

SIMMONS COLLEGE SCHOOL OF SOCIAL WORK  
FALL 2007

424-1: **Advanced Clinical Practice**

**Faculty**

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**Materials for the Course**

Course syllabus and materials are available on the course website on WebCTVista. Go to <http://learning.simmons.edu>. Click Simmons College, then click the appropriate course number and section. Your user name is your Simmons Username and your password is your Simmons ID number. All journal articles and some book chapters can be accessed electronically through the library reserve link on WebCT Vista. Books are on reserve in the library and can only be accessed by going there.

**Course Description**

Contemporary clinical social work practice needs to be culturally responsive, flexible, demonstrably effective and when appropriate, community-based. As "clinician-activists", social worker practitioners are expected to not only help clients become aware of and understand maladaptive psychological and social, intrapsychic and interpersonal patterns, but also help clients become aware of, and change, the social, economic and political systems, institutions and conditions that oppress both client and provider in their communities.

Simmons' approaches practice from a multiple theoretical perspective. Clinical social work is rooted in the ecological perspective of person-in-environment and the transactions that occur between these systems. Building on the ecological perspective, we continue to use a model of problem analysis developed by Freire that encompasses both political and personal aspects of change. Other practice frameworks that we draw upon include an empowerment/strengths perspective, psychodynamic and systemic/narrative approaches to practice.

While we will continue to sharpen skills of assessment formulation and treatment planning the major focus will be on the processes of direct practice at different levels – individual, family, community and political. Specifically we will focus on the transactions occurring between client(s) and provider. These practice frameworks reflect different ways of gathering, organizing and reflecting on pertinent information. Each approach leads to distinct ways of conceptualizing issues and intervening. Additionally each practice framework has strengths and weaknesses that indicate usefulness contingent on situation and acceptability by the client. Our goal is for

students to acquire skill sets of clinical intervention styles and know when to draw on a particular approach that is most beneficial to client and outcome.

We will use mini-lectures, role-play, case presentations, process recording and canned cases to practice different models and see the ways that different theories lead to particular ways of intervening. There will be a particular emphasis on cross cultural understanding and on work with clients across the age spectrum.

### **Course Outcomes**

The outcomes for this course will build on the foundational skills of social work practice that are assumed to have been mastered in Social Work Practice I and II. It is expected that by the end of Advanced Clinical Practice, students will demonstrate a more sophisticated analysis of the complexity of clinical work. Students will demonstrate maturing skills of assessment issues of formulation, the process of clinical work, the importance of the therapeutic/professional relationship and the challenges of diversity, ethics and social justice. In the following learning objectives it is expected that students will be able to:

1. Organize and write a coherent bio-psycho-social assessment that contains a succinct formulation of a clinical situation using multiple perspectives. This includes co-creating an agreed-upon contract for services; identifying interventions at individual, cultural and systemic levels; justifying the choice of intervention based on evidence-based/informed practices and co-developing and utilizing a plan to evaluate the effectiveness of the work.  
Competence areas: critical thinking, human behavior theory, practice frameworks, formulation, intervention methods, and evaluation  
Measurement: Paper # 1, Paper 2, class participation.
2. Ability to articulate the shared and distinct components of behavioral theory and practice frameworks  
Competence areas: Critical Thinking, Human social behavioral theory, practice frameworks  
Measurement: Class discussion and papers.
3. Ability to identify the theoretical standpoint you are taking with a client and reflect/critique the ongoing process and interventions that flow from this standpoint; how skills chosen are rooted in the theories you are making use of.  
Competence areas: Human behavior theory, practice frameworks, critical thinking  
Measurement: Paper 1
4. Ability to examine the professional/therapeutic relationship and ability to conceptualize the work therapeutically whatever the clinical role is: case manager, broker, advocate, mediator counselor, therapist and how to apply theory and practice differentially.  
Competence Areas: Clinical social work practice frameworks, critical thinking.  
Measurement: Paper 1 & 2.
5. Ability to reason and make use of evidenced based/informed practices to inform intervention/treatment selection and to understand that evidenced based/informed practice is an iterative process by which the practitioner is building further evidenced-based/informed practices.  
Competence Areas: Use of Research, critical thinking, decision-making

Measurement: Papers 1 & 2.

