quizzes, paper] |
| Collect and organize data, and apply critical thinking to interpret information from clients and constituencies. [quizzes, paper] |
| Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and communities [quizzes, paper] |
| Select appropriate intervention strategies based on the assessment/research knowledge, and values and preferences of clients and constituencies. [quizzes, paper] |
| CF 10(b).c. Demonstrate ability to involve individuals, family members, and community service providers to develop coordinated intervention plans. [quizzes, paper] |

**EPAS 8. Intervene with Individuals, Families, Groups, Organizations, and Communities**

| Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies. [quizzes, paper] |
Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies.[quizzes, paper]

Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.[quizzes, paper]

Negotiate, mediate, and advocate on behalf of client systems, organizations, and communities. [quizzes]

Facilitate effective transitions and endings that advance mutually agreed-on goals. [quizzes]

CF 10(c).c. Demonstrate capacity to identify and prioritize challenges and to foster solutions that call on clients’/consumers’ existing strengths. [paper]

III. Textbooks - Readings

Required Texts


Recommended Texts:


Required Supplemental Articles


### IV. Course Assignments

**A. Midterm Exam (30%).**

The Midterm Exam (*on March 16, 2016*) will test students’ knowledge of the required readings and class lectures for the first 8 weeks of the course. Questions may be drawn from any of the readings/topics listed on the Study Guide (to be provided one week before the Exam), *whether or not* those readings have been discussed in class. Students need to bring two Scantron forms (#882), two #2 pencils, and a highlighter (optional) to the Exam. Cell phones and tablets are to be left on the table at the front of the classroom during the Exam.

**B. Case Study: Application of a Practice Model (40%)** (common assignment in all sections)

The Case Study consists of an analysis of a specific client from the student’s field practicum caseload. It needs to include a biopsychosocial assessment, clinical case conceptualization (according to a practice theory), treatment plan, interventions from a selected evidence based practice model, and plan for evaluation (see Appendix A for guidelines).

**C. Group Presentation (25%).**

This project applies group theory to practice through a small group experience in the classroom. Students will be randomly assigned to task groups, and each group will be assigned an evidence-based practice models to research. Groups will present their practice model to their classmates, discuss its application, and demonstrate interventions through role play. They will prepare a resource packet for their classmates that summarizes the practice
model and its interventions and provides resources for acquiring further information. Please review the guidelines for this assignment in Appendix B (see Pages 29-33), as well as class policies that apply to this project (see Pages 9-11).

D. Self-reflection of Group Process and Dynamics (5%)

In the Self-reflection paper, students apply group theory to their small task group experience by: (a) discussing the group’s composition and stages of development; (b) describing the group roles taken on by the members (including their own roles); and (c) completing an evaluation of the group’s success in completing its tasks (see Appendix C).

V. Grading

All grades are assigned in accordance with the policies set forth in the Graduate Student Handbook (see http://www-rohan.sdsu.edu/%7Esocwork/grad_handbook/). As documented in the SDSU School of Social Work grading policy, the instructor will determine grades in accordance with the following guidelines:

1. Grades of A or A- are reserved for student work that not only demonstrates very good mastery of content, but also shows that the student has (a) undertaken complex tasks, (b) applied critical thinking skills to the assignment, and/or (c) demonstrated creativity in her or his approach to the assignment. The degree to which the student demonstrates these skills determines whether he/she receives an A or an A-.

2. A grade of B+ is given to work that is judged to be very good. This grade denotes that a student has demonstrated a more-than competent understanding of the material being tested in the assignment.

3. A grade of B is given to student work that meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets the basic expectations of the course.

4. A grade of B- denotes that a student’s performance was less than adequate on an assignment, reflecting only a moderate grasp of content and/or expectations.

5. A grade of C reflects a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.

6. Grades between C- and F denote a failure to meet minimum standards, reflecting serious deficiencies in a student’s performance on the assignment.
The following grading scale is utilized to grade each assignment and calculate the Final Grade:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
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<tbody>
<tr>
<td>A</td>
<td>100-95</td>
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<tr>
<td>A-</td>
<td>94-90</td>
</tr>
<tr>
<td>B+</td>
<td>89-87</td>
</tr>
<tr>
<td>B</td>
<td>86-83</td>
</tr>
<tr>
<td>B-</td>
<td>82-80</td>
</tr>
<tr>
<td>C+</td>
<td>79-77</td>
</tr>
<tr>
<td>C</td>
<td>76-73</td>
</tr>
<tr>
<td>C-</td>
<td>72-70</td>
</tr>
<tr>
<td>D+</td>
<td>69-67</td>
</tr>
<tr>
<td>D</td>
<td>66-63</td>
</tr>
<tr>
<td>D-</td>
<td>62-60</td>
</tr>
<tr>
<td>F</td>
<td>59 or less</td>
</tr>
</tbody>
</table>

The Final Grade for the course is based on a “weighted total” of all assignments, according to the percentages noted below:

<table>
<thead>
<tr>
<th>Quizzes/Assignment</th>
<th>Due Date</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Exam</td>
<td>March 16, 2016</td>
<td>30</td>
</tr>
<tr>
<td>Case Study (applying a practice model)</td>
<td>April 13, 2016</td>
<td>40</td>
</tr>
<tr>
<td>Group Presentation</td>
<td>April 20, 2016</td>
<td></td>
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<tr>
<td></td>
<td>April 27, 2016</td>
<td></td>
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<tr>
<td></td>
<td>May 4, 2016</td>
<td></td>
</tr>
<tr>
<td>Self-reflection of Group Process and Dynamics</td>
<td>April 27, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May 4, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May 11, 2016</td>
<td></td>
</tr>
<tr>
<td>Total Points</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

VI. Course Policies

A. Attendance, Participation, and Professionalism

1. Attendance: Students are expected to come to class on time, sign the attendance sheet, and attend the entire class session. Regular attendance demonstrates student commitment to learning and is necessary to gain full benefit from the course. Students need to notify the instructor via email prior to class if they need to miss class, arrive late, or leave early. When missing class, students should obtain notes from another student and download any PowerPoint slides or handouts.

Absences resulting from verified unforeseen circumstances (e.g., illness, family emergency, unavoidable commitments) will be excused (so long as proper notice is given). As per School of Social Work policy, students’ field hours should not conflict with class time, but be arranged to accommodate classes.
2. **Unexcused Absences:** Missing class without proper notification (see above) will be considered an unexcused absence. Two or more unexcused absences will result in the final letter grade being lowered by ½ letter grade (e.g., from B+ to B).

3. **Teaching Methods.** Course objectives will be addressed through the instructors’ lectures, class discussion of required readings, small discussion groups, dyad exercises, videos/DVDs, and YouTube videos. Interactive experiential exercises (e.g., role plays, case presentations) provide opportunities for students to increase clinical skills, enhance self-awareness, and clarify values. Group exercises may also involve student collaboration in completing Internet research on contemporary topics related to social work practice. Active participation in the experiential exercises will enable students to develop case management and clinical skills they can incorporate in their field placement.

As adult learners, students are expected to read and study all assigned readings prior to class and actively contribute to class discussions (without monopolizing). Students can take responsibility for their own learning through: (a) contributing material drawn from their field placements and/or social work related jobs (e.g., case examples, ethical dilemmas encountered); and (b) sharing resources such as Internet websites. Sharing work related experiences that directly relate to the course content helps create a supportive classroom environment and enhances learning for all students.

