

UBC SCHOOL OF SOCIAL WORK
SOWK 526A: SOCIAL WORK PRACTICE WITH INDIVIDUALS (AND COUPLES)

Syllabus Addendum: Assignments

Fall 2019, Bratiotis

In this term, there are three primary assignments on which the course grade is calculated:

Assignment 1: Practicing Client-Centred Listening	25%
Assignment 2: Practice Portfolio	35%
Assignment 3: Individual Assessment and Treatment Planning	40%

As a reminder, late papers and re-writes *are not* accepted in this course. All papers must be submitted in class, in hard copy, at the beginning of the class session, unless otherwise specified. Papers should adhere to the APA Writing Guide, 6th Edition. This includes but is not limited to APA formatting, font, text size, spacing, page numbering and reference citation. It is expected that students have a title page with running head, per APA. An abstract however is not required for any assignment.

Assignments in this course are graded on both content (thoroughness, clarity, completeness, depth, substantiation) and style and organization (grammar, spelling, editing, cohesion, clarity, creativity, APA style). Specifically, assignments should be:

- Relevant and understandable with logical flow and organizational structure
- Smooth and clear with transitions between/among ideas
- Clear and cohesive
- Interesting, independent and creative
- Salient and appropriately use the literature in support of your arguments
- Expressions of your thoughts and beliefs, using your voice

Please note:

- When referring to yourself in writing, use 3rd person (e.g. this writer, this student)
- When writing about a client/patient, please always write in past tense

Assignment 1: Practicing Client-Centred Listening

due: October 2nd

This assignment is based on an in-class viewing of a videotaped interview of a real client. The purpose of the assignment is to simulate a client session where you have the opportunity to practice listening and attend to both content and process as related to the client and to you. This assignment has three parts. It is strongly recommended that you use subheadings to designate each section. This assignment should not exceed 6 pages.

Part I: This is a 1-2 paragraph summary formulation of the client's demographic information, presenting problem as defined by the client, factors that maintain the problem, past efforts to ameliorate the problem, level of distress, etc. This paragraph should conclude with your hypothesis, stated in 1-2 sentences.

Part II: As you watch the client interview, transcribe verbatim 10-12 statements spoken by the client. The sentences that you select should be those that stand out to you in some way, those that are remarkable. These statements often come from the middle of the session, though not always. Select 6 of the 10-12 statements. For each of the 6, note the following: 1) process communication by the client; 2) therapist thoughts; 3) therapist assumptions; 4) paraphrase statement; 5) reflect feelings; 6) validate (underlying or implicit longings, goals, positive intentions or healthy needs).

Example

Client Statement (CS): My step-dad is such a jerk.

Client Process Communication (CPP): Looking off into distance, fists clenched

Therapist Thought (TT): He's just like every other teenager. He is ungrateful. I wonder if my son talks about me that way. He's really hurting and doesn't understand how much his step-dad wants a relationship with him.

Therapist Assumption (TA): Likeness to other teens, ungrateful, that he's hurt, that his step-dad is altruistic in wanting a relationship, culturally it's okay to have a close relationship with his step-dad

Paraphrase Statement (PS): So you're really upset with your step-dad

Reflected Feeling (RF): You're unhappy and frustrated and maybe a little angry

Validate (V): It's really normal to have strong feelings toward family members, even negative feelings.

**Note: Part II does not need to be written in complete sentences or be written in narrative text.*

Part III: This portion of the assignment provides an opportunity for your overall professional self-reflection in the clinical interaction. It is recommended that you take approximately 2 pages to consider the following:

- 1) What were your initial impressions of the client? How did you form those impressions and what influence did they have on your ability to listen (to both content and process)?
- 2) Were you emotionally present throughout the session? Were you distracted by anything? What was your emotional response?
- 3) Were you able to remain client-centered and non-directive? If so, how did you accomplish this, if not, what interfered?
- 4) What did you do well? How can you continue to improve?

