

**LOYOLA UNIVERSITY CHICAGO**

**SCHOOL OF SOCIAL WORK**

**COURSE SYLLABUS**

**SOWK 670**

**Bridging Psychodynamic and CBT Theory and Practice**

**[Add Semester and Year]**

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**Instructor Name, Title, and Pronouns:**

**Email:**

**Telephone:**

**Office Hours:** [Add days, times, in-person/virtual]

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**Class Day and Time:**

**Class Location:** [Add building and room number or note online via zoom]

**Credits/Length of Course:**

**Method of Delivery:** [Note: In-person/hybrid/online]

**Prerequisites:**

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**SCHOOL OF SOCIAL WORK MISSION & IDENTITY STATEMENT**

Loyola University Chicago School of Social Work provides transformative education for practice-informed social work. The school advances rich and diverse knowledge grounded in empowering work with clients and organizations from a participatory, person-in-environment perspective. We promote social justice through macro, meso, and micro practice. “Transformative education” reflects our commitment to engaging students to be effective change agents for social justice in a global context. “Practice-informed social work” refers to a strengths-based, client-centered focus on working with individuals, families, groups, communities, and environmental systems.

**Course Description**

Psychodynamic theory and cognitive-behavioral theory are each associated with methods of intervention that have consistently been found to have therapeutic value for clients with a variety of psychosocial problems. The psychodynamic theory relies on the therapeutic relationship as a vehicle for change, focusing on and aiming to shift via internalization of the therapeutic relationship the client’s subjective experience of their internal and external world. Cognitive Behavior Theory relies on the identification and correction of maladaptive cognitions as instrumental in negative behavior and emotions. Empirical studies of cognitive-behavioral theory and psychodynamic practice provide support for the application of techniques drawn from each school with certain clinical syndromes and presenting problems. The objective of both is to empower clients in their sense of mastery. Both schools have evolved to emphasize the meaning of clients’ experiences. Examination of how to bridge the two schools of thought enhances the clinical utility and allows for the utilization of common factors with necessary theoretical scaffolding.

This course considers clinical interventions that build on a strong psychodynamic base for understanding the multiple dimensions of a client’s challenges and provides a connection to cognitive-behavioral techniques (CBT) within psychotherapy practice. Case analysis will emphasize the application of theory and the role of common factors between the frameworks in interventions with diverse clients and vulnerable populations.

While no therapy model or methods suits all client scenarios, building a strong theoretical base and a wide repertoire of techniques enables a therapist to understand and respond to the widest range of clients. The inclusion of both CBT and psychodynamic frameworks will be examined in relation to different phases of treatment, and with a broad scope of clients (age, race, culture, gender, etc.) for a variety of intrapsychic and interpersonal experiences.

**Learning Objectives & EPAS Related Competencies\***

\*Framed by the Council on Social Work Education’s Educational Policy and Accreditation Standards (EPAS)

**Competency 1: Demonstrate Ethical and Professional Behavior**

| **Assignments** | 1 – Class Participation  3 – Critical Analyses | K, V, S, C/A |
| --- | --- | --- |
| **Assignments** | 2 - Role Plays  4 - Case Formulation | K, V, S, C, A, |

**Competency 2: Engage Diversity and Difference in Practice**

| **Assignments** | 1 - Class Participation  2 - Role Plays | K, V, S, C/A |
| --- | --- | --- |
| **Assignment** | 4 - Case Formulation | K, V, S, C/A |

**Competency 6: Engage with Individuals, Families**

| **Assignments** | 1 - Class Participation  2 - Role Plays | K, V, S, C/A |
| --- | --- | --- |
| **Assignment** | 4 - Case Formulation | K, V, S, C/A |

**Competency 8: Assess Individuals, Families**

| **Assignments** | 3 - Critical Analyses  4 - Case Formulation | K, V, S, C/A |
| --- | --- | --- |

**Competency 7: Evaluate Practice with Individuals, Families**

| **Assignments** | 3 - Critical Analyses  4 - Case Formulation | K, V, S, C/A |
| --- | --- | --- |

**Methods of Instruction**

**Sakai**

This course will be conducted [in person/online (synchronous or asynchronous)/hybrid] with content available via Sakai. Sakai is the learning platform used at Loyola University Chicago. The platform offers a variety of tools that allow students and instructors to communicate, turn in assignments, participate in discussions, provide/receive feedback, and track students’ grades and progress. Make sure to do the following before the first day of the semester:

* Verify that your credentials to access the course are working properly
* Locate and access the course within Sakai
* Familiarize yourself with the Sakai tools

**Minimum Technical Requirements**

The course is delivered [in person/online/hybrid]. Students are expected to have basic knowledge and command of a computer/tablet and be familiar with the following software and tools:

* Web browsers such as Firefox. Tools such as VoiceThread work better with Firefox
* Reliable high-speed internet access
* Access to an active e-mail account. Be sure to check your Loyola University e-mail regularly, including the Spam folder.
* Word processing program (Microsoft Word recommended)
* Antivirus software
* Adobe Acrobat
* Access to a Windows, Chromebook, or Mac computer to complete assignments in the event your mobile device does not meet the minimum technical requirements

**POLICIES & RESOURCES**

**LUC SSW BSW/MSW Student Handbooks**

Please familiarize yourself with all content in the [LUC SSW BSW & MSW Student Handbook](https://www.luc.edu/socialwork/student-support/forms/)s. Additional key information is noted below.

**Students with Special Needs – Student Accessibility Center**

Loyola University Chicago provides reasonable accommodations for students with disabilities. Any student requesting accommodations related to a disability or other condition is required to register with the Student Accessibility Center (SAC). Professors will receive an accommodation notification from SAC, preferably within the first two weeks of class. Students are encouraged to meet with their professors individually in order to discuss their accommodations. All information will remain confidential. Please note that in this class, the software may be used to audio record class lectures in order to provide equal access to students with disabilities.  Students approved for this accommodation use recordings for their personal study only and recordings may not be shared with other people or used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity.  Recordings are deleted at the end of the semester.  For more information about registering with SAC or questions about accommodations, please contact SAC at 773-508-3700 or [SAC@luc.edu](mailto:SAC@luc.edu).