Professionalism is expected in class, including showing respect for the instructor and classmates, and collaborating in creating a safe, interactive, and intellectually stimulating classroom environment. This includes refraining from doing other work in class, passing notes, or engaging in side conversations. Laptops, tablets, and smart phones are to be used only for note taking and class-related Internet searches. Do not engage in texting, checking Facebook or Twitter and/or answering emails while in class. Please turn off cell phones or place them on vibrate during class.

4. **NASW Code of Ethics:**

   a. **Academic Standard:** The NASW Code of Ethics is an academic standard at the SDSU School of Social Work. The norms of this course support the principles of the Code of Ethics including maintaining client confidentiality, treating one’s colleagues with respect, and being honest in written work.

   b. **Confidentiality.** Students are expected to maintain the confidentiality of client cases discussed in class by changing all client names and identifying information (without changing the salient dynamics of the case). Likewise, maintaining the confidentiality of the client used for the Case Study paper entails changing all client names and identifying information without changing the salient dynamics of the case (e.g., age, gender, ethnicity, presenting problem). Students need to work with their field instructor to: (a) identify a case that can fulfill the specifications for the Case Study (see Appendix A); (b) determine how confidentiality is to be maintained; and (c) determine whether or not to seek informed consent from the client that his or her
situation is being used for an educational paper. The student must attach to the Case Study paper a signed statement from the field instructor indicating that the student reviewed the assignment in supervision and has changed identifying details to protect client confidentiality.

c. **Best Interests of Clients.** Students should be careful not to contribute unintentionally to myths about mental illness and disability. They should avoid using language that labels people or equates them with the conditions they have (e.g., “a schizophrenic,” “a borderline,” or “the disabled”) or language that implies at the person as a whole is disordered (e.g., “disabled persons,” “an ADHD child,” “a learning disabled child”). Rather, terminology used should preserves the integrity of the person (e.g., “an individual diagnosed with schizophrenia,” “an individual diagnosed with borderline personality disorder,” “people with disabilities,” “a child diagnosed with Attention Deficit Hyperactivity Disorder,” “a child who has a learning disability”).

d. **Confidentiality of Classmates:** Students should keep confidential any private information disclosed by classmates (except when such information qualifies as a limitation to confidentiality [i.e., threat to self and/or safety of others]). If they encounter a situation involving the impairment of a classmate, they should follow the guideline established in the NASW Code of Ethics (i.e., first communicate their concern to the classmate). If the classmate is unwilling to seek help, then the student may consider notifying the instructor or the Graduate Advisor.

e. **Self-care.** A limited number of counseling sessions are available free of charge at SDSU Counseling and Psychological Services to any student. Various support and coping skills groups are also available. The Graduate Advisor can interface with SDSU Counseling and Psychological Services to help the student obtain services.

f. **Honesty/Integrity.** The NASW Code of Ethics asserts that social workers should “behave in a trustworthy manner” and “not participate in, condone, or be associated with dishonesty, fraud, or deception” (NASW, Rev 1996, Approved 1999, Ethical Principles & Section 4.04). Demonstrating honesty and integrity entails avoiding all forms of academic misconduct including: cheating, plagiarizing, stealing course examinations, asking another student to sign the roll for them when they are not going to be attending class, falsifying data, violating copyright laws, and/or intentionally assisting another individual in any of those actions. See discussion below.

B. **University Policies Documented in SW 631 Master Syllabus**

1. **Academic Misconduct.** Academic misconduct is defined as an act in which a student seeks to claim credit for the work or efforts of another without authorization or citation, uses unauthorized materials or fabricated data in any academic exercise, forges or falsifies academic documents or records, intentionally impedes or damages the academic work of others, engages in conduct aimed at making false representation of a student's academic performance, or assists other students in any of these acts.
Academic misconduct, including plagiarism, is a serious offense in academia and will be treated according to the university policy, as written in the SDSU catalog/Graduate Bulletin. Any academic misconduct, including plagiarism infractions, will be reported to the SDSU Office of Student Rights and Responsibilities as is mandated by the CSU Chancellor. If you have not already done so, please take the 30-minute pre- and post-online quiz: *SDSU Plagiarism: The crime of intellectual property* by SDSU librarian Pamela Jackson, found at: [http://infotutor.sdsu.edu/plagiarism/index.cfm](http://infotutor.sdsu.edu/plagiarism/index.cfm). For more information on policies related to academic visit the Office of Student Rights and Responsibility: [http://studentaffairs.sdsu.edu/srr/academics1.html](http://studentaffairs.sdsu.edu/srr/academics1.html).

2. **SDSU Faculty Senate Disability Policy.** If you are a student with a disability and believe you will need accommodations for this class, it is your responsibility to contact Student Disability Services at (619) 594-6473. To avoid any delay in the receipt of your accommodations, you should contact Student Disability Services as soon as possible. Please note that accommodations are not retroactive, and that accommodations based upon disability cannot be provided until you have presented your instructor with an accommodation letter from Student Disability Services. Your cooperation is appreciated.

3. **Accommodation for Religious Observances.** Students will be allowed to complete examinations or other requirements in advance of a religious observance. However, it is the student’s responsibility to contact the instructor in advance to make the necessary arrangements.

C. **Instructionally Related Policies**

1. **Midterm Exam.** The Midterm Exam must be taken on the date it is scheduled (*March 16, 2016*), unless students have an unavoidable commitment and have made prior arrangements. If illness or other extenuating circumstances prevent students from taking an exam on the scheduled date, they should immediately email the instructor. Provided that the reason for absence meets criteria for an excused absence (see Attendance Policy above), the instructor will negotiate another time for the student to take the exam.

2. **Group Presentation Policies**
   
a. **Liability:** The Group Project may entail students meeting off campus. Students agree to hold harmless San Diego State University, the State of California, the Trustees of the California State University and Colleges and its officers, employees and agents against all claims, demands, suits, judgments, expenses and costs of any kind on account of their participation in the activities. Students using their own vehicles to transport other students should have current automobile insurance.

   b. **Group Structure and Responsibilities of Group Members:** Groups will be 5 to 6 students each and randomly assigned. Group members will collaborate in researching their interventions, giving their presentation, and providing a resource packet and
reference list for the class. Each member of the group should participate in the preparation of the assignment and complete a part of the presentation (see guidelines in Appendix B on Pages 29-33). All group members are responsible for ensuring that the group’s final work product (Group Presentation and Resource Packet) maintains an academic standard of honesty and does not contain any form of plagiarism (see discussion on Pages 8-9). Group members, both individually and as an entire group, must give proper credit to the sources they have used by providing appropriate reference citations in their PowerPoint slides and Resource Packet.

c. **Troubleshooting problems.** Should a group experience problems with members failing to do their share of the assignment, members of the group should notify the instructor. The instructor will ask each group member to email a statement outlining their perceptions of the problems encountered. If the instructor determines that one or more members have not contributed sufficiently to the preparation of the case presentation, those members will be graded individually on the group portion of the grade, and the group grade for the other members will not be affected.