Assignment 2: Practice Portfolio

due: October 30th

This assignment provides an opportunity for you to explore and expand your knowledge of evidence-based practice models for work with individuals (and couples) that goes beyond the theories of practice already covered in the course. The purpose of the assignment is to allow a personalized exploration of models of interest and consider their applicability for practice in a range of settings and with diverse populations. Written sample portfolios are available for viewing, though students are strongly encouraged to be creative in their approach to the assignment and written, audio and video formats are acceptable.

If completing the assignment using a written document, APA format applies and the total number of pages should not exceed 20. If using audio or video formats, the total talk/presentation time should not exceed 15 minutes. References must be cited regardless of format.

Requirements:

- 1) Select no fewer than 4 and up to 6 theoretical/practice models you wish to investigate and think about as applied to your practice. All theories and practice models are available to you, except those already being covered in the content of SOWK 526A, fall 2019.
- 2) Identify and review/read at least four reliable sources (original works and/or authority/expert perspectives) for each theoretical model. You may wish to select some that describe the theory or model and some that discuss application and skills.
- 3) After reviewing the source material for each theory provide a substantive portfolio entry that includes:
 - A brief description of the method
 - Key strategies or skills used in implementing the practice/theoretical model
 - Discussion of the evidence base for use
 - Application to your practice life, current or future (planned)
 - Personal reflection about your perspective on the method, with a focus on rightness of fit with your world view, approach to practice, client population, etc.
 - References

Assignment 3: Individual Assessment and Treatment Planning

due: November 27th

This assignment provides an opportunity for you to demonstrate your capacity to apply practice theories as a guide to assessment and intervention planning. Using the Case of Marie, select 2 practice theories for which there is an evidence base for use in the case. You are welcome to select from the following practice theories: Client-Centred, Narrative, Brief and Solution Focused, Cognitive Behavioural, or Dialectical Behavioural.

The assignment has three distinct parts. It is strongly encouraged that you use subheadings to designate each section. This assignment should not exceed 8 pages.

Part I: Overview and Comparison of Theories

- Provide a comparative overview of two practice theories. Discuss the theoretical foundation of the theory, assumptions (about people and the change process and role/stance of social worker) and the main intervention techniques and strategies.
- Select one theory for application. Be sure to provide an evidence-based explanation (with appropriate citations) for your selection of this theoretical model for this case. Specify the strengths of the theory you selected.
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**Note: This section will be approximately 3 pages in length and should contain no less than 4 unique source citations (course readings are permissible).*

Part II: Application of the Selected Theory

Apply the theory you selected to the Case of Maria in the following ways:

- Write a 1-2 paragraph theory driven case-formulation: Summarize your formulation of the presenting problem using the language and concepts of the theory you've selected.
- Determine 3 realistic treatment goals using the language and concepts of the selected theory. For each goal, list three theory specific activities or techniques that will be used to achieve each goal.
- Based on your formulation and the stated goals/actions, provide a summary of your intervention plan in 1-2 paragraphs (Think: what will be done, who will do it, by when and how will it be evaluated).
- Provide the (~1 page) transcript of a sample intervention that demonstrates use of a theory specific intervention aimed at one of the treatment goals.

Part III: Discussion and Professional Self-Reflection

In approximately 2 pages, discuss the merits and deficits in selection and application of the theoretical model applied to the Case of Maria. You may wish to consider the following:

- How well suited is the theoretical approach to this particular client and/or to the setting described in the case overview?
- How does this approach guide you in regard to self-awareness, use of self, and the nature of the therapeutic relationship?

- To what extent does this theoretical approach support the common therapeutic factors?
- How might you hold yourself accountable or evaluate treatment effectiveness and responsiveness?
- What other approaches might you integrate to more effectively address this client's struggles?
- How well are you able to address issues of oppression and diversity working within this theoretical model.