**Respect for Diversity**

Guided by the NASW Code of Ethics and the mission of the University, the School of Social Work is committed to the recognition and respect for variations in racial, ethnic, and cultural backgrounds and with regard to class, gender, age, physical and mental ability/disability, religion, sexual orientation, gender identity, and gender expression. The school values ethnically sensitive and culturally competent social work education and practice. Students must uphold the ethical standards set forth by the profession and the Jesuit ideals of the university. (See: [Respect for Diversity](https://www.luc.edu/socialwork/aboutus/) for more information).

**Gender Pronouns and Name on Roster**

Addressing one another at all times by using appropriate names and gender pronouns honors and affirms individuals of all gender identities and gender expressions. Misgendering and heteronormative language exclude the experiences of individuals whose identities may not fit the gender binary, and/or who may not identify with the sex they were assigned at birth. Explicit identification of pronouns is increasingly used in professional identification (e.g., conference nametags, Twitter handles, etc.).

As part of our professionalization and in the spirit of our professional values, during our first class as we introduce ourselves, you may choose to share your name and gender pronouns (e.g., Hello, my name is Sam and my gender pronouns are she/her/hers or Hello, my name is Lou, and my gender pronouns are they/them/theirs). If you would only like to introduce yourself by name, without pronouns, that is also completely fine. If you do not wish to be called by the name listed on the roster, please inform the class. You may also choose to add your pronouns to your zoom account profile (e.g., Sam Smith (they/them) so they always appear on the screen. Note that if you choose to do so, you must change your profile name from the main login on your Zoom account (e.g., add the pronouns after your last name) or you will have to add the pronouns manually during each and every zoom session. The goal is to create an affirming environment for all students with regard to their names and gender pronouns.

**Brave and Safe Space**

A safe space is ideally one where the expression of identity and experience can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support. A brave space encourages dialogue. Recognizing differences and holding each person accountable to do the work of sharing experiences and coming to new understandings - a feat that’s often hard, and typically uncomfortable.

The School of Social Work values creating a brave and safe space within classrooms for all students. Our instructors welcome all course-related comments and concerns from students. If you have a concern about whether your classroom is a supportive, brave, and safe space, or any other concerns, you are welcome to speak with your instructor or any other faculty or staff member that you trust. That person will help you talk through a pathway to address your concerns and bring them to the Associate Dean with you or on your behalf if you so desire. You should be reassured that expressing your concerns will not result in any penalty to you.

**Title IX Disclosure and Rights**

Under Title IX federal law, "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance" (Title IX of the Education Amendments of 1972). It is important for you to know the professor has a mandatory obligation to notify designated University personnel of incidents of gender-based misconduct (sexual assault, dating/domestic violence, stalking, sexual harassment, etc.) that are shared in private or during class discussions. The reason for this is to keep all members of the Loyola community safe, also to ensure you are connected to the resources and reporting options available. Hypothetical scenarios that are discussed do not require any action. Please visit the [Title IX at Loyola University Chicago Page](https://www.luc.edu/equity/titleixequitylaws/titleix/) for more information regarding the University’s response to notifications of gender-based misconduct. The following link contains information if you wish to [speak or contact a confidential resource on campus](https://www.luc.edu/equity/about/contacttheoecteam/).

**Student Code of Conduct**

Respecting the rights and opinions of others is an important aspect of a Jesuit education. Please respect others by allowing others to express their opinion, avoiding the use of vulgar language and/or offensive or discriminatory comments (racial, ethnic, etc.). It’s the student’s responsibility to read and adhere to the[Loyola University Code of Conduct](https://www.luc.edu/media/lucedu/law/fyi/pdfs/Code_of_Conduct.pdf).

**Privacy Policy – FERPA**

FERPA (Family Educational Rights and Privacy Act) is a federal law that protects the privacy of students and educational records. To learn more about students’ privacy rights visit the [FERPA Actat Loyola University](https://www.luc.edu/regrec/aboutus/ferpa/) website or the [U.S Dept. of Education website](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html). Loyola University, e-mail, and Learning Management System meet FERPA requirements.

**Third-Party and FERPA**

Some assignments may require the use of public online websites, applications, social media, and/or blogs among others. If a course requires students to participate in these types of activities the students can choose not to participate. In this case, the students should contact the instructor as soon as possible and let them know of their decision. Please avoid sharing the private information of others.

**Resources for Writing**

The Writing Center, Loyola University Chicago, is available to help writers develop and clarify ideas and work on specific issues such as punctuation, grammar, documentation, and sentence structure. Students are encouraged to visit the [Writing Center Website](https://www.luc.edu/writing/index.shtml) for additional information. Services are available at both WTC & LSC. Resources for APA may be found here: <http://owl.english.purdue.edu/owl/resource/560/01/>

**Help with Technology – Help Desk**

The ITS Service Desk provides the University with a single point of access for support with technology. They are committed to providing excellent, professional customer service in tracking and resolving support requests. To request assistance, please contact the ITS Service Desk at 773.508.4ITS or via email at ITS Service Desk [ITSServiceDesk@luc.edu](mailto:ITSServiceDesk@luc.edu). Help Desk [Support Hours](https://www.luc.edu/its/service/support_hours.shtml).

**Important Contact Information**

IT Help Desk: 773-508-4487, [IT Help Desk Website](http://www.luc.edu/its/service/)

Wellness Center: 773- 494-3810,  [Wellness Center Website](https://www.luc.edu/wellness/)  
Writing Center: 312-915-6089, [Writing Center Website](https://www.luc.edu/writing/index.shtml)  
Tutoring – Academic Excellence: 773-508-7708, [Tutoring Website](https://www.luc.edu/tutoring/index.shtml)  
Ethics Hotline: 1-855-603-6988, [Ethics Hotline Website](https://www.luc.edu/hr/ethics/)  
Military Veteran Student Services: 773-508-7765, [Veteran Student Services Website](https://www.luc.edu/veterans/)  
Library: 312-915-6622, [Library Website](http://libraries.luc.edu/)

Students Accessibility Center: 773-508-3700, [Students Accessibility Center Website](https://www.luc.edu/sac/)

**ACADEMIC INTEGRITY, GRADING & ASSIGNMENTS**

**Academic Integrity and Plagiarism**

Academic integrity is essential to a student’s professional development, their ability to serve others, and to the university’s mission. Therefore, students are expected to conduct all academic work within the letter and the spirit of the Statement on Academic Honesty of Loyola University Chicago, which is characterized by any action whereby a student misrepresents the ownership of academic work submitted in their name. Students who plagiarize risk receiving a failing grade at the instructor’s discretion. All students who plagiarize will be referred to the Committee of Student Affairs (CSA) for judicial review. Knowledge of what plagiarism is will help you from inadvertently committing it in your papers. Additional [information on plagiarism](https://www.plagiarism.org/).

