I. Course

Catalog Description. Cr. 3(3-0). Prerequisite: Foundation; Prerequisite or Concurrent with SOCW 7324 (Clinical Applications of DSM in Social Work). Provides theoretical content to gain knowledge and develop advanced clinical skills in the application of Motivational Interviewing and Cognitive Behavioral Theory.

Purpose. To expose advanced students to evidence-based clinical social Work theories and interventions, emphasis is on the development of clinical social work practice skills in Motivational Interviewing and Cognitive Behavioral Theory.

II. Course Objectives

Upon completion of this course, students will be able to:

1. Understand the role of clinical social workers in the development and utilization of theoretical, conceptual and empirical knowledge bases of selected practice theories. (Professional Identity, HBSE)

2. Develop an understanding of the key constructs, concepts, themes, and techniques that characterize the selected theories for transtheoretical applications. (HBSE, Practice)

3. Explore the common factors across the selected theories for practice, including techniques and characteristics for achieving therapeutic outcomes. (Critical Thinking, Practice, Research)

4. Analyze the strengths and limitations associated with selected theories for practice with diverse clients, issues and settings. (Diversity, Practice, Professional Context)

5. Utilize a strengths perspective to select and apply the selected theories with skills and techniques that are used in a culturally competent manner across individual, group, community and societal settings (Diversity, Professional Context, Practice)
6. Demonstrate through hands-on practice the selection and application of various skills and techniques from the selected models for clinical practice. (Critical Thinking, Practice)

7. Identify the potential challenges inherent in the application of selected theories and apply professional and ethical guidelines to address them. (Values & Ethics, Justice, Practice)

III. Course Content

Selected theories for this course are:

- Motivational Interviewing Theory & Practice
- Cognitive-Behavioral Theory & Practice

Motivational Interviewing Theory and Practice

Module Description: Motivational Interviewing (MI) is a person-centered, directional, evidence-based counseling method utilized to elicit and strengthen intrinsic motivation for positive change. Researchers have demonstrated the effectiveness of MI with behaviors such as substance abuse, smoking cessation, diet and exercise, and high-risk sexual behaviors. Much of the evidence for MI and adaptations of MI (AMI) comes from randomized control trials. This course will introduce students to the basic underlying spirit, person-centered counseling style, language of change, and processes of MI. Theory, evidence base, and skills of MI will be taught synergistically in an effort to provide an experiential process of learning. Students will be given opportunities to practice skills and will receive continual coaching on their use of skills and embodiment of MI spirit through observation and dyadic role-playing. Because of the brevity of the course, this six (6) week module will focus primarily on evidence-based skills used in MI across various settings and populations that are familiar to professional social workers.

Module Objectives: Upon completion of the eight (8) week module the student will be able to:

1. Understand and demonstrate the basic concepts, spirit and core strategies of MI.
2. Apply basic skills of open ended questions, reflective listening, affirming and summarizing statements.
3. Understand the Transtheoretical Model of Change and how it relates to MI.
4. Understand how MI aligns with social work values and how MI can be applied in social work settings.
5. Critically evaluate the empirical literature on MI.
6. Understand ethical dilemmas of discussing motivation for change in restricted settings or other limiting scenarios.
7. Apply MI in a culturally competent manner.
8. Appreciate the methods and theory of application of Motivational Interviewing in diverse populations and settings.
Cognitive-Behavioral Theory and Practice

Module Description: The Cognitive-Behavioral Therapy (CBT) module in this advanced clinical practice course will focus on the acquisition and practice of behavioral and cognitive-behavioral skills and techniques as applied to disorders commonly seen by social workers in family clinics, group health clinics, community mental health centers, psychiatric hospitals and other settings where social and emotional problems are treated. Students will gain knowledge of behavioral terminology and principles and will acquire and practice clinical skills and techniques that form the basis of CBT treatment protocols for mood and anxiety disorders, which have broader applicability to other disorders and conditions. The emphasis is on skill-building, and students will spend the bulk of their time learning and practicing skills and techniques through observation and dyadic role-playing. Students will also learn to evaluate their use-of-self as therapists in these exercises.

Module Objectives: Upon completion of the eight (8) week module, students will be able to:

1. Articulate the theoretical foundations of behavioral and cognitive-behavioral change strategies.
2. Implement a variety of behavioral and cognitive-behavioral techniques, with a focus on selecting and applying techniques from evidence-based protocols for mood and anxiety disorders; individualizing clinical approach and methods for specific clients; and evaluating the therapist’s own use of self in exercises.
3. Discuss issues related to the use of behavioral and cognitive-behavioral therapy techniques with individuals of different races, ethnicities, cultures, classes, genders, sexual orientations, religions, physical and mental abilities, ages and national origins, as well as values and ethics within the context of legal and NASW code guidelines.
4. Recognize and articulate the strengths and limitations of various behavioral and cognitive-behavioral techniques.