Assignment #3: Case of Marie

You work in community mental health as a therapist. In the initial intake sessions (2), you are able to garner the following history:

Marie was a 25-year-old French-Canadian cis-gendered woman who was encouraged by her daughter's preschool teacher (Anne) to seek mental health services for herself. Marie was a single parent. She had three children (Joseph-5, Annalise-4, Tommy-6 months). The children's father (Joe) lived with Marie 5 years ago for a little over one year. Joe left without warning just before Annalise was born. When Marie asked Joe where he was going, his response was "I don't need to tell you. You don't need to know where I am. If you're good, I'll be back."

Soon after Joe left, Marie moved in with her maternal aunt where she lived until approximately one year ago. At that time, Joe moved back to town and encouraged Marie to move into an apartment with him. Against her aunt's expressed wishes, Marie and her three kids moved in with Joe. Marie's aunt was concerned about Joe's drug and alcohol use and his "unpredictable life style".

After moving back in with Joe, Marie described feeling isolated and overwhelmed. She missed her aunt but described herself as "too proud to beg to go home" (which is what she called her aunt's house).

Marie had significant trauma in her early childhood. An only child, she was sexually abused by her step father between the ages of 8 and 11 years old. She reported the abuse to her classroom teacher when she was 11. Marie's mother continued to expose Marie to inappropriate contact with her step-father and other familial perpetrators. The Ministry (of Children and Family Development) became involved. Marie was removed from her mother's care. Eventually, parental rights were terminated and Marie was sent to live with her aunt. Marie's mother and step-father are now deceased. Her mother died suddenly of a pulmonary aneurysm when Marie was 18 years old and her step-father died in a car accident about 6 months later. For the six or seven years before their deaths Marie had only very limited contact with her mother (by cards and letters about once or twice a year). Marie reported that her mother was a valium addict for many years and went through life "sleep walking". Marie reported feeling remorse at the lack of relationship with her mother and indicated that she was "never really loved by a parent".

Marie was very bonded to her aunt. She described her time with her aunt and her two female cousins (who were 3 and 5 years older than Marie) as “very happy”. Marie and her closest aged cousin cleaned houses together. This is work Marie did periodically since the birth of her first child. After high school she started attending the local college but dropped out due to her first pregnancy. “I wasn’t that good at school anyway,” Marie commented.

Marie reported no suicidal ideation or attempts but a deep sense of hopelessness, despair and self-hated. She described crying many times every day. She reported not having much of an appetite and sleeping for only 4-5 hours even now that her youngest is sleeping through the night. Marie said she was ashamed of the way her life turned out, especially moving in with Joe again. She said, “I was so stupid. Everybody warned me about Joe....”

The apartment where Marie and Joe lived with their kids was a good distance from the neighbourhood where she lived with her aunt. That neighbourhood was in the center of a familiar community. “I always felt good being in that neighborhood, like proud you know.” Marie reported having no real friends, “especially since I moved away [from the neighborhood]”.

Marie was very thankful for her daughter’s preschool program. She reported that the teachers and staff treated her with great kindness. She stated that she would not have known there was mental health support available to her without them. The preschool teachers and staff expressed their concern to Marie about her health. They noted that she was often unable to make eye-contact, tearful, and disheveled in appearance. In addition to their concern, they praised Marie for being able to get the kids to school on time, always freshly scrubbed and ready to learn.

The preschool teacher, Anne, reported that Marie was initially reluctant to follow through with the referral for mental health services. Marie was worried she would “lose the children”, be forced to go to hospital or be put on “strong drugs”. Marie also worried that “there won’t be anyone like me” at the community mental health agency.

Marie has no history of medical problems. She reported having the occasional drink with Joe (never while she was pregnant) and has not used illicit drugs.

When asked what she hoped for, Marie responded, “I’d like to feel better, more hopeful and happy. I’m not sure that can happen for someone like me, but that’s what I want.”