6. Present and discuss a piece of ongoing work, identifying the theories of behavior and practice frameworks and assumptions that inform the therapeutic work; critically evaluate the social-behavioral theories and practice frameworks used and demonstrate their relevance to the presented work.

Competence area: Oral presentation skills, formulation, critical thinking

Measurement: Paper # 1 Class presentation and discussion

7. Demonstrate a growing sophisticated awareness of the social identities of both client and practitioner and how these identities interact and mediate the clinical work and relationship. This demonstrates an understanding of clients' and providers' culturally informed meanings, an awareness of their own cultural positions and attitudes, and the ways these intersect and affect the work.

Competence Areas: Social Identity Theory, Oppression, And Cultural Responsiveness

Measurement: Class Participation, Paper 1 & 2

8. As an agency based profession demonstrating an awareness and sensitivity to the power dynamics where by key stakeholders impact the clinical relationship by having multiple and often conflicting goals and showing an ability to maintain a collaborative subject to subject stance with clients and all involved systems.

Competence area: diversity, professional identity, and organizational dynamics.

Measurement: Papers # 1 & 2

9. Demonstrate an awareness of ethical dilemmas and issues of social justice in their work and an understanding of ways of creating more "just" possibilities for clients.

Understanding the distinctions between codes of ethics, law and personal morality.

Competence area: Oppression and social justice, ethics and values

Measurement: Papers #1 & # 2, class participation

### **Evaluation of Student Performance**

It is the students responsibility to demonstrate familiarity with assigned readings. Students are encouraged to prepare a short paragraph on the readings identifying three important concepts learned, (from each article) or further questions that the reading raises. Student knowledge of the readings will also be evaluated in their class comments and written assignments.

Attendance in class is expected and students are asked to let the professor know if they are unable to attend. More than one absence will adversely affect a student's grade. There will be two major written assignments. Grammar and organizational coherence of the written assignments are critical. Students are also encouraged to do a case presentation. Evaluation of students' performance will be based on: Class participation including presentation when possible (35%), written assignments (1st-25%, 2nd-40%)

### **Statement on Disabilities**

Reasonable accommodations will be provided for students with documented physical, sensory, systemic, cognitive, learning, and psychiatric disabilities. If you have a disability and anticipate that you will need a reasonable accommodation in this class, it is important that you contact the Academic Support Center at 617-521-2472 early in the semester. Please note that for those

students with learning differences/disability you must meet with the Academic Support Center each semester in order to qualify for reasonable accommodation. Students with disabilities receiving accommodations are also encouraged to contact their instructors within the first 2 weeks of the semester to discuss individual needs for accommodations.

### **Citations for References Used in Written Work**

All citations for references used in written work and all reference lists must follow the American Psychological Association Manual, Fifth Edition. Failure to do so may affect your grade. We recommend that students purchase the APA Manual. The APA Manual is also on reserve in the Beatley Library. You will have also received from your foundation year research course a brief summary of common elements of APA citation. If you have any questions about what should be cited or how to format the citation, please contact your faculty. There is also a course handout, References to Literature Cited in text that is included in the course materials on the WEB. For electronic citations you can also refer to the Website-<http://www.apastyle.org/elecref.html>.

Plagiarism is using someone else's words, works, thoughts, or ideas without giving proper credit. When a source is not cited, it is assumed that the words, works, thoughts, or ideas are the sole product of the student. Plagiarism includes handing in as one's own work a paper on which a student has received extensive aid without acknowledging that help. When a paper borrows from any source, including electronic sources e.g. websites, the extent and nature of the borrowing must, to avoid the charge of dishonesty, be fully and explicitly noted in the text or in footnotes. Direct quotations must be differentiated from text by using quotation marks or by indenting or single spacing and accompanied by appropriate APA citation. Plagiarism as defined above may result in dismissal from the social work program.

