

SIMMONS COLLEGE SCHOOL OF SOCIAL WORK
Spring 2011
421B: Social Work Practice

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Materials for the Course

Course syllabus and materials are available on the course website. Go to <http://portal.simmons.edu>. Click “elearning”, and 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 can be accessed electronically through the course reserve list in the library’s online catalog. Books and book chapters are also on physical reserve, in the library. To access the e-reserves go to the library page of Simmons and then click on Course Reserves. Search for course by the number (SSW 421B) [or Melendez as instructor]. You will need to submit a password once (SSW421B). This will then add the course reserves to your roster of courses you are taking. For difficulties with e-learning retrieval please contact reserves@simmons.edu or ext. 2779.

Texts (Spring semester)

This is the only additional book that you are asked to buy.

Hardy, K. V. & Laszloffy, T. A. (2005). *Teens who hurt: Clinical interventions to break the cycle of adolescent violence*. New York: Guilford.

We will be drawing on the textbooks that were required for the fall semester (Madsen, Sommers-Flanagan and the Miley et al). The following book is required for the HBSE course. We will be drawing readings from this textbook as well.

Berzoff, J. Flanagan, L. M. and Hertz, P. (2002). *Inside out and outside in*. Lanham, MD.: Rowman & Littlefield Publishers, Inc. (You will be using this book in Human Behavior second semester and we will also use this book in Advanced Clinical Practice).

Course Description

This yearlong course will focus on the action of social work practice, and on various ways of reflecting on that action. We will consider the basic processes of social work practice and their application to a wide range of issues and problems. We will look at various levels of intervention, practice settings, and theoretical perspectives. In the first semester, particular attention has been given to a multilevel approach to assessment and intervention, and developing the skills sets that facilitate the helper-client relationship. In the second semester, we will continue to deepen our

knowledge and skill in assessment and intervention and differential use of self, while introducing a variety of practice circumstances and contexts including societal and family violence, trauma, substance dependence and several theoretical and practice approaches including cognitive behavioral and psychodynamic. We will examine practice situations through case discussions, videotapes, role-plays, and experiential exercises.

While all sections of the course share a common outline for the syllabus, books, readings and written assignments, each professor will shape her/his section to meet the specific needs of the classroom. As a result there may be some slight variation in articles assigned and exercises that you are expected to complete. Students have access to the entire bibliography for the course though not every reading will be assigned. It is provided to you to pursue your own interest or needs. Instructors will use a variety of mini-lectures, role-play, case presentations, process-recordings, videos, and standardized cases to demonstrate different models and see the ways that different social and behavioral theories lead to particular ways of intervening. Given the changing demographics of U.S. society there is a particular emphasis on cross-cultural understanding and on work with clients across the age spectrum.

Council on Social Work Education (CSWE) Core Competencies:

In keeping with CSWE accreditation expectations this semester will primarily address four of the ten CSWE competencies. They are listed below. While the course focuses on these four, you will be exposed to the other six competencies. Recall that the fall semester focused on 4 other competencies and you are expected to continue to deepen your mastery of these competencies. The Miley, K., O'Melia, M. & DuBois, B. (2011) textbook provides a complete list of the ten core competencies. This semester's foci are:

2.1.3: Apply Critical thinking to inform and communicate professional judgments.

2.1.6: Engage in research-informed practice and practice-informed research.

2.1.9: Respond to contexts that shape practice.

2.1.10: Engage, assess, intervene and evaluate with individuals, families, groups, organizations and communities.

Course Outcomes

At the completion of this course students will, at a foundation level:

1. Learning objective: Understand the effect of poverty and societal violence on individuals, families and communities and learn to develop practice interventions that take this understanding into account.
Competence areas: Diversity, Social Justice, Application of Human Behavior Theory
Measurement: Assignment 1
2. Learning objective: Demonstrate ethical sensitivity and self-awareness in a professional helping role and have the ability to translate knowledge and values affirming cultural diversity and social justice into direct practice and social action.
Competence areas: ethics and values; diversity, and social justice:
Measurement: Assignments 2 & 3
3. Learning objective: Understand the complexities of working in multi-cultural and organizational contexts with clients from different racial and ethnic groups.