d. **Posting of presentation materials:** Groups need to email a copy of their PowerPoint presentation (and any materials they wish from their Resource Packet) by 5:00 p.m. on the day before the presentation (Tuesday) for posting on Blackboard by the instructor that on. Students should download the PowerPoint slides (and other materials) and bring them to class on the dates of the Group Presentations (April 20, April 27, and May 4, 2016). On the day of the presentation, the group needs to provide the instructor a hard copy of the PowerPoint slides and Resource Packet.

e. **Date of Presentation:** All group members must be ready to present at the beginning of the class on the date their presentation is scheduled. If an emergency (i.e., illness, family illness, death in the family, car trouble) prevents a student from attending class and participating in the Group Presentation, the student must notify the instructor and other group members immediately by email and/or phone. If the absence meets the criteria of an emergency and absence from class was unavoidable, the instructor will negotiate an alternative assignment with that student and the group grade for the other members will not be affected. If a student fails to attend the group presentation, that student will receive a zero for the assignment.

f. **Peer Review.** Students will be asked to complete a peer review evaluation of their classmates’ group presentations. This includes noting three strengths and three limitations of the presentation. Some of this feedback will be provided to the group anonymously as part of the instructor’s written feedback to the group (see below).

g. **Student’s Evaluation of the Group.** The Self-Reflection of Group Process and Dynamics paper is due one week after the presentation. It should include the student’s observations and evaluation of the group’s performance on the assignment, including their estimate of the percentage each group member (including self) contributed to the project (see guidelines in Appendix C on Page 34).
h. **Grading of Group Presentation.** Each member of the group is responsible for every-thing that the group as a whole produces. All members of the group will receive the same grade (unless the instructor determines a group member failed to carry his or her share of the project – see above). The instructor will email a feedback sheet to all members of the group listing the group’s grade and giving the instructor’s commentary about the presentation, along with selected anonymous comments from the peer review feedback of other students.

3. **Late Assignments:** The instructor expects that students will submit the written assignments (i.e., Case Study, Self-reflection on Group Process) on or before the due dates (see Page 6). Students should contact the instructor immediately (by email) if unforeseen circumstances arise that cause them to be late on an assignment. If the instructor agrees that the circumstances justifiably prevented a student from completing the assignment, the student may negotiate an extended time frame for completing the work. If the paper is late for any reason other than a verifiable emergency, but has been discussed with the instructor prior to the due date, the grade for the student will be reduced by one grade levels (e.g., from A to A-, or A- to B+), and a new due date will be established. The penalty for lateness will be increased to one full letter grade (three grade levels - e.g., from A to B) if the student still fails to turn in the assignment by the extended due date. The instructor may choose not to accept a paper that is more than 2 weeks late, and the student would then receive a zero for the assignment.

4. **Grade of “Incomplete.”** This may be granted on rare occasions (e.g., severe illness, family emergency), provided the student meets the criteria established by University and School of Social Work policies: (a) the instructor must agree that extenuating circumstances prevented the student from completing the work; (b) the student does not have to make up more than 30% of the required course work; and (c) the student and the instructor will sign a contract specifying the actions needed for the student to complete the course and a time line for completion. University policy dictates that an Incomplete must be made up within one calendar year following the end of the term in which it was assigned, or the grade will be converted to an F.

5. **Communication with the instructor:** The instructor will use Blackboard to send emails to students notifying them of documents posted on Blackboard and/or updates to course assignments. Students are responsible for assuring they are registered in the course and their current email is listed on the Blackboard system. Students requiring assistance on Blackboard may contact the Blackboard Help Desk at [http://its.sdsu.edu/bbsupport/](http://its.sdsu.edu/bbsupport/).

6. **Office hours:** The instructor will maintain office hours as listed in the heading of this syllabus, and may be available at other times by appointment. In order to make the best use of office hour time, the instructor encourages students to schedule appointments when possible. The instructor also welcomes questions from students via email (see contact information on the heading of this syllabus).
VII. Course Topics and Outline (Subject to Changes During the Semester)