IV. Course Structure

A. This 17-week course will follow the following structure:
   a. Week 1: First Class: Review of syllabus, Locus of Control exercise/discussion. Stages of Change overview/exercise; discussion of Client Population Research/presentations, introduction to role plays; skills Self-Assessment.
   b. Weeks 2 through 9: Motivational Interviewing module.
   c. Weeks 10 through 16: Cognitive-Behavioral Therapy module.
   d. Week 17: Final Class.

B. The main focus of the course is skill acquisition. As such, there will be limited lecturing and students must read assigned material prior to class. Each class will be devoted to an overview of that particular change orientation (i.e., MI and CBT), a discussion of its theoretical underpinnings and empirical evidence, and a synopsis of the different techniques and specific skills drawn from that change orientation. The bulk of time in each module will be devoted to learning and practicing the skills with the help of unscripted case vignettes/role plays. Additionally, students will learn how to write professional case notes, utilizing the SOAP Notes format.
V. Textbooks

A. Required Textbooks. This course is in essence two courses in one, there are two required textbooks: one per module (MI and CBT). While we are mindful of the cost of textbooks, be assured that these titles will make valuable additions to your personal library and as a practicing clinical social worker you will get much mileage out of them.

The required textbooks are:


B. Recommended Textbooks. In addition to the required textbooks, there are several texts specific to MI and CBT that are also worth your consideration. See Bibliography the end of this syllabus.

C. Journal Articles. Use keyword search for articles of interest through http://info.lib.uh.edu/ (Databases, Academic Search Complete)

D. DSM Online. DSM-5 manual, handbook, clinical cases can be found at: http://guides.lib.uh.edu/c.php?g=432685&p=3171275 or http://guides.lib.uh.edu/socialwork (click at “Resources for Clinical Work”)

E. Videos. In addition to the streamed video-recorded lectures and clinical videos, students can access a variety of clinical videos at the following links with your Cougarnet ID and Password access: http://guides.lib.uh.edu/socialwork (click at “Online Video Collections” to access Counseling and Therapy in Video, Films on Demand Health and Medicine, Kanopy, or PsycTHERAPY)


VI. Course Requirements

A. Attendance/Reading Assignments/Class Participation. Students are expected to attend all classes, arrive to class on time (no later than 8:30 AM), and to be active participants in class discussions, activities, and assignments. Cell phone use is strictly prohibited during class, unless stated otherwise by professor/faculty. If you miss two (2) or more (2+) classes, whether excused or unexcused, your grade will be dropped one letter grade. Arriving late to class is disruptive to students and to the learning process. Tardies will be noted and documented. Class begins promptly at 8:30 AM, and students who arrive later than 8:40 AM will be documented as a tardy. Two (2) tardies are considered to be an absence. It will not be feasible for a student to earn an “A” with 2 or more absences or with 4 or more tardies. Because of the practice nature of this
course, no make-up assignments or extra credit will be offered for a missed class. Students must complete all assigned readings from required and supplemental texts and view all assigned clinical videos prior to class and be prepared to engage in class discussions.

B. Client Population Research and Presentation. Each student will be paired with one (1) classmate, and the dyad will be responsible for researching a specific population (i.e.: domestic violence victims, Veterans with PTSD, etc.) and present the empirical evidence to the class, including but not limited to the template provided in class. The specific adult populations will be chosen during the first class session. Students will present in dyads for a total time of twenty (20) minutes; each student will have ten (10) minutes to present, for a total of 10 points. Due in class, September 11, 2018.

C. Role Plays (In-class demonstrations of specific skills/techniques.) Each student will be paired with one (1) classmate, and the dyad will be responsible for demonstrating skills/techniques to the class. One student will act as the therapist and one will act as a client; these roles will change throughout the semester with each student acting as the therapist twice (2), once for an MI role play and once for a CBT role play. Specific directions will be provided in class. Each role play will represent 10 points each, for a total of 40 points.

D. SOAP Note Writing. Each student will complete a thorough and comprehensive SOAP note on two (2) MI and two (2) CBT role play dyads, to be chosen in class. Each of the four (4) case notes will be turned in via Blackboard within 24 hours of the dyad and will represent 10 points each, for a total of 40 points.

E. Article Reviews. The overall objective of this assignment is for students to complete a brief, but thorough review of two (2) articles assigned for reading. Students will use a template provided. Total of two (2) articles, each worth 5 points, for a total of 10 points.