### **HIPAA Guidelines**

All social workers are required to adhere to HIPAA (Health Insurance Portability and Accountability Act of 1996, Public Law 104-191) regulations regarding the privacy of client information outside of the agency setting. Unless you have the client's written permission, confidentiality must be strictly maintained when discussing or writing about clients in the classroom, in assignments and in process recording. In writing about clients do not use real names including the name of your setting and actual dates of services. For example you would use "community health center" and not Fenway or Uphams Corner etc; "urban public school" and not the Tobin Elementary School; "larger urban teaching hospital" and not Mass General. In terms of dates use terms such in the "past Fall" and not October....,2008. Or presenting complaint began about eight years ago when client was 10 and not 2000.

### **Texts:**

Aldarondo, E. (Ed.) (2007). *Advancing Social Justice through Clinical Practice*. Mahwah, NJ: Lawrence Erlbaum Associates.

Berzoff, J. N., Flanagan, L. M., and Hertz, P. (2002). *Inside out and Outside in: Psychodynamic clinical theory and practice in contemporary multicultural contexts*. New York: Rowman & Littlefield Publishers Inc. We will use this book for review. **(From first year practice - 421)**

### **Optional:**

Wise, T. L. (2003). *Waking Up: Climbing Through the Darkness*. Oxnard, CA: 93035.

***Required readings are available on e reserves when possible; copies are on reserve in the library.***

**This syllabus is not a contract. The instructor reserves the right to alter the course requirements and/or assignments based on new materials, class discussions, or other legitimate pedagogical objectives.**

### **Course Outline**

Orientation to course: This course builds on the social/behavioral theories and practice frameworks already learned in the foundation year HBSE and practice courses. We will examine the distinctions and similarities of practice approaches. Each practice approach has a distinct set of “lenses” that highlight certain aspects of the clinical work; parameters that define the scope of the work, the clinician’s role, and clinician stance or use of self. Each practice approaches suggest a set of interventions to be used with client(s). We will explore the ways that work evolves with individuals, families, and communities or other large systems in short-term work and in longer-term treatment. We will consider how evidenced based/informed professional literature is used to inform choices of intervention and ways to evaluate outcomes. Culturally responsive practice informed by an understanding of ethics and social justice is always basic to our work and is a theme threaded throughout the course.

This course aims to provide students with multiple opportunities to apply these various theories and practice frameworks to clinical work with clients across the life spectrum and situations. We will practice these approaches in role-play, discuss them through case presentations and look at the micro details of practice by examining process recording. When students present their work they will be expected to draw connections with theories and we will also explore these connections in class.

#### **Session 1. Introduction: Basic frameworks for the course- Ecological perspectives,**

We begin with a review of the basic frameworks for the course: culturally responsive practice, social justice and ethics. The articles help to define these underlying assumptions of social justice, multicultural competence and the importance and complexity of ethics in current practice.. An on-going challenge to current practice is the ability to evaluate interventions and outcomes. Evidenced-based/informed practice, best and promising practices and practice wisdom are sources drawn upon to evaluate the services provided.

- I. Introduction to the course and each other.
- II. Culturally responsive practice. (How do we engage openly and honestly with one another, and learn from the diversity in the classroom without putting our colleagues on the spot?) How do we create opportunities for dialogue in the classroom?
- III. Ethical and social justice perspectives – what does it mean to put these into practice and how do these concepts relate to the development of a social work identity?
- IV. Evaluating practice.

#### Readings:

(e) Chapman, M. v. & Perreira, K. M. (2005). The well-being of immigrant Latino youth: A framework to inform practice. *Families in Society: The Journal of Contemporary Social Services*, 86 (1), 104-111.