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic of Discussion</th>
<th>Required Readings and Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td><strong>Introduction to Course and Review of SW 630</strong></td>
<td><strong>Required Readings</strong></td>
</tr>
<tr>
<td>1-20-16</td>
<td>• Introduction: Review of Syllabus and Assignments</td>
<td>Hepworth et al. (2013) (Review):</td>
</tr>
<tr>
<td></td>
<td>• Formation of Task Groups</td>
<td>• Ch. 4, “Operationalizing the cardinal social work values” pp. 57-85</td>
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<tr>
<td></td>
<td>• Social work values and NASW Code of Ethics (review)</td>
<td>• Ch. 13, “Planning and implementing change oriented strategies” (Crisis Intervention) pp. 399-408</td>
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<tr>
<td></td>
<td>• Assessing high risk factors (review)</td>
<td><strong>Recommended Readings:</strong></td>
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<tr>
<td></td>
<td>• Crisis Intervention (review)</td>
<td>Lukas (1993): pp. 101-127</td>
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<tr>
<td></td>
<td>(Required Readings continued on next page)</td>
<td>• Ch. 8, “How to determine if a client might hurt somebody including you”</td>
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<tr>
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<td></td>
<td>• Ch. 9, “How to determine if a client might hurt herself”</td>
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<tr>
<td>Week 2</td>
<td><strong>Assessment and Evidence Based Practice</strong></td>
<td><strong>Required Readings</strong></td>
</tr>
<tr>
<td>1-27-16</td>
<td>• Multidimensional Assessment</td>
<td>Hepworth et al. (2013) (Review):</td>
</tr>
<tr>
<td></td>
<td>• Strengths Oriented Practice and Empowerment</td>
<td>• Ch. 8, “Assessment: Exploring and understanding problems and strengths” pp. 185-213 (Review)</td>
</tr>
<tr>
<td></td>
<td>• Treatment / Service Planning</td>
<td>• Ch. 9, “Assessment: intrapersonal and environmental factors” pp. 215-249 (Review)</td>
</tr>
<tr>
<td></td>
<td>• Evidence Based Practice and Evaluation</td>
<td>• Ch. 12, “Developing goals and formulating a contract” pp. 327-375 (Review)</td>
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<td></td>
<td>o Assessment Tools (Establishing Baseline)</td>
<td>• Ch. 19, “Termination and Evaluation, pp. 591-594</td>
</tr>
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<td></td>
<td>o Outcome Measures / Evaluation</td>
<td><strong>Required Supplemental Articles:</strong></td>
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<tr>
<td></td>
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<td>perspective, pp. 270-282.</td>
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</tbody>
</table>
• Thyer (2004), What is evidence-based practice? pp. 167-196 |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Week 3</strong></td>
<td><strong>Required Readings</strong></td>
</tr>
</tbody>
</table>
| **2-03-16** | Hepworth et al. (2013) (Review):  
• Ch. 9, “Assessment: intrapersonal and environmental factors” pp. 215-249 |
| Assessment, Diagnosis, and Case Conceptualization | American Psychiatric Association (2013)  
• Introduction, pp. 5-17  
• Use of the manual, pp. 19-24 pp. 749-754  
• Cautionary statement for Forensic Use of DSM-5, pp. 809-816  
• Glossary of Cultural Concepts of Distress, pp. 833-837  
• Appendix, DSM-5 |
| • Mental Status Exam (review)  
• Introduction to DSM-5  
• Culturally responsive assessment | **Required Supplemental Articles** |
|  | • American Psychiatric Association (2013). Highlights of changes from DSM-IV-TR to DSM-5, pp. 1-19  
• Congress (2009). The culturagram  
• NASW Standards for cultural competence in social work practice (2007) |
<p>|  | <strong>Recommended Reading</strong> |
|  | • Ch. 2: “Looking, listening, and feeling: The Mental Status Exam, pp. 13-43.” |</p>
<table>
<thead>
<tr>
<th>Week 4</th>
<th>Case Conceptualization and Practice Theory</th>
<th>Required Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-10-16</td>
<td><strong>Psychoanalytic theory / Ego Psychology / Psychodynamic Model</strong></td>
<td>Walsh (2013):</td>
</tr>
<tr>
<td></td>
<td>- Introduction of Theory and Practice</td>
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<td>- Psychoanalytic Theory:</td>
<td>- Ch. 4, “Ego psychology”</td>
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<td>- Cognitive-Behavioral Therapy (CBT):</td>
<td>- Ch. 13, “Planning and implementing change oriented strategies” pp. 408-421 (review</td>
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<td>- Cognitive restructuring</td>
<td>Walsh (2013)</td>
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<td>- CBT with adults, adolescents, and children</td>
<td>- Ch. 8, “Cognitive theory”</td>
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<td>2-24-16</td>
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<td>Hepworth et al. (2013):</td>
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<td>- Cognitive-Behavioral Therapy (continued)</td>
<td>- Ch. 17, “Additive empathy, interpretation, and confrontation” pp. 543-555</td>
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<td>- Assessing client motivation and stage of change</td>
<td>- Ch. 15, “Managing barriers to change” (Motivating change) pp. 578-587</td>
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<td>- Motivational Interviewing</td>
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<td>- Ch. 8, “Cognitive theory”</td>
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<td>- Ch. 11, “Motivational Interviewing and Enhancement Therapy”</td>
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<td>• Ch. 13, “Planning and implementing change oriented strategies” (Task Centered approach) pp. 385-399; (Solution-focused Therapy) 421-428</td>
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<td>• Ch. 10, “Solution-focused Therapy”</td>
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<td>Week 8</td>
<td>MIDTERM EXAM (WEEKS 1 – 8)</td>
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<td>Class will not meet following the Exam. Students may use this time to work on the Case Study and Group Presentation assignments.</td>
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<td>Week 9</td>
<td>Family Systems Theory and Family Therapy Approaches</td>
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<td>• Family Systems Theory</td>
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<td>• Family Assessment: Genograms, Ecomaps, and Culturagrams</td>
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<td>Hepworth et al., (2013) (review):</td>
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<td>• Ch. 10, “Assessing family, functioning in diverse family and cultural contexts” pp. 251-284</td>
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<td>• Rempel, Neufeld, &amp; Kushner (2007). Interactive use of genograms and ecomaps in family caregiving research.</td>
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<td><strong>Family Systems Theory and Family Therapy Approaches</strong></td>
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| 3-23-16 | • Initial Contacts with Families  
• Intervening with Families: Cultural and ecological perspectives  
• Communication Patterns and Styles  
• Structural Family Therapy (Minuchin)  
• Intervening with Families: Strategies to Modify Interactions | Hepworth et al., (2013) (review):  
• Ch. 15, “Enhancing family “functioning and relationships” pp. 471-506  
Walsh (2013):  
• Ch. 9, “Structural Family Therapy” |
| 3-30-16 | **SPRING BREAK – MARCH 28-APRIL 3, 2016** | |
| **Week 11** | **Group Treatment** | **CASE STUDY DUE (at beginning of class)** |
| 4-06-16 | • Formation of Groups  
• Group Dynamics and Process  
• Ethical and Legal Issues in Group Work | **Required Readings**  
Hepworth et al. (2013):  
• Ch. 11: “Forming and assessing social work groups”, pp. 251-294 |
| **Week 12** | **Group Treatment** | **Required Readings**  
Hepworth et al. (2013):  
• Ch. 16: “Intervening in social work groups” pp. 507-533 |
| 4-13-15 | • Stages of Group Development  
• Interventions for Group Treatment | |
| **Week 13** | **Group Presentations on Practice Models** | **Required Reading**  
Hepworth et al. (2013), Ch. 19, “The final phase: Termination and evaluation” pp. 591-607 |
| 4-20-16 | • Group Presentations:  
  o Dialectical Behavior Therapy  
  o Functional Family Therapy  
• Final Phase of Helping Process: Evaluation | |
| **Week 14** | • Group Presentations:  
  o Trauma-Focused CBT  
  o Parent-Child Interaction Therapy  
• Final Phase of Helping Process: Termination | |
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*Congratulations on completing Year 1 of Direct Social Work Practice! Enjoy your Summer……..*
Appendix A

Case Study: Application of Practice Theories/Models
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Purpose of Assignment

This assignment is intended to give you an opportunity to integrate theory and practice utilizing a case from your field practicum. It is designed to:

- Increase your skills in direct social work practice – including assessment, case conceptualization, and evidence-based treatment planning, intervention, and evaluation.
- Increase your skills in applying practice theories/models to a case.
- Begin to develop your skills in applying diagnostic criteria to a case.
- Assist you in developing a clear understanding of what you did in a case, and why.
- Help you analyze and evaluate the effectiveness of the treatment approach you took, particularly as it applies to contemporary principles of evidence-based practice.
- Increase your insight into your own professional use of self and in critically evaluating your own practice with a specific client.

Case Study Preparation

Selection of the Client and Practice Theory/Model

Client Selection

A. Case Identification

Identify a case with your field instructor that will give you a chance to work with a client for at least 2-4 sessions. The client must be a current field practicum client whom you began seeing at your field agency after August 24, 2015. If you have difficulty identifying a client for this assignment, please discuss this with your Field Instructor, Field Faculty Instructor/Liaison and the course instructor as soon as possible and before you proceed with this assignment. You should identify the client you are going to use for the Case Study by Week #4 of the semester.

B. Confidentiality and Informed Consent

In your supervision with your Field Instructor, jointly determine how the confidentiality of the client will be protected, and decide if it is in the client’s best interest to obtain informed consent for this case study. If the student and field instructor determine that informed consent is needed, the student will tell the client that his/her situation is being used as the subject of

1 Adapted from various versions of this assignment (from 2003 to 2015) by L. A. Rasmussen, Ph.D., LCSW; E. J. Ko, Ph.D.; S. G. Mathiesen, Ph.D., LCSW, T. A. Fong, LCSW, P. Dublin, LCSW, S. James, Ph.D.
an educational paper, assuring the client that (a) his/her confidentiality will be protected and (b) all names and identifying information in the paper will be changed. Documentation of informed consent (with client’s name blacked out) should be attached to the paper (either on the informed consent form used by the agency or one that the student and field instructor have constructed for this purpose). If the student and field instructor determine that obtaining informed consent is not in the client’s best interests, the student should provide a written statement from the field instructor documenting their decision to not seek informed consent. In either case, the statement from the field instructor needs to verify that the student has discussed the case in supervision and that the client’s confidentiality has been protected. **This statement must be attached to the paper.**

**Selection of Practice Theory/Model**

The skill of case conceptualization consists of applying the theoretical premises and concepts of a practice theory/model to the presenting problems and therapeutic issues of a case. The social worker then uses those theoretical premises and concepts to: (a) evaluate and analyze the case data obtained in the assessment; (b) construct hypotheses about the causes and dynamics of the client’s problems/challenges (clinical case formulation); (c) define the problems to be addressed in the treatment; (d) develop treatment/service goals for the client; and (e) select, implement, and evaluate interventions based on the theory/model.