Competence area: Diversity, Responding to Contexts that shape practice.
Measurement: Assignments 1, 2 & 3

4. Learning objective: Have the ability to assess client needs, challenges, strengths, and resources at intrapsychic, interpersonal and environmental (ecological levels) and develop formulations and intervention plans with various sized systems including individuals, families, groups, and larger social systems.
Competence areas: Engagement, assessment, formulation, and intervention
Measurement: Assignments 2 & 3
5. Learning objective: Understand and assess their responses to clients and clinical processes
Competence areas: Professional identity
Measurement: Assignment 2, class discussions
6. Learning objective: Use several of the theoretical frameworks introduced in the course in developing formulations about a client and critically evaluate the usefulness of each theory.
Competence area: Critical thinking
Measurement: Assignment 3 Class Discussions
7. Learning objective: Understand the rationale for, and acquire the basic tools necessary for evaluating practice efforts.
Competence area: Research and evaluation
Measurement: Assignment 2

Evaluation of Student Performance

Students are responsible for class preparation (readings) and participation (discussion and exercises). There will be three graded papers. Instructions for each paper will be posted on WebCT on the syllabus. Papers are due on the dates specified and will be marked down for lateness. Grading of students' performance will be based on:

- Class participation 25%
- First paper 15%,
- Second paper 30%
- Third paper 30%

PRESENTATIONS

** A major focus of this semester will be student case presentation and consultation, linked thematically to course content. Case presentations will be on a voluntary bases. Student presentations should focus on assessment, formulation, and clinical process. Instructors will discuss guidelines for presentations with each class. Presentations and discussion should reference research evidence relevant to the clinical situation. An outline for presentations will be posted on the course website.*

Attendance is an expectation in graduate school. More than one absence will influence the evaluation of a student's performance and grade. Students are expected to let their faculty know when they are unable to be in class. Punctuality is part of your professional behavior. Please inform your instructor if you maybe late and when late enter the class quietly and with minimal disruption. Cells phones, should be off and it is expected that students do not texted, answer emails or surf the net while in class. This is disrespectful to your instructor and classmates and is not in keeping with professional behavior.

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 contact Timothy Rodgers, associate director in the Academic Support Center at ext-2470 or timothy.rodger@simmons.edu at the beginning of the semester. Students requesting accommodation must do so **each** semester. Students with disabilities receiving accommodations are also encouraged to contact their instructors within the first 2 weeks of the semester to discuss their individual needs for accommodation and to inform their advisor.

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, Sixth Edition (2009). Failure to cite a reference or follow the APA guidelines will affect your grade. **For convenience** students may wish to purchase the APA Manual which is also on reserve in the Beatley Library. 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>.

Statement On Plagiarism

Plagiarizing is defined as intentionally or unintentionally using someone else's words or thoughts without giving proper credit. When a source is not cited, it is assumed that the words thoughts and ideas are the sole product of the student. When a student uses material from another source, the extent and nature of the borrowing must, to avoid the charge of dishonesty, be fully and explicitly noted in the text or footnotes. Direct quotations must be differentiated from the text by using quotation marks or by indenting or single spacing and be accompanied by appropriate APA citation. It is the responsibility of the student to learn the proper forms of citation. The use of papers or other work obtained from commercial or other services is a clear case of plagiarism and is specifically prohibited. Handing in as one's own work a paper on which a student has received extensive help without acknowledging that help is plagiarism. Students, who for whatever reason, submit work not their own are subject to disciplinary action.

HIPAA Guidelines/Client Confidentiality

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. Confidentiality must be strictly maintained when discussing clients in the classroom and writing about clients in course assignments. Ensuring client confidentiality includes not stating the name of the agency, using the actual name or initials of clients and actual dates of services. For example you would use "community health center" and not "Fenway Health Center or Upham's Corner Health Center" 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.....,2010". Or "presenting complaint began about eight years ago when client was 10" and not "2002".