Plagiarism is a serious ethical violation, the consequences of which can be a failure of a specific class and/or expulsion from the school**.** Responsibilities of Academic Honesty are detailed in [the LUC BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/). Please read the Graduate Catalog stating the university policy on plagiarism. The definition of plagiarism is: “In an instructional setting, plagiarism occurs when a writer deliberately (or unintentionally) uses someone else’s language, ideas, or other original (not common-knowledge) material without acknowledging its source." Source: WPA (n.d.). Defining and Avoiding Plagiarism: The [WPA Statement on Best Practices](http://wpacouncil.org/files/wpa-plagiarism-statement.pdf).

This commitment ensures that a student in the School of Social Work will neither knowingly give nor receive any inappropriate assistance in academic work, thereby, affirming personal and professional honor and integrity. Students may not use the same assignment content to fulfill different course requirements. If a paper is submitted to a course that is closely related to a paper submitted for another course, it is suggested that the student cite the paper. (Example: paper submitted for SOWK 000, Instructor: Wayne Williams, Semester: Spring 2020)

**Turn-It-In**

By taking this course you agree that all required papers may be subject to submission review to Turnitin.com (within Sakai or otherwise) to detect plagiarism. Any and all written material submitted as course work may be subject to detection of plagiarism using the Turn-it-in database. To learn about their usage policy, visit the [*Turn-It-In*](https://www.turnitin.com/) website.

**Academic Warnings**

Students are responsible for tracking their progress through each class. As a result, students should identify and resolve any academic difficulty as early as possible. In the event that a student is experiencing academic difficulty, the student will be notified by the instructor in writing (via e-mail) no later than the deadline for early alert according to the LUC Academic calendar at mid-term. See the [LUC SSW BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/) for additional information regarding academic concerns.

**Grading Criteria**

Grades are based upon criterion-referenced grading.  The Description of Assignments section of this document reviews the specific points for each assignment.  In general, letter grades are assigned using the criteria below:

| **Letter Grade** | **Description** | **Grades and Values** |
| --- | --- | --- |
| **A** | Overall performance is**Exceptional –**includes grammar, sentence structure, application of course content, use of references/resources, etc. | A  4.00 /96-100%  A- 3.67 /92-95% |
| **B** | Overall performance is **Good –** written work not as polished as above, ideas not as fully developed, but still includes important course content, references, etc. | B+ 3.33/88-91%  B   3.00/84-87%  B-  2.67/80-83% |
| **C** | Overall performance is **Acceptable** - work meets basic expectations set by Instructor. A grade of C- requires that social work majors (BSW/MSW) retake the course. | C+ 2.33/76-79%  C    2.0 /72-75%  C-  1.67/68-71% |
| **D** | Overall performance is **Poor - student** must retake course. | D+ 1.33/64-67%  D   1.00/60-63% |
| **F** | Overall performance is **Unsatisfactory** - student fails course. Effects of a final grade of F may vary by academic program. See Student Handbook. | F  0/Below 60% |
| **I** | At the discretion of the section Instructor, a temporary grade of **Incomplete** may be assigned to a student who, for a reason beyond the student’s control, has been unable to complete the required work in a course on time. The request signed by the student and the faculty member must be approved and on file with the BSW or MSW Program Director when grades are submitted. **Requirements for submission of Final grade differ by degree. See Student Handbook.** | |

### **Grading Scale**

| **Grade** | **Percentage (%)** |
| --- | --- |
| **A** | 96 – 100 |
| **A-** | 92 – 95 |
| **B +** | 88 – 91 |
| **B** | 84 – 87 |
| **B-** | 80 – 83 |
| **C+** | 76 – 79 |
| **C** | 72 – 75 |
| **C-** | 68 – 71 |
| **D+** | 64 – 67 |
| **D** | 60 – 63 |
| **F** | Below 60 |

**Grade of “Incomplete”**

The temporary grade of “Incomplete” will be considered for those students who, for reasons beyond their control, have not been able to complete the requirements and tasks of the course on time, within the time stipulated in the academic calendar. It is the student's responsibility to request an “Incomplete” grade. This request must be approved and signed by the instructor and the student with final approval of the program director. If the student fails to complete the request or receive appropriate approval, the final grade will be F.

**Use of Rubrics as an Evaluation Tool**

Rubrics will be used as assessment tools for course activities and assignments. All tasks and assignments will be evaluated following the criteria outlined in the specific rubric. The grade of each activity will be based on the combination of points assigned to each evaluation criteria listed in the rubric for that assignment. Unless an obvious error can be established and documented in the rubric, the points and/or grade awarded by the instructor will be considered final for that activity or assignment.

**Facilitator Feedback to Learners**

The instructor will provide individual feedback to each student for each assignment submitted. These comments will be offered to complement the grade obtained and will include comments about student progress, knowledge, skills, and participation. Instructors will post constructive feedback no later than 7 days after assignment submission.

**DESCRIPTION OF ASSIGNMENTS**

**Class participation** – **20 % of the course grade**

1. Class participation is evident in participation in class discussions, (whether in person, synchronous, hybrid, or asynchronous), presentation of course material during assigned weeks, and articulation of questions related to readings, discussions, and clinical cases. Evaluation is based on the quality of participation as opposed to quantity. **It is expected that during synchronous sessions, students will close all other electronic devices and listen to each other and learn from each other and the instructor. NO PRIVATE CHATS during zoom sessions.**
2. For hybrid classes –Assignments will be posted on SAKAI each week for students to prepare for the next class. Instructions for asynchronous portions of each class are identified in the syllabus.

**Role Plays** – (10% of course grade - Instructions are on Sakai in the Assignments Tab.)

We will be doing several role-plays throughout the course of the semester, as well as watching several practice videos. Some students will create and simulate practice situations while other students will be asked for commentary on the cases that are role played. A chart of common processes (that cut across all theoretical orientations) will be provided to guide the discussions.