By Week 6 of the semester, students will select a practice theory or model and apply the concepts of that practice theory or model to the Case Study. They will research the selected practice theory or model utilizing scholarly professional references (books and peer reviewed journal articles) and Internet resources. Information about the model and/or resources can also be obtained from clinical social workers or other professionals who have applied the model in direct social work practice.

**Formatting of Case Study**

The case study is to be written in narrative form using the outline below as a guide. The paper needs to be clear and well organized, with no spelling or grammatical errors and written from the perspective of third person (i.e., the social work intern). The paper should be no more than 10 pages in length plus Appendices (i.e., Risk Assessment Worksheet, Case Planning Worksheet, Genogram, Ecomap, and Culturagram). It must be written in APA format using the guidelines from the Sixth Edition of the APA Manual (2010). This includes:

- Times New Roman 12 point font, 1 inch margins, page numbers
- Title Page with running head (see APA Section 2.01-2.02)
- Abstract (no more than 250 words, must follow the guidelines for an abstract for a Case Study (see APA Section 2.04, Page 27)
- Correct levels of headings (use Levels 1, 2, and 3 – see APA Section 3.02-3.03, Pages 62-63).
• References cited in the text and the Reference List complying with specifications discussed in Chapters 6 and 7 of the APA Manual (i.e., rules for capitalization and type of font for titles of books, journals, and articles or reports). See examples of different types of references listed in Chapter 7 of the APA Manual (Pages 198 to 215) to make sure that your particular references follow the APA specifications.

Guidelines for Case Study

Part I: Initial Assessment of the Client (25% of possible points)

1. **Agency Setting** Briefly state the name of your field agency, the type of agency (i.e., public or private), and the type of services it provides (i.e., outpatient, inpatient, day treatment, residential, etc.). Summarize your contact with the client. What modalities of treatment were used? How many sessions took place, over what period of time?

2. **Identifying Information**
   Describe in 1-2 sentences the identifying information about the client (i.e., age, gender, race, ethnicity, socioeconomic class, sexual orientation, marital status, religion, education, employment [or sources of financial support], disability, and current living circumstances/family composition). If your client is a child, provide the relevant information for the parents as well.

3. **Referral Source/Sources of Information for the Assessment.**
   Note who made the initial contact (e.g., self-referral, family member, school counselor, therapist, etc.), and where the information for the assessment was obtained - direct interviews with client (i.e., phone contact, office visit, home visit); biographical information forms, clinical observations, client self-report rating forms, standardized assessment tools, collateral contacts (e.g., family members, friends, other treatment professionals); agency/medical records).

   Above sections (Agency Setting, Identifying Information, and Referral Source) should be about 1/2 page in length.

4. **Mental Status Exam (Clinical Observations of Client in First Interview – see Chapter 2 of Lukas [1993]) (1 page)**
   Please follow guidelines specified in Chapter 2 of the Lukas (1993) text. These guidelines are also on the instructor’s PowerPoint slides related to the Mental Status Exam (for those students who do not have the Lukas text). Include a brief description of the following areas of client functioning: physical appearance; speech; mood; affect; disorders of thought processing; disorders of thought content; suicidal and homicidal ideation; sensory perceptions (vision, hearing, hallucinations); mental capacities (i.e., orientation, intelligence, memory, concentration, self-worth, judgment, insight); and attitude toward interviewer (i.e., motivation, response to empathy, capacity for empathy). Note anything remarkable or unusual about the client’s behavior. When assessing thought processing and thought content, note the specific disorder observed.
5. **Presenting Problem(s)/Precipitating Factors (1 page)**

Referral and initial contact – report the referral source and/or who was/were responsible for initial contact with your agency (i.e., self-referral, family member, school counselor, therapist, etc.) and the reason for referral.

Identify and assess the client’s major presenting problem/challenge that will be the focus of treatment for this paper. Discuss the following:

a. State the presenting problem(s) in the *client’s own words* (i.e., the reason given by client for seeking services). If the client does not acknowledge a problem or know why he or she is there, identify the presenting problem(s) that were indicated by the referral source.

b. What was the *precipitating event* that brought the client into seek services at the agency?

c. Describe the nature of the presenting problem/challenge(s) (i.e., *symptoms, behavior problems*).

d. Identify the *onset* of the problem/challenge(s) (i.e., when did the problem(s) or concerns first begin?). What were the circumstances surrounding the onset (e.g., triggers)?

e. What is the *duration* and *frequency* of the problem/challenge?

f. If the problem/challenge is substance abuse, what is the *type of drug* and *amount of use*?

g. What is the *context* of the presenting problem/challenge(s), that is, *where* and *when* does it occur?

h. Report the client’s *history of previous treatment or hospitalizations*.

i. Evaluate the *current severity* of the presenting problem/challenge(s) by considering its impact on client functioning. Indicate why you believe the services your agency provides can help meet the client’s needs.

6. **Assessment of High Risk Factors** *(attached as an appendix; does not count against page limit)*

Use the Risk Assessment Worksheet to assess for high risk factors. Explain on the worksheet your rationale for your ratings and indicate the next steps for intervention. High risk factors to be assessed are:
- Suicidal ideation - assess severity/lethality – (include assessment of: presence of a plan, access to means, past suicide attempts, family history of suicide)
- Homicidal ideation
- Physical aggressiveness and potential to harm others
- Suspected child abuse and/or neglect
- Indications of domestic violence
- Suspected elder abuse
- Substance abuse

**Part II: Assessment Maps** (attached as Appendices; do not count against page limit) 15% of possible points

Assessment maps (i.e., Genogram, Ecomap, and Culturagram) are invaluable when completing an assessment of a family. They illustrate salient issues of the family and complement the assessment. Assessment maps offer a common language for illustrating assessments understood by clinical social workers and other mental health or social service professionals.

A key must be included for each assessment map (points will be deducted if there is no key). Standard symbols (see McGoldrick [2009]) should be used when possible; however, it is possible for you to create your own unique symbols, so long as the key clearly indicates what the symbols mean. This might include using various colors or images to illustrate intergenerational themes (see below). The assessment maps can be produced using a published genogram program or utilizing the drawing capacities in the Word or PowerPoint programs. If hand-drawn, they must look professional or points will be deducted.

**Genogram:**

The Genogram is important in providing “a picture” of the family system. It should document important events in the family’s history (e.g., births, deaths, marriages, separations, divorces, and/or other significant losses). Intergenerational themes need to be delineated including:

- Physical illness noting the specific illness [cancer, diabetes, heart disease])
- Mental illness with the specific DSM-5 diagnoses [e.g., Depression, ADHD]
- Substance abuse
- Child abuse [physical and/or sexual]
- Domestic violence
- Incarceration in jail or prison
- Other salient issues (e.g., teen pregnancy).

Relationship dynamics (e.g., fusion, enmeshment, disengagement, conflict, cut-offs, triangulation) need to be noted on the genogram, using standard genogram symbols. A separate appendix can be used to identify triangles. A timeline listing important events in the family can be attached to the genogram if desired.
If the case has multiple family configurations (e.g., a natal family and foster family), complete a separate genogram for each family.