(e) Miehs, D. and Moffat, K. (2000). Constructing social work identity based on the reflexive self. *British Journal of Social Work*: 30 (3), 339-347.

(e) Shlonsky, A. & Gibbs, L. (2004). Will the real evidence-based practice please stand up? *Brief Treatment and Crisis Intervention*, 4 (2), 137-153.

(l) Almeida, R. , Vecchio, K. D. & Parker, L. (2007). Foundation concepts for social justice-based therapy: Critical consciousness, accountability and empowerment. In E. Aldarondo (Ed.) *Advancing Social Justice Through Clinical Practice*. (pp. 175-206). Mahwah, Lawerance Erlbaum Publishers.

## **Session 2. Review of theoretical frameworks: Empowerment, Freire's model of problem analysisl.**

I. A culturally sensitive, ecological approach with elders

II. Thinking in terms of empowerment and with Freire's method of analysis.

III. Domains of analysis: Personal, Institutional, Cultural

### Readings:

(e) Alschuler, A. S. (1986). Creating a world where it is easier to love: counseling applications of Paulo Freire's theory. *Journal of Counseling and Development*, 64: April, 492-496.

(e) Carroll, J. & Minkler, M. (2000). Friere's message for social workers: Looking back, looking ahead. *Journal of Community Practice*, 8(1), p. 21-36.

Min, Jong Won (2005). Cultural competency: A key to effective social work with racially and ethnically diverse elders. *Families in Society: The Journal of Contemporary Social Services*. 86 (3), 347-358.

Weinberg, M. (2006). Pregnant with possibility: The paradoxes of "help" as anti-oppression and discipline with a young single mother. *Families in Society: Journal of Contemporary Social Services*, 87 (2), 161-169.

## **Session 3. Psychodynamic theory: Ego Psychology: Ego assessment and ego supportive work; focus Trauma**

In this session we review ego psychology as a tool for assessment – particularly in crisis work and work with trauma survivors. Rooted in a more traditional biomedical model ego psychology focuses on functioning and is the bases for object relations theory and self-psychology. We also consider ways of thinking about ego supportive work that differentiate it from more insight oriented or problem solving work.

I. Primary and Secondary Functions of the Ego.

II. Ego supportive work- containment and enhancement of functioning

III. Trauma and a bio-psycho-social assessment.

### Readings:

(e) Goldstein, E. (1995). Chapter three: The ego and its functions, In *Ego Psychology and Social Work Practice*, Second edition. (p.p. 53-71). New York: The Free Press.

(e) Goldstein, E. (1995). Chapter Four: *Ego Psychology and Social Work Practice*, Second edition. (p.p. 72-85). New York: The Free Press

(e) Greenberg, S. (1986). The supportive approach to therapy. *Clinical Social Work Journal*, 14, 6-13. (SSW gives an award each year to a student showing excellence in practice in memory of Shirley Greenberg. This classic paper is still very relevant to our work.)

(e.) Harper, G. and Walzer, S. The push for disclosure: Ideology and adaptation in the care of young molestation. (Unpublished)

(e) Terr, L. (1991). Childhood traumas: An outline & overview. *American Journal of Psychiatry*, 148:1, 10-20.

(e) Terr, L. (2003). "Wild Child": How three principles of healing organized 12 years of psychotherapy. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43:12, pp. 1401-1409.

#### **Session 4. Review of Psychodynamic theories continues adding object relations, self-psychology. Emphasis on brief treatment.**

I. Using a student case we will look at the differences in formulation based on self-psychological and object relations approaches.

II. Use of theories of self-psychology and object relations with different age clients.

III Class will practice formulation and developing a brief treatment focus.

#### Readings:

Dean, R. G. & Poorvu, N. Assessment and formulation in contemporary social work. (under review)

#### **Review from First Year Courses: HBSE/Practice.**

Flanagan, L. M. in J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) (1996). *Inside out and outside in*. Review chapter on Object Relations, pp. 127-171.