**Critical analysis of six-course readings.**

Submit via Sakai a 12–14-page analysis of six-course readings (each analysis is at least 2 pages) from six different weeks on the syllabus, structured around addressing the following questions. (35% of the course grade. The due date at midterm)

* 1. What is (are) the primary point(s) of the reading?
  2. Who is the target audience? To whom does it apply?
  3. How can I relate these ideas to a clinical situation?
  4. Reflect on the social justice implications of the reading, for instance, the vulnerability of the population and the need for advocacy. Does the reading provide any information about how the therapeutic relationship can incorporate social justice-aware communications given the conceptual foundation in the articles?
  5. What questions do you have about the reading material for this week?
  6. How can you determine answers to these questions?
  7. What resources could you use?
  8. **VIP Attempt to answer your questions via “scholarly sources”. This does not mean you have to find an “empirical” answer but do search out some answers. Express important learning from what you find --- not just a statement of fact. What does it mean?**
  9. Determine if there is a problem in the author’s explanation in the current reading? Your understanding of the reading? The concepts or ideas the author is trying to explain.

**Final assignment: You may choose one of two options. Either option represents** (35% of the course grade and is due at the end of the course.)

a) Continue your critical analyses for six more (not previously written about) readings from the remainder of the semester and submit them on the last day of class.

b)Choose one of your cases from your first- or second-year fieldwork or place of employment or a client provided by the instructor. Conceptualize the client using both a Psychodynamic framework **AND** a CBT framework. How would you integrate the theoretical frameworks in your chosen case? Display your understanding of the theories by looking at the case through each lens and articulate the common factors between them (as they pertain to the case you choose). Build a rationale for your preferred therapeutic framework and how it helps guide you to understand the client’s core issues. How does each orientation attend to the therapeutic relationship as well as the treatment goals and how do they impact each other? Finally, how do the client’s needs challenge your preferred orientation, and how flexible do you feel you are prepared to be in response to the client (rather than therapist preference). **10-12 pages.**

Your paper will be evaluated based on how well you accomplish the following goals:

Ability to support a treatment plan based on your choice of theory

* Capacity for flexible use of interventions evolving from each theoretical approach.
* Ability to display both theoretical, ethical, and practical considerations for making your choice (including the setting of practice, and the economic and social policies influencing the choice of treatment models).
* Demonstrate anti-racist anti-oppressive principles of practice that can be applied to this case to optimize treatment impact
* Reflect on intersectionalities that are evident in the clients' vulnerabilities and environmental contexts of oppression and how the treatment relationship can value these intersectional identities.
* Utilize appropriate applicable research if available, supporting your choice of methodologies. Clarify and critique the type of research available and why that is sufficient or insufficient to support your use of this methodology. Your choice of methodology need not have empirical support, but you should be able to explain why there is a lack of research in this area. What other avenues of support do you have? Clinical wisdom? How and why?
* Ability to show a “strength” based, client-centered approach
* Ability to explain the mechanism for change in your choice of theory as it relates to the client(s).
* Ability to articulate the core tenets of the treatment plan devised. The treatment goals should not be described in only simple terms such as “the client will socialize more.” You can identify the need for that, why and how it is an issue, and how you hope this will be accomplished. Also, address if there will be additional behavioral techniques that will facilitate these movements or moments in therapy. Goals do not all have to be quantifiable (e.g., will cry only twice a day instead of 5 times a day), but should be able to provide language consistent with the theoretical framework that indicates how you will know the client is improving
* Writing quality including proper use of grammar, spell check, organization, evidence of critical thinking, and the use of references – at least 5 separate scholarly resources.

**REQUIRED TEXT(S)**

There are no required textbooks. All materials are available as an EBL or links posted on Sakai under each Module.

**RECOMMENDED TEXT(S)**

* Beck, J. S. (2021). Cognitive Behavior Therapy: Basics and Beyond. NY: Guilford.  **Available via EBL**
* Berzoff, J. (Ed.) (2012). *Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations.* New York: Columbia University. **Available via EBL – this text will be used as a casebook.**
* Rathod, S., Kingdon, D., Pinninti, N., Turkington, D., & Phiri, P. (2015). *Cultural Adaptation of CBT for Serious Mental Illness.*  Wiley Blackwell**Available via EBL**
* Summers, R. F. & Barber, J. P. (2010/2013 paperback edition). *Psychodynamic therapy: A guide to evidence-based practice.* New York: Guilford Press. **Available via EBL.**

#### COURSE SCHEDULE

Please read the required readings before coming to each class including Class 1. Be prepared to discuss your thoughts, ideas, and answers to the questions listed in each week’s modules on Sakai. Most weeks will feature a case from the readings that we will use to discuss the readings. If our class is a hybrid course, our class time will be split into Synchronous time as indicated on LOCUS and Asynchronous time. Assignments for both asynchronous and synchronous will be posted on Sakai in the corresponding week.

**Module 1 - Private Troubles and Public Issues: How the public arena shapes practice theories and the choice of treatment models.**

#### Date:

**Module Description**

This module will focus on the contextual issues that influence individual/family/group presentations of mental health issues.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Explain the sociological, economic, and political context in which psychodynamic and cognitive behavioral theories developed and changed over time
2. Describe why psychodynamics and CBT theories are poised for integration by examining the strengths and weaknesses of each perspective

**Class Exercises**

1. Complete the Student Information Sheet posted on Sakai.
2. Based on your readings for the week, answer the following questions before our first class and post on a Blog that you set up for yourself in Sakai.

* How do CBT and Psychodynamic (PD) theories differ in their understanding of why we suffer and what helps us have peace of mind?
* What is the “dodo bird verdict”? How does it support or challenge PD?
* What are the most powerful medications a therapist can prescribe according to Michael Balint (British analyst referred to in the Burkeman article) and Elyn Saks (referred to in the Berzoff.chapter)

**Required Reading**

* Berzoff, J. (2012). Why do we need a biopsychosocial perspective with vulnerable, oppressed, and at-risk clients. In J. Berzoff (Ed.), Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations. New York: Columbia University,1-39. **EBL**
* Burkeman, O. (2016). Therapy wars: The revenge of Freud. The Guardian. January 7, 2016. **E-journal & Sakai**
* Kautz, S. V. & Piotrowski, M. (2019) Reconsidering Graduate Training and Clinical Practice: The Importance of Psychodynamic Thinking. Psychoanalytic Social Work, 26:2, 106-141, DOI: 10.1080/15228878.2019.1647856
* Thyer, B. & Pignotti, M. (2011). Evidence-Based **Practices** do not exist. Clinical Social Work Journal: 39(4), 325-333. **E-journal & Sakai**

**Module 2 - Changes in understanding of human behavior and “treatment”**

#### Date:

**Module Description**

This module will focus on learning about how our ideas, theories, and policies about mental health care have evolved over time and the impact these ideas and policies have had and continue to have on marginalized populations.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Discuss how our knowledge of human behavior and efficacy in psychotherapy has changed over time and the factors that contributed to these changes.
2. Articulate the similarities and differences between psychotherapy and clinical social work.
3. Explain the relevance of theory for clinical social work practice.
4. Demonstrate an ability to critique theories and treatment models which have marginalized populations
5. Analyze how relational clinical work is altered in our current pandemic environment and the essentialness of technology including the ethical and strengths and weaknesses of this medium for services.