**NOTE:** Standard genogram programs (Geno-Pro) typically have symbols to note “serious mental or physical illness.” This is not sufficient for a comprehensive genogram. If you are using a standardized genogram, you must find a way to specify the exact illness – either physical illness (e.g., cancer) or mental disorder (e.g., Depression). This can be done by utilizing footnotes (if you are working with a Word program). If the genogram program utilizes another program that does not allow entry of other text (e.g., PDF), then please attach a separate sheet that gives the footnotes with the specific illness or disorder. If you have questions about how to adapt the genogram program to the requirements of this course, please consult the instructor.

**Ecomap:** The Ecomap illustrates the environmental resources of the family at the time of the precipitating event (i.e., a significant loss or major transition) and the entry of the client into the services of the agency. It should depict the environmental factors (i.e., stressors and resources) influencing client and the family and is a means to evaluate the connections between the family and the various aspects of their environment.

The ecomap should be presented from the perspective of the family’s ecological system at the time of the assessment. It marks the external boundaries and shows how open the family system is to the outside world. The ecomap illustrates the quality of the family’s connections with each stressor or resource, as to whether those connections are positive, tenuous, or stressful. It needs to make the distinction between stressors and resources that apply to individual family members or the family as a whole. Flow of energy between the resource and family members needs to be noted (i.e., Does the resource provide energy to the client system or take energy away?). Details (i.e., brief statements inside the circles that indicate how a particular stressor or resource) applies to the client and/or family) help make the ecomap comprehensive, user friendly, and a source of assessment information for those professionals working with the case (see Rempel [2007] article.

**Culturagram:** The Culturagram (Congress, 2009) assesses the elements of diversity that apply to a family. It needs to contain sufficient detail to clearly delineate the cultural factors present in a family. Areas included on the culturagram are:

- Reasons for immigration or geographical relocation
- Length of time in the community
- Legal status
- Age at time of immigration / relocation
- Language spoken at home and in the community
- Health beliefs
- Religious and cultural institutions, as seen in celebrated holidays, food, clothing, etc.
- Oppression, discrimination, bias, and racism
- Impact of crisis events
- Values regarding family, education, and work.
**Part III: Case Conceptualization: Application of Practice Theory/Model To Case Study (30% of possible points)**

A. **Analysis of the Practice Model (1 – 2 pages)**

Select an evidence-based practice model, with its associated theory (i.e., psychoanalytic, social learning/behavioral, cognitive, or family systems) to apply to the client’s presenting problems/challenges and clinical issues. Describe the premises/concepts of the practice model (and its underlying theory) and analyze: (a) whether the practice model has empirical support for addressing the specific presenting problems/challenges of the client; and (b) limitations of the practice model. For example, a student may have a client who is a depressed Mexican American 70 year-old male. The student needs to analyze whether there is empirical evidence that the selected practice model is effective with elderly individuals who have depression, and whether the model is culturally sensitive to Mexican Americans.

Complete a brief literature review identifying studies supporting the efficacy and effectiveness of the practice model. Include meta-analyses, randomized clinical trials, quasi-experimental studies, systematic reviews, and/or qualitative studies.

B. **Application of the Practice Models and Its Underlying Theory to the Case (3 to 4 pages)**

*The Case Conceptualization is the most important section of the Case Study.* It synthesizes the assessment data in a case and analyzes the client’s therapeutic issues according to the premises and concepts of a specific practice model and its underlying theory. The Case Conceptualization should state your hypotheses about the possible factors contributing to the dynamics of the client’s presenting problems and therapeutic issues, as viewed through the premises and concepts of your selected practice model and its underlying theory.

In the case example above, the student might decide to apply CBT to the 70 year-old man with depression. Concepts such as the “Cognitive Triad” and “cognitive distortions” might be applied to the client and the student would then analyze how these things are contributing to the client being depressed. For example, perhaps the client was forced to retire and believes it was because he was “a total failure” in his job (i.e., cognitive distortion of “black and white thinking). Or perhaps he has always thought of himself as “stupid” (core belief in Cognitive Triad). Both concepts would be included in the Case Conceptualization.

Completing the Case Conceptualization involves the following steps:

1. **Step One:** Look at the case through the “lens” of the practice model and its underlying theory. Apply the premises and concepts of the model/theory to your assessment data, considering both individual functioning (biological, cognitive, emotional, and behavioral) and (b) environmental factors (family history and dynamics, cultural factors, and access to/utilization of community resources). Illustrate your discussion with examples from the client’s behavior, his or her characteristics, family history and dynamics, etc.
1. **Step Two:** Support your analysis by incorporating data you obtained from your client with relevant clinical assessment methods (i.e., Mental Status Exam, Genogram, Eco-map, Culturagram, standardized assessment tools, etc.).

2. **Step Three:** Write the Case Conceptualization. In one or two paragraphs, using the language of the practice model and theory, present your hypotheses about how the client’s presenting problem/challenges might be connected to his or her underlying clinical issues. The Case Conceptualization basically asserts: “According to the_________________practice model and its related theory, the reasons for the client’s problems/challenges and clinical issues may be______________________”

**Part III. Treatment / Service Plan (Based on Practice Theory) (25% of possible points) (to be presented on Case Planning Worksheet – does not count against the page limit for the paper)**

**A. Problem List**
Define the problem areas that will be a focus of treatment and list them on the Case Planning Worksheet. Several problems may exist and should be prioritized into **immediate** (high risk factors, safety issues) and **longer-term** problems. Problems need to be defined in descriptive, behavioral terms and should be related to the problems or impairments in the client’s life for which services are being sought.

**B. Treatment Goals**

1. **Guidelines for formulating treatment goals.** Formulate long-term goals and short-term objectives for the client, ensuring that they are consistent with the premises and concepts of your selected practice model/theory. All goals should relate to the problems defined in the problem list, and the objectives should be written in descriptive behavioral terms. A clear definition of goals and objectives will allow you to later evaluate whether your interventions have been effective in accomplishing the goals.

   a. **Long-term goals** are broad descriptions of desired treatment outcomes. Because they are not specific, they cannot be measured.

   b. **Short-term objectives** are *concrete, incremental steps* that the client will need to complete in order to achieve the long-term goals. Short-term goals must be *specific and measurable*. This can be ensured by quantifying the expected outcome (e.g., how many times per week do you expect to see the desired behavior?). Some of the objectives should address the client’s high risk issues.

**C. Modalities and Interventions**

1. **Modalities:** Identify the treatment modalities to be used in the ongoing treatment (i.e., individual therapy, group treatment, family therapy, case management).
2. **Interventions.** Select **three** intervention strategies or techniques from the practice model that you determined best meets the client’s needs. You may also include interventions from other practice models. List the interventions you plan to use on the Case Planning Worksheet and describe your rationale for using them in the Intervention section of your paper (see below).

3. **Community resources, referrals and linkages to collaborative services.** In this paper, you are taking the role of the social work intern who manages the case. That means that when planning interventions for your client, you can have other practitioners besides yourself carry them out. For example, if you are a child welfare services worker and determine that individual therapy would be helpful, you can designate on the worksheet that the individual therapy will be provided by a therapist. Identify specific collaborative services or community resources that you plan to implement with the client (e.g., medication, parenting classes, psychoeducation Alcoholics Anonymous).