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.

421 SPRING SEMESTER

Throughout the course we will be balancing ways of working from the outside in (e.g. how do our external circumstances and experiences affect the ways we make sense of the world?) and from the inside out (e.g. how do the ways we make sense of the world affect our external experiences?) We begin with the subject of societal violence as it affects teenagers and their families and look at clinical practice in the contexts of societal violence, poverty and oppression. Then, shifting to the “inside,” we add theoretical frameworks of psychodynamic and cognitive-behavioral theories, and narrative approaches. These lenses, along with frameworks discussed in the first semester (ecological, empowerment, Freirian analysis) will be used to aid our understanding of clinical work.

Students are expected to have attended the Lecture on Leadership by Warren Simmons held Wednesday January 12 at 6:30 PM to 8:30 PM in the Peresky Center.

1. Societal violence, poverty and issues related to immigration as they impact on children and adolescents and their families. [01/22/11]

In the next two sessions we will focus on poverty, societal violence and bereavement as contexts in which many of our clients are situated. How can we understand the conditions facing teenagers and their families in the Boston community? What is the impact of immigration on adolescents and families? What is the impact of community violence on children and their families? How can our work with children, teenagers, families and communities develop in response to these conditions?

Readings:

(e) Groves, B. (1997). Interventions with parents and caregivers of children who are exposed to violence. In J. D. Osofsky (Ed.) *Children in a violent society*. New York:

Hardy, K. V. & Laszloffy, T. A. (2005). *Teens who hurt: Clinical interventions to break the cycle of adolescent violence*. New York: Guilford. **(This book has been assigned to all students taking Social Work Practice to read between semesters. Please come to the first class prepared to discuss it)**

(e) Wall, J. C. and Levy, A. J. (2005). Rapid response with children and families following community violence: A clinical social work approach. *Child and Adolescent Social Work Journal*. 22:1 3-18.

2. Continued....[01/29/11]

Li Kitts, R. (2005) Gay Adolescents and suicide: Understanding the association. *Adolescence* 40(159), 621-628.

Wall, J. C. and Levy, A. J. (2005). Rapid response with children and families following community violence: A clinical social work approach. *Child and Adolescent Social Work Journal*. 22:1 3-18.

Zayas, L.H. (2001). Incorporating struggles with racism and ethnic identity in therapy with adolescents. *Clinical Social Work Journal*, 29(4), 361-3

Paper #1 is due in class 2

3. The Relationship of Theory to Practice, Psychodynamic Theories, Object Relations Theory [02/05/11]

In this and the next session, we return to our discussion of theories relevant to assessment and practice in social work. After reviewing prior lenses studied (ecological, Freirian, empowerment) now we will add the lens of psychodynamic theory along with a critical perspective that helps us evaluate the usefulness and relevance of theories in specific situations. Psychodynamic theory considers the ways that external events and circumstances can be internalized by individuals and become part of the way we approach the world.

Readings:

Applegate, J. S. (2000). Theory as story: A postmodern tale. *Clinical Social Work Journal*, 28(2), 141-153

Applegate, J.S. (1993). Winnicott and clinical social work: A facilitating partnership. *Child and Adolescent Social Work Journal*, 10(1), 3-19.

Dean, R. G. (2002). Teaching contemporary psychodynamic theory for contemporary social work practice. *Smith Studies in Social Work*, 73:1, 11-27.

(l) Berzoff, J., Flanagan, L. M. and Hertz, P. (2008). Chapter 1, Inside out and outside in, pp. 1-13. and Flanagan, L. M., Chapter 6, Object Relations Theory, pp. 127-160. In J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) *Inside out and outside in*, Lanham, MD : Rowman & Littlefield Publishers, Inc.

4. Contemporary Psychodynamic Theories & Approaches (continued): Self-Psychology [02/12/11].

Readings:

Flanagan, L. M. (2008). Chapter 7, The theory of self psychology, pp. 161-188. In J. Berzoff, L. M. Flanagan and P. Hertz (Eds.) *Inside out and outside* Northvale, New York: Rowman & Littlefield Publishers, Inc.