Flanagan, L. M. in J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) (1996). *Inside out and outside in*. Review chapter on Self psychology, pp. 173-198.

#### **TWO ARTICLES ON ASSESSMENT CHECK DESK TOP-WORK**

(e) Budman, S. and Gurman, A. (2002). Initiating brief therapy. In *Theory and practice of brief therapy*. New York: Guilford Press, 26-61.

#### **Session 5. Application of attachment theory, inter-subjectivity and neurological understanding to practice.**

According to some theories, our approaches to the world and to possibilities of hope and change are rooted in early life experiences. One such set of theories focuses on the importance of attachment through out the life cycle. Theorists postulate that attachment is neuro-biologically driven, socially co-constructed or a combination of both. In contemporary analytical thinking, inter-subjectivity is a basic motivational system and goes hand in hand with the development of reflective functioning and the ability to feel empathically connected to others. Our cultural meanings are acquired through the matrix of early life relationships. Our sense of community

relies on these capacities to feel connected and able to empathize with another's experience. There is an innate capacity to relate and share and co-create new experiences with one another. .

- I. Theories of attachment and inter-subjectivity
- II. Ways that culture is transmitted
- III. Implications for understanding work with adult and child clients and with the elderly.

Readings:

(e) Brandell, J. & Ringel, S. (2004). Psychodynamic perspectives on relationship: Implications of new findings from human attachment and the neurosciences for social work education. *Families in Society*, 85:4, 549-557.

(e) Fraiberg, S., Adelson, E. and Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In *Clinical studies in infant mental health: The first year of life*. New York: Basic Books, pp. 164-196.

Kamya, H. (2007). Narrative Practice and Culture. In E. Aldarondo (Ed.) *Advancing Social Justice through Clinical Practice*. (P.p. 207\_222). Mahwah, NJ: Lawrence Erlbaum Publishers.

**The following articles show how attachment theory is applied in work with an adult and a child. Read which ever applies to your practice setting.**

Shilkret, C. J. (2005). Some clinical applications of attachment theory in adult psychotherapy. *Clinical Social Work Journal*, 33 (1), 55-68.

(e) Smither, S. J. (2001). Theoretical basis for an intervention with a mother-infant dyad at a shelter for battered women: A brief developmental approach. *Smith Studies in Social Work*, 72:1, 35-51.

**Session 6. Building therapeutic relationships**

In this session we discuss building relationships with clients with particular emphasis on issues related to building relationships across differences. (This week coincides with LGBT/Sexual Diversity week)

- I. Transference, counter-transference and the real relationship in work with clients across sexual and cultural differences.
- II. Religious beliefs and gay rights – how do we think about these conflicts as clinicians?

Readings:

(e) de Monteflores, C. (1993). Notes on the management of difference. In L.. B. Garnets and D. C. Kimmel (Eds.) *Psychological perspectives on lesbian and gay male experiences*. New York: Columbia University Press, 218-247.

(e) Donahue, P. & McDonald, L. (2005). Gay and lesbian aging: Current perspectives and future directions for social work practice and research. *Families in Society: The Journal of Contemporary Social Services*. 86 (3), 360-366.

(e) La Sala, M. C. (2006). Cognitive and environmental interventions for gay males: Addressing stigma and its consequences. *Families in Society: The Journal of Contemporary Social Services*, 87:2, 181-189.

(e) Satterly, B. A. (2006). Therapist self-disclosure from a gay male perspective. *Families in Society: The Journal of Contemporary Social Services*, 87 (2), 240-247.

**Websites:**     <http://www.familyacceptance.com/>                     <http://www.badfit.org>

**Session 7. Beginnings: ways of engaging and working with people with a focus on clients with major mental illness: systemic and individual treatments.**

- I. Assessment with a cross-cultural focus.
- II. Issues related to major mental illness – what differences might this imply in terms of evaluation and treatment strategies?