**Class Exercises**

1. Case: Konrad chapter in Berzoff textbook (the second reading)
2. Video: Black Psychoanalysts Speak: (approximately 50 minutes) <https://www.youtube.com/watch?v=N8-VIi7tb44>
3. We will discuss these questions in class

* What questions and comments do you have about the video? What is one way this video will impact how you practice as a social worker?
* According to Drisko, what bias is inherent in what is reported as empirical validation of therapeutic results?
* What measures should be used to determine “outcome”? How would you measure the therapeutic process? How should “outcome” and “process” relate to each other?
* How would you measure “mutuality” as explained by Miller, Stiver, & Surrey in Konrad’s chapter?

**Required Readings**

* Drisko, J. W. (2011). A clinician-researchers understanding of “The effectiveness of long-term psychodynamic psychotherapy”. Clinical Social Work Journal: 39(4), 334-339. E-journal and on Sakai
* Konrad, S. C. & Morton, J. (2012). If I feel judged by you, I will not trust you: Relational practice with addicted mothers. In J. Berzoff (Ed.) Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations. New York: Columbia University. 107-140. EBL and on Sakai
* Saidipour, P. (2021). The Precedent of Good Enough Therapy During Unprecedented Times. Clin Soc Work J 49, 429–436 (2021). <https://doi.org/10.1007/s10615-020-00776-7>

**Module 3 - Setting the Stage: Why psychodynamic theory? Review of theory.**

#### Date:

**Module Description**

This module will focus on Reviewing Psychoanalytic, Ego Psychology, and Object Relations and their relevance to current practice.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Review the psychodynamic theory learned in the first year and lay the scaffolding for course content.

critically analyze psychodynamic theory

1. Identify the therapeutic action relied upon in each theory and the roles of the client and clinician

**Class Exercises**

* The following podcast has been used in some SW500 classes as an introduction to Psychodynamic theory, Human Development, and its use in practice. I have included it here to serve as a review and overview of how psychodynamic theory functions in clinical work. We will be reviewing the theories in more detail over the next few weeks. If you have not heard the podcast, please listen before class.
* Singer, J. B. (Host). (2016, November). Psychodynamic theory: Interview with Terry Northcut, Ph.D. [Audio Podcast]. (40 minutes). <http://www.socialworkpodcast.com/Northcut-1stEdit.mp3>
* Case of Mr. K. in Chapter 2 of Berzoff.

**Required Reading**

* Berzoff, J., Flanagan, L. M., and Hertz, P. (2022). *Inside out and outside in:  Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (5th. Ed.)*.* Lanham, MD: Jason Aronson. ***EBL***
* -<https://ebookcentral-proquest-com.flagship.luc.edu/lib/luc/detail.action?docID=4189560>
  + Review Chapters 2, 3, & 4
* Pilecki B, Thoma N, McKay D. (2015). Cognitive Behavioral and Psychodynamic Therapies: Points of Intersection and Divergence. Psychodynamic Psychiatry. Sep;43(3):463-90. doi: 10.1521/pdps.2015.43.3.463. PMID: 26301762.

**Module 4 - The 4 Psychologies: Drive, ego, object, self**

#### Date:

**Module Description**

We will add Self-Psychology and Intersubjective and relational theory to the perspectives we are learning in addition to understanding how these theories guide interventions.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Differentiate between drive theory, ego psychology, object relations, and self-psychology.
2. Identify what concepts are useful in assessment, the therapeutic alliance, and understanding therapeutic action.

**Class exercises**

1. Case Discussions from student cases
2. Comparison chart developed by a class of therapeutic action in each of the theories

**Required Readings**

* Berzoff, J., Flanagan, L. M., and Hertz, P. (2022). Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts (5th. Ed.). Lanham, MD: Jason Aronson.
* -<https://ebookcentral-proquest-com.flagship.luc.edu/lib/luc/detail.action?docID=4189560>
* Review Chapters 5, 6, & 7
* Singer, J. (Host) (2009, December 14). Psychoanalytic Treatment in Contemporary Social Work Practice: An Interview with Carol Tosone, Episode 54. (40 minutes) Social Work Podcast (audio podcast). Retrieved from <https://socialworkpodcast.blogspot.com/2009/12/psychoanalytic-treatment-in.html>

**Module 5 - Psychodynamic Theory Applied**

#### Date:

**Module Description**

This module will focus on the applications of the psychodynamic theories that we have learned so far using a case illustration.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Explain the necessity and problems inherent in any integration
2. Articulate contemporary psychodynamic focus on meaning making and the therapeutic relationship
3. Use Cabanis’s ideas about “domains of functioning” to case illustration

**Class exercises**

1. Case: “Linda” in Northcut article on Personality Disorders
2. We will be answering the following questions in class through our discussions and group exercises:
   * How can you determine “Ghosts” in a client’s nursery? Give an example from a client
   * What were the Ghosts in Linda’s Nursery? (Linda from the Northcut chapter)

What specifically in the history of the therapeutic relationship and in Linda’s life indicated the need for an integrative approach?

* + Think about the Domains of Function from the Cabanis chapter and apply them to one of your current or past clients or Linda. Cabanis is taking the ideas in psychodynamic theory and putting them in a format that is compatible with CBT and findings in neurobiology that we will talk about next week.