Mason, J. (2004). Psychodynamic perspectives: Responding to the assessment needs of people of color? *Smith College Studies in Social Work*, 74:2, 315-332.

Lesser, J. G. and Eriksen, H. E. (2000). Brief treatment with a Vietnamese adolescent: Integrating self-psychological and constructivist models. *Crisis Intervention & Time-Limited Treatment*. 6:1, 29-39.

Shapiro, J.R. & Applegate, J.S. (2000). Cognitive neuroscience, neurobiology, and affect regulation: implications for clinical work. *Clinical Social Work Journal*, 28:1, pp. 9-21.

Goldstein, Eda (2001). Chapter 5, Treatment principles. In *Object relations theory and self psychology in social work practice*. New York: The Free Press. Optional – a traditional self-psychology approach.

In the next sessions we will introduce some different models of practice – brief –treatment, cognitive-behavioral, narrative, constructivist and solution focused.

5. Some contemporary approaches to assessment; Planning for brief treatment [02/19/11].

Readings:

Dean, R.G. & Poorvu, N. (2009). Assessment and formulation in contemporary social work. *Families in Society*, October-November, 89(4), 596-604.

Kadushin, G. (1998). Adaptations of the traditional interview to the brief-treatment context. *Families in Society*, 79:4, pp 346-357.

Miley, K. O'Melia, M. & DuBois, B. (2004). *Generalist social work practice: An empowering approach*. (Fifth edition). Boston: Allyn & Bacon. Chapter 10, Assessing Resource Capabilities (248-287).

McQuaide, S. (1999). A social worker's use of the diagnostic and statistical manual. *Families in Society*, 80(4), 410-416. (Optional)

6. Cognitive-behavioral approaches [02/26/11].

Readings:

Baez, A. (2003). A group approach to fostering self-cohesion and developmental progression in female adolescent group home residents. *Child and adolescent social work journal*, 20:5, 351-373.

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

7. Constructivist, narrative and solution-focused models [03/05/11].

Readings:

Greene, G. J., Lee, M., Mentzer, R. A., Pinnell, S. R. and Niles, D. (1998). Miracles, dreams and empowerment: A brief therapy practice note. *Families in Society*, 79:4,395-399.

Lowe, R. (2004). *Family therapy: A constructive framework*. Thousand Oaks, CA: Sage Publications, Chapter 1, pp. 6-32

Madsen, W. C. (1999). Collaborative therapy with multi-stressed families. Chapter 7, Elaborating and solidifying new lives, 224-256 and Chapter 8, Developing communities to support new lives, 257-290. New York: Guilford Press.

Stalker, C.A., Levene, J.E., & Coady, N.F. (1999). Solution-focused brief therapy – one model fits all? *Families in Society*, 80(5), 468-477.

Weingarten, K. (1998). The small and the ordinary: The daily practice of a postmodern narrative therapy. *Family Process*, 37:1, 3-15.

March 12, 2011 is Spring Break-no class

8. Approaches to understanding and working with families [03/19/11].

Continuing with our focus on families we consider some ways of understanding culture, race and class issues and a tool for assessment.

Readings:

(1) Boyd-Franklin, N. (2003). *Black families in therapy*. (2nd Edition) New York: Guilford Press, Chapters 3, Extended family patterns, kinship care, and informal adoption, 9, The therapist's use of self and value conflicts & 10, Major family therapy approaches and their relevance to treating African Americans, pp. 52-72, 204-225

Madsen, W. C. (1999). Collaborative therapy with multi-stressed families. Chapter 6 Helping clients Take apart old problems and put together new lives. pp. 188-223. New York: Guilford Press.

Tubbs, C. Y. Roy, K. M. Burton, L.M. (2005). Family ties: Constructing family time in low-income families. *Family Process*. 44:1, pp. 77-91.

Wright, O. L. & Anderson, J.P. (1998). Clinical social work practice with urban African American families. *Families in Society* 79(2), 197-205.