D. **Interventions**

**Option 1** (if you were able to complete the interventions):

1. List (in your paper) three intervention techniques (from the selected practice model) that you used to address the client’s presenting problem/challenges and the time frame of implementation (i.e., how many sessions).

2. State the purpose of each intervention and your rationale for using it. Incorporate the empirical literature supporting the practice model.

3. Describe how you implemented the interventions (*specific to* the client’s presenting problem/challenge(s)).

4. Describe how you tailored interventions to address the client’s cultural factors (e.g., ethnicity, immigration issues, age, gender, sexual orientation, religion, socioeconomic class, disability).

5. Describe your rationale for selecting the adjunctive collaborative services or community resources where you referred the client.

6. What ethical dilemmas or clinical challenges (e.g., legal mandates, professional boundaries, client resistance, transference or countertransference) did you encounter when implementing the interventions?

**Option 2** (if you have not yet, or were not able to complete the interventions):

1. List (in your paper) three intervention techniques (from the selected practice model) that you would use to address the client’s presenting problem/challenges and the time frame of implementation (i.e., how many sessions).
2. State the purpose of each intervention and your rationale for using it. Incorporate the empirical literature supporting the practice model.

3. Describe how you will (or would have) implemented the interventions (specific to the client’s presenting problem/challenge(s).

4. Report how your client might respond, or might have responded to the interventions you implemented.

5. Describe how you would tailor interventions to address the client’s cultural factors (e.g., ethnicity, immigration issues, age, gender, sexual orientation, religion, socioeconomic class, disability).

6. Describe your rationale for selecting the collaborative services and community resources that you are recommending for the client.

7. What ethical dilemmas or clinical challenges (e.g., legal mandates, professional boundaries, client resistance, transference or countertransference) might you encounter when implementing the interventions?

E. Evidence-based Evaluation Plan (1/2 to 1 page).

Present (in your paper) an objective and measurable plan to evaluate the progress of the client on his or her treatment goals and the effectiveness of the interventions you selected. Your evaluation methods must incorporate principles of evidence-based practice, and ideally will include a standardized assessment tool. Explain why you believe your evaluation plan evidence based. If you have selected collaborative services or community resources for your client, tell how you will evaluate the effectiveness of these interventions. Your evaluation methods should be described in the paper, as well as be listed on the Case Planning Worksheet under “Criteria for Measuring Treatment Progress.”

Conclusion: (1/2 page)

Give concluding comments summarizing what you did in the Case Study. Include self-reflection about what you learned from the client, what you might do differently if you had the opportunity, and how you will apply what you learned in future cases.

References

You must document your analysis and selection of your practice theory/model and intervention strategies and techniques with at least 10 references from professional literature (outside the required readings for the course). Most of the references should be from scholarly books, peer reviewed journal articles, and/or governmental reports. Information obtained through Internet searches is also acceptable, but should be used judiciously; that is, make sure that the websites
are reputable and the information discussed is valid. No more than 20% of the references can come from Internet websites. At least 50% of the references must have been written after 2010.

**Grading and Due Date**

The Case Study will be graded as follows:

- Part I (Initial Assessment) = 25%
- Part II (Genogram, Eco-Map, Culturagram – attached as Appendices) = 15%
- Part III (Case Conceptualization) = 30%
- Part IV (Treatment Plan) = 25%
- Writing style and APA format = 5%
Appendix B
Group Practice Assignment: Applying an Evidence-based Practice Model

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The purpose of this assignment to give you opportunity to: (a) research and analyze an evidence-based practice model, (b) learn about group dynamics by working collaboratively in a small task group, and (c) develop increased self-awareness as a social work professional.

Objectives of Assignment

1. Research a practice model and its related theory, identifying and analyzing its concepts, premises, application, interventions, strengths, and limitations.

2. Apply theoretical knowledge to social work practice by demonstrating how the selected practice model and its related theory apply to a case vignette involving a hypothetical family (provided by the instructor).

3. Become aware of, observe, and respond to group process and dynamics (e.g., stages of group; group roles) that develop in the group.

4. Work collaboratively as group members preparing and making a professional presentation.

5. Summarize the findings of your research in a resource packet to be distributed to the instructor and your classmates.

Small Groups: Formation, Organization and Tasks

Formation of Task Groups

By the second session of the course, students will be randomly assigned to small task groups of five to six members, depending upon enrollment. Each group will be assigned a practice model (with its related theory) to research and analyze. The Group Presentations are scheduled for the last three sessions of the course: April 20, April 27, and May 4. Each group will present their selected model and its related theory to the class, highlighting the key theoretical concepts and describing and demonstrating how the model is applied in social work practice. The practice/intervention models (with their related theory) to be analyzed are:

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2 Adapted from various versions of assignment in created in 2003, 2004, and 2007 by: L. A. Rasmussen, Ph.D., T. A. Fong, LCSW, BCD, P. Dublin, LCSW, S. G. Mathiesen, Ph.D., & S. James, Ph.D.
1. Dialectical Behavioral Therapy (Behavioral / Social Learning theory)
2. Brief Strategic Family Therapy (Family Systems theory)
3. Trauma-focused Cognitive Behavioral Therapy (Cognitive theory and Behavioral / Social Learning theory)
4. Parent-Child Interaction Therapy (Behavioral theory and Family Systems theory)
5. Multisystemic Therapy (Ecological Perspective and Family Systems theory)
6. Functional Family Therapy (Family Systems theory)

**Guidelines for Task Completion**

- Begin by sharing contact information with each other (i.e., telephone numbers [both home and at field agency], email addresses). Negotiate time schedules and meeting places and set up planning meetings to work on the project.
- Distribute tasks fairly among the members of the group. Use the resources within your group. Find out about each other’s talents and skills and assign tasks accordingly.
- As the group process begins to develop and informal leaders emerge, consider assigning formal roles (e.g., one member of the group to coordinate the group’s efforts, another member to take notes of the planning meetings).
- Be accountable to other members by attending all group meetings or notifying another group member if you must miss a meeting.
- Establish timelines. Allow sufficient time for your group to complete its tasks.
- Both individual effort and teamwork are keys to success. Each group member needs to (a) complete a portion of the research on the assigned practice model and its associated theory, (b) give a portion of the Group Presentation, and (c) collaborate in creating a Resource Packet about the practice model.
- *Each member of the group is responsible for everything that the group as a whole produces. All group members will receive the same grade. (See Class Policies on Pages 9-11).*

**Self-Awareness and Professionalism**

You will gain the most from the task group experience by consciously observing the group’s process and comparing it against group theory (related to formation of groups and stages of group development) discussed in Chapters 11 and 16 of the Hepworth et al. text. Be aware of the group roles (i.e., task, maintenance, and leadership roles) that you and other are taking on in the group. Please see handout on Blackboard about Group Roles (adapted from Anderson, 1997).

Successful completion of the group tasks is contingent on the ability of group members to work together professionally and collaboratively. Professional communication involves interacting
with others in an assertive, genuine way, showing respect for the opinions and needs of all group members. You and the other group members are responsible for abiding by the principles of the NASW Code of Ethics and ensuring that your final written and oral products maintain an academic standard of honesty and avoid any form of plagiarism. Group members, both individually and as an entire group, must give proper credit to the sources they have used in preparing their presentation and group paper by honestly acknowledging the work of others and providing appropriate reference citations (see class policies on plagiarism Pages 8-9).