**Required Readings**

* Cabanis, D. L., Cherry, S., Douglas, C. J. & Schwartz, A. (2017). *Psychodynamic Psychotherapy: A Clinical Manual,* 2nd ed. NY: Wiley Blackwell. ***E-book & Sakai***
  + Chapter 4: Assessing Domains of Function 27-46
* Fraiberg, S. (1975). Ghosts in the nursery. *Journal of Child Psychiatry*. 14(3), 387-421. <http://www.dvrcv.org.au/sites/default/files/Fraiberg-Ghosts-in-Nursery.pdf> ***Classic reading***
* Northcut, T. B. (2011). Personality disorders. In N. R. Heller & A. Gitterman (eds.) [*Mental Health and Social Problems: A Social Work Perspective*](http://www.allbookstores.com/book/9780415493864/Mental_Health_and_Social_Problems_A_Social_Work_Perspective.html). NY: Columbia. ***E-book & Sakai***
* Wakefield, J. C., Baer, J. C., & Conrad, J. A. (2020). Levels of meaning and the need for psychotherapy integration. *Clinical Social Work Journal,* 48:236-256. ***E-journal & Sakai***

**Module 6 - Psychodynamic Theory and Therapy: Summary and Review; Contributions from Neurobiology**

#### Date:

**Module Description**

This module will focus on the neurobiological findings in support of a relational and common factors approach to mental health work

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Discuss the role of neurobiological research in promoting integrative models of practice
2. Articulate the scientific and ethical imperatives to use an integrative theoretical approach in practice.
3. Describe the relational approach as an extension of psychodynamic theory.
4. Articulate common factors as one solution to understanding integration with limitations and strengths.

**Class Exercises**

1. Scorecard of Common Functions with Accompanying video: “Dynamic Relational Therapy for Perfectionism and Anxiety” with Dr. Paul Hewitt (2019) <https://psyctherapy.apa.org/Title/777700644-001>
2. Take the Review Quiz posted on Sakai: Northcut, T.B. (2017). Psychoanalysis Module. Gannett Educational Systems.
3. We will work on a psychodynamic case formulation based on the Cabanis chapter

**Required Reading**

* Barnes, J. (2020). For Donald Winnicott the psyche is not inside us but between us. *Psyche May 18.* [*https://psyche.co/ideas/for-donald-winnicott-the-psyche-is-not-inside-us-but-between-us*](https://psyche.co/ideas/for-donald-winnicott-the-psyche-is-not-inside-us-but-between-us)
* Cabanis, D. L., Cherry, S., Douglas, C. J. & Schwartz, A. (2017). *Psychodynamic Psychotherapy: A Clinical Manual,* 2nd ed. NY: Wiley Blackwell. ***E-book & Sakai***
  + Chapter 5: The Initial Formulation 47-56.
* Cuijpers, P., Reijnders, M., & Huibers, M. J. H. (2019). The role of common factors in psychotherapy outcome. *Annual Review of Clinical Psychology*, *15*, 207-231. https://doi.org/10.1146/annurev-clinpsy-050718-095424
* Miehls, D. & Applegate, J. (2014) Introduction to Neurobiology and Clinical Work, *Smith College Studies in Social Work,* 84:2-3, 145-156, DOI: 10.1080/00377317.2014.924707

**Module 7 - Falling through the cracks: Changes in psychodynamic practice**

#### Date:

**Module Description**

Class will focus on how psychodynamic theories offer help in understanding oppression and stigma and how they have perpetuated racism.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Identity and describe the effects of stigma and oppression as they appear in current psychodynamic clinical social work practice and their influence on client and clinician psychologies.
2. Identify aspects of your “self” that would facilitate or hinder the process of clinical work (not just engagement or achieving symptom relief) including your own racism, oppression, and privilege.
3. Identify areas of practice research needing further work.

**Class exercises**

1. Case:Chris from “Get Out” movie.
2. Watch video: Psychoanalysis in the Barrio: (approximately 50 minutes)

<http://www.pep-web.org/document.php?id=pepgrantvs.001.0010a>

1. Questions we will discuss in class:

What questions and comments do you have about the video? What is one way this video will impact how you practice as a social worker? Choose a current or past client and talk about how you can or wish you could have talk(ed) about stigma and oppression with him/her/them.

**Required Readings**

* Rasmussen, B. & Garran, A. M. (2019) Psychodynamic Analysis of Racialized Interactions: The Get Out Case Study, Smith College Studies in Social Work, 89:2, 179-196, DOI: 10.1080/00377317.2019.1682400
* Tummala-Narra, P. (2016). Psychoanalytic Theory and Cultural Competence in Psychotherapy. APA SakaiThe class will sign up for one of the chapters below.
* Chapter 6: Addressing social oppression and traumatic stress. 139-169
* Chapter 7: Recognizing the complexity of cultural identifications.171-197

**Module 8 - Cognitive-Behavior Theory and Therapy: Summary, review, and research strengths and weaknesses**

#### Date:

**Module Description**

This module will focus on the history and principles of CBT and begin to focus on applications.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Review and analyze the basic tenets of cognitive-behavioral theory and therapy
2. Articulate why cognitive therapy needs social work and psychodynamic therapy needs cognitive theories

**Class Exercises**

* Mike Simmons and Frank Wills Case: CBT Skills in Practice: Video with Mike Simmons and Frank Wills - Accessed via LUC Library database of Alexander Street.

[https://video-alexanderstreet-com.flagship.luc.edu/watch/c-b-t-skills-in practice?context=channel:counseling-and-therapy-in-video](https://video-alexanderstreet-com.flagship.luc.edu/watch/c-b-t-skills-in%20practice?context=channel:counseling-and-therapy-in-video)

**Required Readings**

* Beck, J. S. (2021). *Cognitive Behavior Therapy Basics and Beyond.* 3rd Ed. NY: Guilford ***EBL***
  + Chapter 2: Overview of Treatment (16-25)
  + Chapter 3: Cognitive Conceptualization (26-55)
* Berlin. S. (2010). Why cognitive therapy needs social work. In W. Borden (ed). Reshaping theory in contemporary social work. NY: Columbia University Press. 31-50. ***E-book & Sakai***
* Rathod, S., Kingdon, D., Pinninti, N., Turkington, D., & Phiri, P. (2015). *Cultural Adaptation of CBT for Serious Mental Illness.* Wiley Blackwell **Available via EBL**
* Chapter 2: Cultural Adaptation of Cognitive Behavioral Therapy: Principles and Challenges. (14-45).