Readings:

Dawidoff, N. (2000). My father's troubles. *The New Yorker*. June 12, 2000, 58-65.

Hertz, P. (2002). The psychoses, with a special emphasis on schizophrenia. In J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) *Inside out and outside in*. pp. 266 -298 with particular emphasis on pp. 289-298. Northvale, New York: Rowman & Littlefield Publishers, Inc.

Pinto, R. M. (2005). Using social network interventions to improve mentally ill clients well-being. *Clinical Social Work Journal*, 34 (1), 83-100.

**Session 8. . Depression and grief**

- I. .Counter-transference tensions and feelings of being overwhelmed.
- II. Working with clients experiencing depression and/or loss
- III. Issues of loss with elderly clients

Readings:

Berzoff, J. and Hayes, M. (2002). Chapter 14, Biopsychosocial aspects of depression. In J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) *Inside out and outside in*, pp. 365-396, Northvale, New York: Rowman & Littlefield Publishers, Inc.

(l) Hewitt, J. P., Fraser, M. R. and Berger, L. (2000). Is it me or is it Prozac? Anti-depressants and the construction of self. In d. Fee (Ed.) *Pathology and the postmodern mental illness as discourses and experience (Inquiries in social construction)*. Thousand Oaks, CA: Sage Publications.

(e) Poussaint, A. C. and Alexander, A. (2000). *Lay my burden down*. Chapter 3, "Boy, you must be crazy" and Chapter 8, The road ahead. pp. 63-85 and pp. 142-157. Boston: Beacon Press. (A view of depression and self-destructive behavior in urban adolescents.)

(e) Solomon, A. (1998). Anatomy of melancholy. *The New Yorker*. January 12, 1998, 46-61.

(e) Zilberfein, F. & Hurwitz, E. (2003). Clinical social work practice at the end of life. *Smith College Studies in Social Work*, 73 (3). 299-324.

## Session 9. Suicide evaluation and treatment of suicidal clients

Suicidality is commonly associated with depression, grief and loss. Suicidal behavior is also associated with substance abuse, impulse disorders and psychosis. The differential evaluation of suicidality, and the appropriate treatment of suicidal clients are subjects for this week.

- I. Assessing suicidal ideation and lethality.
- II. Differentiating self-injurious behavior associated with some character disorders and suicidal ideation.
- III. Collaborative Interventions with a suicidal client-abridging confidentiality

### Readings:

(e) Bryan, C. J. & Rudd, M. D. (2006). Advances in the assessment of suicide risk. *Journal of clinical psychology: In session*, 62:2, 185-200. Review from first year practice.

(e) Buie, D. H. and Maltzberger, J. T. (1983). *The practical formulation of suicide risk*. Somerville, Ma: Firefly Press.

(e) Jobes, D. A. (2000). Collaborating to prevent suicide: A clinical-research perspective. *Suicide and Life-threatening behavior*. Spring, 30:1, 8-17.

(e) Miller, M.C. Jacobs, D. G. and Gutheil, T. G. (1998). Talisman or taboo: The controversy of the suicide-prevention contract. *Harvard Review of Psychiatry*. 6 (2), 78-87.

### **Optional:**

(l) Wise, T. L. (2003). *Waking Up: Climbing Through the Darkness*. Oxnard, CA: 93035. This 200 page book is hard to put down and provides a unique perspective on suicide – the suicidal client's. It offers a detailed account of an ongoing treatment.

## Session 10: Clinical approaches to substance abuse

Assessing addictive behaviors and strategies for intervening including motivational interviewing.

### Readings:

(e) Cramer, M. A. (2002). Under the influence of unconscious process: Countertransference in the treatment of PTSD and substance abuse in women. *American Journal of Psychotherapy*, 56:2, 194-210.

(l) Denning, P. (2000). *Practicing harm reduction psychotherapy: An alternative approach to addictions*. Chapter 3: The treatment program: Assessment as treatment. New York: Guilford Press, 49-91.