Guidelines for Analysis of Practice Model/Presentation

Content of Group Presentation

The Group Presentation and Resource Packet should follow the guidelines below. The questions provided are to help you critically think through the various issues, identify key concepts and apply your assigned practice model to social work practice.

Analysis of the Practice Model

1. Brief historical background and overview of the practice model – How did the practice model and its related theory develop? Who were the main contributors to its development? What are the major premises and concepts of the practice model and its related theory?

2. Evidence-base – What empirical evidence is there that supports the practice model? What studies have been completed (i.e., meta-analysis, randomized clinical trials, quasi-experimental studies, qualitative studies)? What research findings would caution against using this theory? When discussing this section, please give the names of the researchers for the various studies. Don’t just say “A study found……”

3. Assessment – What key areas are assessed when using this practice model and its related theory? How does the model/theory address high risk factors (e.g., suicidal or homicidal ideation)? What legal or ethical issues must be considered when using the practice model?

4. Treatment planning – What does the practice model specify as goals and objectives for change? What are the recommended time limits (i.e., short-term or long-term)? Can the practice model and its related theory be incorporated into all modalities of treatment (i.e., individual therapy, family therapy, group treatment)?

5. Practice Evaluation – Describe the evidence-based methods that can be used to evaluate the interventions using the practice model, including standardized assessment instruments commonly used by professionals who use the practice model. Do these methods provide an objective and measurable way to evaluate the effectiveness of the interventions? Provide empirical evidence that assessment instruments are valid and reliable for the population that you are treating. If no instruments have been developed, describe how you would evaluate interventions using your practice model. Your plan should be measurable.
6. **Cultural sensitivity** - How effectively does the practice model and its related theory address aspects of diversity? Can the practice model be used as part of culturally competent practice? When making this analysis, consider the interplay of sociocultural factors, ethnic minority status, immigrant and acculturation issues, religion/spiritual aspects, gender, sexual orientation, disability concerns, and any other unique contributions to the therapeutic process.

7. **Developmental issues** - How do the practice model and its related theory differentiate between clients of different ages or developmental stages? Are there ages that are excluded?

8. **Interventions** – Describe and demonstrate specific intervention strategies and techniques that are based on the practice model and its related theory. The demonstration should be a role play (either video or live) illustrating how the practice model would be employed with the hypothetical family provided by the instructor.

9. **Strengths and Limitations** – What are the benefits of using this practice model and its related theory? What types of clients, problem issues, or treatment settings are most appropriately addressed by this model/theory? What are the disadvantages of using this practice model and its related theory? What types of clients, problems issues, or treatment settings are not appropriately addressed by this model/theory?

**Application of the Practice Model**

Your analysis should include a description/demonstration of how the concepts, principles, strategies and techniques of the practice model and its related theory apply to the case vignette provided by the instructor. Incorporate the identified client and family members in the case vignette when answering the questions about and when doing the role play.

Conclude your presentation by presenting a written Case Conceptualization of the case vignette according to your practice model and its related theory (to be included in the Resource Packet). This case conceptualization should be a brief analysis of the presenting problems and therapeutic issues of client and his or her family system, as seen through the “lens” of your practice model and its related theory. It should include your hypotheses about the causes and dynamics of the family’s problems, challenges, and therapeutic issues, as conceptualized through the premises and concepts of your practice model and its related theory.

**Structure and Format of Group Presentation**

1. The presentation needs to be well organized and stay within the time frame of 60 minutes (including time for questions from the audience). Try to keep your information concise and in the same order as the outline as this will help provide anchor points for the class to compare and contrast the practice models presented. (See the Course Outline for the schedule of the Group Presentations.)
2. Members should strive to present as if giving a workshop at a professional conference, including dressing professionally, monitoring voice tone and eye contact with the audience, and demonstrating teamwork. Professional dress is typically defined as a dress shirt and slacks for men (sport jacket and/or tie is optional), and a dress, pants suit, or dress slacks with a blouse or sweater for women. Denims are not considered professional attire.

3. Utilize a variety of methods to help make the presentation interesting and interactive (e.g., visual aids, PowerPoint slide, role-plays, experiential exercises that involve class members). Part of effective learning is engaging the class in discussing the analysis you presented about your practice model, demonstrations of interventions, and Case Conceptualization.

4. Your group will be graded on your ability to work together in effectively explaining your practice model and its related theory and demonstrating its intervention strategies.

Resource Packet and References

1. Each group will distribute to the class a Resource Packet comprised of: (a) a 1 to 2 page summary of their analysis of the practice model and its related theory; (b) their ½ page Case Conceptualization giving the application of their practice model to the hypothetical case; (c) description of the interventions of the practice model; (d) resource material about agencies that use the practice model within San Diego County; (e) Internet websites or other places to get information; and (f) Reference List.

2. The Reference List must be in APA format, following the guidelines specified in the Sixth Edition of the APA manual. See guidelines on Pages 19-20 about areas to consider when preparing a Reference List in APA format.

3. The instructor will be happy to post the group’s PowerPoint slides on Blackboard and materials from the Resource Packet (if submitted by Tuesday evening at 10:00 p.m.). On the day of the presentation, the group should provide the instructor hard copies of the PowerPoint slides and other materials that were posted on Blackboard.

Grading

1. All members of the group will receive the same grade, except under the extenuating circumstances indicated in the Class Policies (see Pages 9-11). See the policies for guidelines about how to proceed should a group member be unable to complete his or her portion of the assignment.

2. Immediately following each presentation, the instructor will distribute a “Peer Review” feedback sheet to the students in the audience. Students will be asked to list three strengths and three limitations of the group’s presentation. The instructor will grade the Group Presentation using a written feedback sheet, and will send the completed sheet to each group member via email. Selected comments from the class feedback (made anonymous by the instructor) will be included.
Appendix C
Self-reflection of Group Process and Dynamics

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The purpose of this assignment is to provide an opportunity to reflect upon the SW 631 task group experience, applying group theory to a real life group situation in which you were a participant. Use the readings in Chapters 11 and 16 in the Hepworth et al (2013) text to respond to the following questions:

1. Describe and analyze the composition of your group and the characteristics of group members. What commonalities and differences do you see among the members?

2. Analyze your group’s progress through the five group stages (i.e., Initial, Power and Control, Intimacy, Differentiation, and Separation). What challenges did the group encounter? Which stages did the group experience? What do you think prevented the group from progressing to later stages? Give the rationale for your assessment.

3. Describe the group roles taken on by members of the group. What do you see as your own roles in the group?

4. Evaluate your group’s success in meeting its tasks. What were the strengths of the group? What were its limitations?

5. What did you learn about group theory through participating in the task group? How will you use this learning when facilitating treatment groups?

6. Evaluate the contributions of the members of the group (including your own). What percentage did each member contribute toward the final product (i.e., Group Presentation and Resource Packet)?

The paper should be no more than 3 pages, double spaced, 12 point Times New Roman font, 1 inch margins. It needs to be written in APA format, with an attached Title Page (an abstract is not necessary). References (from the Hepworth et al. text and other resources on group theory) must be cited in the text and a Reference List (in APA format) attached.

The paper is worth 5% toward the Final Grade in the course.
Bibliography