**Module 9 - Cognitive-behavior theory and therapy: Beginning treatment and attending to critical relational factors.**

**Module Description**

This module will focus on reviewing specific CBT interventions impacting the therapeutic relationship and the impact of biases, stigma, and oppression on clients we work with and the theoretical frameworks we choose.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Explain and contrast the advantages and disadvantages of theoretical integration for clinical social work.
2. Articulate the effects of stigma and oppression as they appear in current clinical social work practice and their influence on client and clinician psychologies
3. Compare relational models of CBT and Psychodynamic Models.

**Class Exercises**

* Short role plays addressing relationship issues.

**Required Readings**

* Beck, J. S. (2021). *Cognitive Behavior Therapy Basics and Beyond.* 3rd Ed. NY: Guilford ***EBL***
  + Chapter 5: The Evaluation Session (71-86)
  + Chapter 6: The First Therapy Session (87-116)
  + Naz, S., Romilly, G. & Bahu, M. (2019). Addressing issues of race, ethnicity, and culture in CBT to support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users. The Cognitive Behaviour Therapist 12(22), 1-17 doi:[10.1017/S1754470X19000060](https://doi.org/10.1017/S1754470X19000060)
* Rasmussen, B. (2018). A critical examination of CBT in clinical social work practice. *Clinical Social Work Journal.*  46:165–173 DOI 10.1007/s10615-017-0632-7 ***E-Journal & Sakai***

**Recommended Reading**

* Goldstone, D. (2017). Cognitive-behavioral therapy vs. psychodynamic psychotherapy for the treatment of depression: a critical review of evidence and current issues. South African Journal of Psychology, 47(1), 84-96 **E-Journal & Sakai**
* Driessen, E., Don, F.J., Cuijpers, P., Van, H. L., Peen, J., Twisk, J. R., & Dekker, J. M. (2017). Cognitive-behavioral versus psychodynamic therapy for major depression: Secondary outcomes of a randomized clinical trial. Journal of Consulting and Clinical Psychology, 85(7), 653-663. **E-journal & Sakai**

**Module 10 - CBT Techniques and Interventions**

#### Date:

**Module Description**

This module will focus on specific interventions with a focus on cognitive distortions, attributions, and identifying automatic beliefs.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Review and analyze the use and misuse of cognitive techniques including eliciting thoughts and assumptions, information processing errors, schema-focused therapy, and challenging cognitive distortions.
2. Create and demonstrate case conceptualization in CBT
3. Identify core schemas and choose relevant cognitive interventions

**Class exercises**

1. Class activity: Begin creating role plays that demonstrate knowledge of cognitive techniques and understanding of CBT while also emphasizing the relational, common factors. Instructions are posted on Sakai under “Assignments”. You will be divided into groups. Please feel free to have your role play tailored to your learning needs. You can choose a clinical scenario anywhere in the therapeutic process with any issue in which you think a CBT intervention would be helpful
2. Begin developing a culturally relevant cognitive behavioral case formulation for one of your clients using the format in Appendix B in Beck posted in this week’s “Resources” on Sakai and informed by your reading in the Rathod et al text.
3. How do you determine the underlying (core) schemas?
4. What guidelines can you use to determine which cognitive interventions are most appropriate to your clients?

**Required Readings**

* Beck, J. S. (2021). *Cognitive Behavior Therapy Basics and Beyond.* 3rd Ed. NY: Guilford ***EBL***
  + Chapter 9: Treatment Planning (160-173).
* Wright, J., Brown, G. K., Thase, M. E., & Basco, M. R. (2017). Learning cognitive-behavioral therapy: An illustrated guide. Washington, D.C.: American Psychiatric Publishing. ***EBL***
  + Chapter 6: Behavioral methods I: Improving Mood, Increasing Energy, Completing Tasks and Solving Problems, 127-158.
  + Chapter 7: Behavioral methods II: Reducing Anxiety and Breaking Patterns of Avoidance, 159-186
  + Chapter 8: Modifying Schemas, 187-214.

**Recommended Readings**

* Beck, J. S. (2021). *Cognitive Behavior Therapy Basics and Beyond.* 3rd Ed. NY: Guilford ***EBL***
* Chapter 12: Identifying Automatic Thoughts (210-226)
* Chapter 14: Evaluating Automatic Thoughts (239-259)
* Chapter 18: Modifying Beliefs (303-321)
* Wright, J., Brown, G. K., Thase, M. E., & Basco, M. R. (2017). Learning cognitive-behavioral therapy: An illustrated guide. Washington, D.C.: American Psychiatric Publishing. ***EBL***
* Chapter 3: Assessment and Formulation/Learning Exercise 3-1: 45-64.
* Chapter 4: Structuring and Educating, 65-88.
* Chapter 5: Working with Automatic Thoughts, 93-126 You +1'd this publicly. [Undo](http://www.google.com/)

**Module 11 - Negotiating the middle phase of treatment: Enhancing stability, building relationships, managing symptoms, affect regulation**

#### Date:

**Module Description**

This module will focus on the impact of trauma and oppression requiring an integrative approach to clinical work.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Articulate the rationale and disadvantages of the use of psychodynamic and cognitive-behavioral theory and techniques with psychopharmacology
2. Demonstrate understanding the impact of trauma including racial oppression on treatment and integrative clinical work
3. Describe how behavioral interventions can enhance the integration of body-mind-spirit to facilitate personal meaning systems of clients.

**Class Exercises**

1. Case: “Susan” in Northcut & Kienow’s article
   1. We will discuss the biological, psychological, and sociological reasons that made CBT (or PD) alone, ineffective with “Susan”? Why was CBT necessary?
   2. What were the dangers of integrating different methods? How and when would you integrate and how would you communicate that to Susan?
   3. How might the issue of race impact the integrative work?
2. Continue work on a CBT formulation for a clinical case.
3. Begin role-plays

**Required Readings**

* [Luiggi-Hernández](https://www.madinamerica.com/author/jluiggi-hernandez/), J. G. (May 29, 2020) Integrating Psychodynamic Approaches with CBT Improves Therapy Outcomes. [**https://www.madinamerica.com/2020/05/integrating-psychodynamic-approaches-cbt-improves-therapy-outcomes/**](https://www.madinamerica.com/2020/05/integrating-psychodynamic-approaches-cbt-improves-therapy-outcomes/)
* Northcut, T. & Kienow, A. (2014). The trauma trifecta of military sexual trauma: Implications for including mind and body in clinical work with survivors of MST. *Clinical Social Work Journal,* 42(3), 247-259. ***E-journal***
* Steele, J. M. (2020). A CBT Approach to Internalized Racism among African Americans. *International Journal for the Advancement of Counselling* (2020) 42:217–233