9. Family violence, abuse and protective services [03/26/11].

Readings:

Danis, F.S. (2003). The criminalization of domestic violence: What social workers need to know. *Social Work*, 48(2), 237-246.

Lawson, D. M. (2003). Incidence, explanation, and treatment of partner violence. *Journal of Counseling and Development*, 81(1), 19-33.

Mann, S. (2005). How can you do this work? *The International Journal of Narrative Therapy and community Work*. 2, 11-21.

Turnell, A. & Edwards, S. (1997). Aspiring to partnership: The Signs of Safety approach to child protection. *Child Abuse Review*, 6, 1179-190.

Here is an online course, designed by a committee headed by Ann Fleck-Henderson, that will allow you to learn more about the subject of domestic violence: It is located on each of your professor's e-learning page. Instructors will inform you of when you are expected to complete this.

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| Paper 2 is due in class 8 |
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10. Aging – Issues and options for assessing and working with elderly clients [04/02/11].

As our population ages, all social workers in all settings will be seeing elderly clients and their families, and it is incumbent upon us to learn how to work with this population..

Readings:

Bergeron, L.R. & Gray, B. (2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work*, 48(1), 96-106.

Epple, D.M. (2002). Senile dementia of the Alzheimer type. *Clinical Social Work Journal*, 30(1), 95-110.

Kennedy, G.J. & Tanenbaum, S. (2000). Psychotherapy with older adults. *American Journal of Psychotherapy*, 54(3), 386-40

11. Physical Illness & Disability [04/09/11].

Readings:

Garrett, C. & Weisman, M.G. (2001). A self-psychological perspective on chronic illness. *Clinical Social Work Journal*, 29(2), 119-132.

Gilson, S.F., Bricout, J.C., & Baskind, F.R. (1998). Listening to the voices of individuals with disabilities. *Families in Society*, 79(2), 188-196.

Lesser, J. (2000). Clinical social work and family medicine: A partnership in community service. *Health & Social Work*, 25(2), 119-

Weingarten, K. & Worthen, M. (1997). A narrative approach to understanding the illness experiences of a mother and daughter. *Families, Systems, & Health*, 1, 41-54.

12. Substance Abuse [04/16/11].

Readings:

(l) Brown, S. (1995). Assessment. (Chapter 2). The therapist's role in the drinking stage. (Chapter 3) in *Treating Alcoholism*. San Francisco: Jossey-Bass.

Delgado, M. (1997). Strengths-based practice with Puerto Rican adolescents: Lessons from a substance abuse prevention project. *Social Work in Education*, 19(2), 101-110.

Dore, M. M. Nelson-Zlupko, N. and Kaufman, E. (1999). "Friends in Need": Designing and implementing a psychoeducational group for school children from drug-involved families. *Social Work*, 44:2, 179-190.

Herman, M. (2000). Psychotherapy with substance abusers: Integration of psychodynamic and cognitive-behavioral approaches. *American Journal of Psychotherapy*, 54(4), 574-578.

Kamshing, YIP (2003). A strengths perspective in working with an adolescent with dual diagnosis. *Clinical Social Work Journal*, 31:2, 189-2003.

13. Spirituality and spiritual values [04/23/11].

Spirituality, spiritual values and religion can be sources of strength for clients and communities. How can we explore these dimensions of clients lives and help clients make use of this potential resource and source of comfort for some.

Readings:

Kamya, H. (2008). Healing from Refugee Trauma: The Significance of Spiritual Beliefs, Faith Community, and Faith-based Services. In Froma Walsh (Ed.). *Spiritual resources in family therapy*. 2nd edition. New York: Guilford Press

Knox, S. Catlin, Casper, & Schlosser. (2005). Addressing religion and spirituality in psychotherapy: Clients' perspectives. *Psychotherapy Research* 15(3). 287-303.

Northcut, T. (2000). Constructing a place for religion and spirituality in psychodynamic practice. *Clinical Social Work Journal* 28(2), 155-169.