Miller, W. R. and Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. Chapter 6, Building motivation for change (pp. 52-84) and Chapter 15, Motivational interviewing and the stages of change (pp. 201-216) (Review from HBSE). New York: Guilford Press.

(l) Rutzky, J. (1998). *Coyote Speaks: Creative Strategies for Psychotherapists Treating Alcoholics and Addicts*. Chapter 4, The diagnostic interview. Northvale, N. J. Jason Aronson, 77-119. Excellent step by step discussion of the assessment process with case example.

U. S. Department of Health & Human Services, National Institutes of Health, National Institute of Alcohol Abuse and Alcoholism. (2005). *Helping Patients Who Drink Too Much: A Clinicians Guide*.

### **Session 11: Cognitive Behavioral Therapy**

Techniques of cognitive behavioral therapy, its applications and comparisons to other theories.

#### Readings:

Beck, J. S. *Cognitive therapy: Basics and beyond*. Chapter 2, Cognitive conceptualization, 13-24 and Chapter 3, Structure of first therapy session, 25-44.

(e) Phillips, J. H. Corcoran, J. and Grossman, C. (2003). Implementing a cognitive-behavioral curriculum for adolescents with depression in the school setting. *Children and schools*, 25:3, 147-158.

### **Session 12: Work with families and communities; narrative and systemic approaches**

Approaches to family therapy including narrative and community-based practice.

#### Readings:

(e) Beitin, B. K. & Allen, K. R. (2005). A multilevel approach to integrating social justice and family therapy. *Journal of Systemic Therapies*, 24 (1), 19-34.

(e) Freeman, E. M. & Couchonnal, G. (2006). Narrative and culturally based approaches in practice with families. *Families in Society: The Journal of Contemporary Social Services*. 87 (2), 198-208.

(l) Rojano, R. The Practice of community family therapy. In E. Aldarondo (Ed.) *Advancing Social Justice through Clinical Practice*. (P.p. 245-264). Mahwah, NJ: Lawrence Erlbaum Publishers.

(l) Sessions, P. and Lightburn, A. (2005). Chapter 1. What is community-based clinical practice? Traditions and Transformations. In *Handbook of community-based clinical practice*. A. Lightburn and P. Sessions (Eds.), New York: Oxford University Press. pp. 3-18

### **Session 13: Ongoing work: Some additional considerations**

In this session we consider some of the common dilemmas encountered in work with clients with particular attention to issues of gender and race and ways of working with feelings (transference and counter-transference) within the clinical relationship.

I. Erotic, angry and racial enactments in the counter-transference.

II. Issues of boundaries, self-disclosure

III. Shame, pivotal crises in the treatment - "the crunch"

#### Readings:

(e) Morrison, A. P. (1994). The Breadth and Boundaries of a Self-Psychological Immersion in Shame: A One-and-a-Half-Person Perspective, *Psychoanalytic Dialogues*, 4:1, 19-35.

(e) Norris, D. M., Gutheil, T. G. and Strasburger, L. H. (2003). This couldn't happen to me: Boundary problems and sexual misconduct in the psychotherapy relationship. *Psychiatric Services*, 54:4 pp. 517-522.

(e) Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues*, 10:4, 639-653.

(e) Russell, Paul The theory of the crunch. (Unpublished paper.)

#### **Session 14. Endings and evaluation**

I. Discussion of endings.

II. Revisiting evaluation of practice, evaluation of course

#### **Readings:**

(e) Fonagy, P. (1992). Measuring the ghosts in the nursery: An empirical study of the relationship between parents' mental representations of childhood experiences and their infants security of attachment. *Journal of the American Psychoanalytic Association*, 41: 929-989.

(e) Roth, A. & Fonagy, P. (1996). *What works for whom?* Chapter 3, Achieving evidence-based psychotherapy practice, pp. 47-56. New York: The Guilford Press.

#### **Assignments**

There will be two written assignments. You will receive information about the assignments by your second class.