**Recommended Readings**

* Rathod, S., Kingdon, D., Pinninti, N., Turkington, D., & Phiri, P. (2015). *Cultural Adaptation of CBT for Serious Mental Illness.* Wiley Blackwell ***Available via EBL*** [**https://ebookcentral-proquest-com.flagship.luc.edu/lib/luc/detail.action?pq-origsite=primo&docID=1983528**](https://ebookcentral-proquest-com.flagship.luc.edu/lib/luc/detail.action?pq-origsite=primo&docID=1983528)
  + Chapter 6: Individualized Case Formulation 135-164
  + Chapter 7: Individualized Treatment Planning 165-191
* Wright, J., Brown, G. K., Thase, M. E., & Basco, M. R. (2017). Learning cognitive-behavioral therapy: An illustrated guide. Washington, D.C.: American Psychiatric Publishing. ***Text***
* Chapter 10: Treating Chronic, Severe, or Complex Disorders. 233-262.

**Module 12 - Negotiating integrative clinical social work**

#### Date:

**Module Description**

This module will continue the focus on CBT interventions and compare therapeutic action in psychodynamic and CBT clinical work.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Demonstrate and apply the use of CBT interventions
2. Articulate how CBT and psychodynamic would conceptualize therapeutic action

**Class Exercises**

1. Video: [Cognitive-Behavioral Therapy for Relational Issues in Remarriage](https://psycnet.apa.org/psyctherapy/record/777700454-001). Olatunji, Bunmi O. American Psychological Association. 2013. 45 min. [https://doi.org/10.1037/v00454-001](https://psycnet.apa.org/doi/10.1037/v00454-001)
2. Finish CBT formulation.
3. Continue Role Plays

**Required Readings**

* Butler, S. & Northcut, T. (2013). Enhancing psychodynamic therapy with cognitive-behavioral therapy in the treatment of grief. Clinical Social Work Journal. (2013) 41:309–315; DOI 10.1007/s10615-012-0406-1 E-journal & Sakai
* Goodman, G., Anderson, K. & Diener, M. J. (2014). Processes of therapeutic change in psychodynamic therapy of two inpatients. Journal of Psychotherapy Integration. 24(1), 30-45. E-Journal & Sakai
* Schaeuffele, C., Schulz, A., Knaevelsrud, C. et al. CBT at the Crossroads: The Rise of Transdiagnostic Treatments. J Cogn Ther (2020). <https://doi.org/10.1007/s41811-020-00095-2>

**Recommended Readings**

* Summers, R. F. & Barber, J. P. (2010/2013 paperback edition). Psychodynamic therapy: A guide to evidence-based practice. New York: Guilford Press. ***EBL***
  + Chapter 6: Core Psychodynamic Problems, Part I
  + Chapter 7: Core Psychodynamic Problems, Part II
  + Chapter 11: Moments in Psychotherapy

**Module 13 - Ending phase in treatment and the impact of clinical work on client and clinician**

#### Date:

**Module Description**

This module will focus on the ending phase of treatment and the review of work for clinical social worker and client.

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Articulate how integrative clinical work impacts personal and professional identity.
2. Explain the impact of culturally humble clinical work on clinicians and clients

**Required Readings**

* Hall, G. C. N., Kim-Mozeleski, J. E., Zane, N. W., Sato, H., Huang, E. R., Tuan, M., & Ibaraki, A. Y. (2019). Cultural adaptations of psychotherapy: Therapists’ applications of conceptual models with Asians and Asian Americans. *Asian American Journal of Psychology, 10*(1), 68–78. [https://doi.org/10.1037/aap0000122](https://psycnet.apa.org/doi/10.1037/aap0000122)
* Hatcher, S. L., Kipper-Smith, A., Waddell, M., Uhe, M., West, J. S., Boothe, J. H., Frye, J. M., Tighe, K., Usselman, K. L., & Gingras, P. (2012). What Therapists Learn from Psychotherapy Clients: Effects on Personal and Professional Lives. *The Qualitative Report*, *17*(48), 1-21. <https://doi.org/10.46743/2160-3715/2012.1702>
* Schamess, G. (2012). Mutual transformation in psychotherapy. *Clinical Social Work Journal*, 40(1), 10-22. ***E-journal & Sakai***

**Module 14 - Developing a Theory of Client(s)**

#### Date:

**Module Description**

This module will focus on the movement for Contextual Integrative Clinical Work in both CBT and Psychodynamic Work

**Learning Objectives:**

After successfully completing this module, students will be able to:

1. Describe and give examples of the use of integrated case formulation
2. Demonstrate understanding of contextualized practice

**Required Readings**

* Lee, E. & Toth, H. (2016) An Integrated Case Formulation in Social Work: Toward Developing a Theory of a Client, Smith College Studies in Social Work, 86:3, 184-203, DOI: 10.1080/00377317.2016.1191804
* Norcross, J. C. & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of Clinical Psychology*, 74:1889-1906. ***E-journal & Sakai.***

**COURSE FEEDBACK & SYLLABUS REFERENCES**

**Course Feedback**

You will receive an email communication near the end of this semester regarding your feedback for this course related to the content, assignments, instructor support, etc. Your feedback for each of your courses improves learning outcomes for students and the instruction process in the course. Your feedback is valuable and affects revisions to this course.

**Professional Journals**

* Clinical Social Work Journal
* British Journal of Social Work
* Research on Social Work Practice
* Journal of Social Work Practice
* Journal of Psychotherapy Integration
* Smith College Studies in Social Work
* Psychoanalytic Social Work
* Psychotherapy Research Journal
* Journal of Behavioral & Cognitive Therapy
* Cognitive Therapy and Research
* Journal of Cognitive Psychotherapy

**Websites**

* American Association for Psychoanalysis in Clinical Social Work (AAPCSW) <https://aapcsw.org>
* Association for Behavioral and Cognitive Therapies <https://www.abct.org/>
* Society for the Exploration of Psychotherapy Integration

**Rubrics for Graded Assignments**