Rivett, M. & Street, E. (2001). Connections and themes of spirituality in family therapy. *Family Process*, 40(4), 459-467.

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| Paper # 3 Due |
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14. Endings [04/30/11].

Readings:

Anthony, S. and Pagano, G. (1998). The therapeutic potential for growth during the termination process. *Clinical social work journal*. 26:3, 281-296.

DeBerry, S. and Baskin, D. (1989). Termination criteria in psychotherapy: A comparison of private and public practice. *American Journal of Psychotherapy*. 63:1, 43-53.

Siebold, C. (1992). Forced termination: Reconsidering theory and technique. *Smith College Studies in Social Work*. 63:1, 325-341.

Walsh, J. and Harrigan, M. (2003). The termination stage in Bowen's family systems theory. *Clinical social work journal*. New York: 31:4, 383-

Practice Assignments

Practice Assignments

Assignment #1 Due Week #2 (4-5 pages).

You have been assigned the book *Teens Who Hurt* by Hardy and Laszloffy, during the semester break.

Critically review this book from the perspective of clinical practice. Do **not** summarize the book but instead discuss it critically. What are its strengths and limitations? Does the author have a particular point of view that shapes this material in a particular way? If so, what do you think it is and how would you evaluate this? What are the ideas in this book that you can take away as lessons for your work (with examples, if possible)? (one page)

Violence that includes and affects teenagers is a problem in the Boston area and in many major cities. Find at least one article in a Boston newspaper that relates to violence affecting teenagers. You might also look at a source of research data on violence against teens in Boston. How has the Hardy book affected your understanding of the newspaper report and the data? What, if anything, might be included in the newspaper account that would enhance the reader's understanding of this phenomenon of teenage violence? (3-4 pages)

Assignment #2 #2 Due Week # 8. (8-10 pages, excluding process recording)

This assignment requires you to select and analyze a piece of work with one of your clients. Select an excerpt from a process recording, one or two pages of dialogue, that represents the work you want to explore. Choose a vignette that interests you – either because it didn't go well or did seem to go very well or because it seems important in understanding any ongoing work with this client.

1. Please submit the process recording that has been commented on by your supervisor. You do not need to re-type the process recording. Just be sure to black out any identifying information. Highlight the part of the process recording you intend to use to your paper.
2. Provide a brief (one page) introductory statement, which includes identifying information (protecting client confidentiality), the presenting problem(s), client circumstances, and relevant history. Also, indicate why you chose this particular piece. What is of interest here, to you?
3. Discuss the vignette addressing the following questions:
 - a. Write a clinical hypothesis or formulation that derives from, or anyway relates to, your thinking about this incident. Consider in making this formulation: your client's strengths as well as difficulties, ecological, cultural, and developmental factors, social justice and ethical issues.
 - b. Articulate your intervention plan or strategy and show how it relates to this excerpt. As this is a real client, there probably is a plan. How do your responses reflect that plan? How are they shaped by the plan?
 - c. How do you understand and assess your response and reactions during this work? What did you do well, specifically? What, if anything, do feel you should have done differently? On what basis are you making these judgments?

Given that the paper is 8-10 pages, excluding the excerpt, this implies about three pages per question. Each of the questions and the overall coherence and writing are weighted approximately evenly in the grade.

Assignment #3 Due Week # 13 (6-8 pages)

Using a current case, first provide a brief (one – two page) introductory statement, which includes enough identifying information (protecting client confidentiality), such as the presenting problem(s), client circumstances, strengths, difficulties and relevant history to make the formulations understandable. (10)

Then, develop two different clinical formulations drawing on two of the theoretical frameworks we have reviewed this semester. Include reference to relevant literature and research. (20+20)

Then, compare and contrast

- How does each framework deepen or enrich your understanding of your client? (10)
- What does each framework suggest in relation to clinical interventions and strategies? (10)

- Which of the two frameworks do you find most relevant and useful? How and why? (10)
- What research evidence can you find, if any, which supports use of this approach with this client? (10)

Overall coherence and logic (10)