VII. Evaluation and Grading

The following standard grading scale has been adopted for all courses taught in the college.

\[
\begin{array}{ll}
A &= 96-100\% \text{ of the points} \\
A - &= 92-95.9\% \\
B+ &= 88-91.9\% \\
B &= 84-87.9\% \\
B - &= 80-83.9\% \\
C+ &= 76-79.9\% \\
C &= 72-75.9\% \\
C - &= 68-71.9\% \\
D &= 64-67.9\% \\
F &= \text{Below 64}\% \\
\end{array}
\]

VIII. Policy on grades of I (Incomplete):

The grade of "I" (Incomplete) is a conditional and temporary grade given when students are either (a) passing a course or (b) still have a reasonable chance of passing in the judgment of the instructor but, for non-academic reasons beyond their control have not completed a relatively small part of all requirements. Students are responsible for informing the instructor immediately of the reasons for not submitting an assignment on time or not taking an examination. Students
must contact the instructor of the course in which they receive an “I” grade to make arrangements to complete the course requirements. Students should be instructed not to re-register for the same course in a following semester in order to complete the incomplete requirements.

The grade of "I" must be changed by fulfillment of course requirements within one year of the date awarded or it will be changed automatically to an "F" (or to a "U" [Unsatisfactory] in S/U graded courses). The instructor may require a time period of less than one year to fulfill course requirements, and the grade may be changed by the instructor at any time to reflect work completed in the course. The grade of "I" may not be changed to a grade of W.

IX. Policy on academic dishonesty and plagiarism

Please click the link below for the full explanation of the Academic Honesty policy and procedure.

Policy:


Definitions:

“Academic dishonesty” means employing a method or technique or engaging in conduct in an academic endeavor that contravenes the standards of ethical integrity expected at the University of Houston or by a course instructor to fulfill any and all academic requirements. Academic dishonesty includes but is not limited to, the following:

Plagiarism:

a. Representing as one’s own work the work of another without acknowledging the source (plagiarism). Plagiarism includes copying verbatim text from the literature, whether printed or electronic, in all assignments including field.

Cheating and Unauthorized Group Work:

b. Openly cheating in an examination, as copying from another’s paper; c. Being able to view during an examination, quiz or any in-class assignment an electronic device that allows communication with another person, access to unauthorized material, access to the internet, or the ability to capture an image, unless expressly permitted by the instructor;
c. Using and/or possessing “crib notes,” as unauthorized use of notes or the like to aid in answering questions during an examination;
d. Giving or receiving unauthorized aid during an examination, such as trading examinations, whispering answers, and passing notes, and using electronic devices to transmit or receive information;
e. Securing another to take a test in the student’s place. Both the student taking the test for another and the student registered in the course are at fault;
Fabrication, Falsification, and Misrepresentation:

f. Changing answers or grades on a test that has been returned to a student in an attempt to claim instructor error;
g. Using another's laboratory results as one's own, whether with or without the permission of the owner;
h. Falsifying results in laboratory experiments;
i. Misrepresenting academic records or achievements as they pertain to course prerequisites or co-requisites for the purpose of enrolling or remaining in a course for which one is not eligible;
j. Representing oneself as a person who has earned a degree without having earned that particular degree

Stealing and Abuse of Academic Materials:

k. Stealing, as theft of tests or grade books, from faculty offices or elsewhere, or knowingly using stolen tests or materials in satisfaction of exams, papers, or other assignments; this includes the removal of items posted for use by the students;
l. Mutilating or stealing library materials; mis-shelving materials with the intent to reduce accessibility to other students;

Complicity in Academic Dishonesty:

m. Failing to report to the instructor or departmental hearing officer an incident which the student believes to be a violation of the academic honesty policy;

Academic Misconduct:

n. Any other conduct which a reasonable person in the same or similar circumstances would recognize as dishonest or improper in an academic setting.

Process: Students shall have the responsibility of reporting incidents of alleged academic dishonesty to the instructor of record involved or to the appropriate authority if the alleged act is not associated with a specific class within 5 class days of the incident. Faculty or instructor of record shall have the responsibility of reporting incidents of alleged academic dishonesty through their college hearing officer within 5 class days of the incident. The faculty should include the recommended sanction in the report. The college hearing officer will notify the student of the report and recommended sanction. The student can accept the sanction and waive a hearing or request a college hearing. A hearing shall be set within 10 days and would be consist of two faculty and three students chosen by the hearing officer.

X. Clinical Concentration Competencies

Social Work is a competency-based profession. The training you receive in the MSW program is designed to equip you with the knowledge, values, critical thinking abilities (cognitive affective processes), and skills to practice competently across nine competencies identified as central for all social work training. The nine generalist competencies were developed by the Council on Social Work Education, the national accrediting body for social work education, and these competencies were expanded and enhanced for our clinical and macro concentrations (our areas of specialized
A description of the competencies for our clinical concentration curriculum are provided below along with a table describing how selected assignments in this course align with those competencies. While all course content is linked to the competencies, below you will find content that must be included in all sections of this course across enrollment models.

SOCW 7318: Cognitive Behavioral Interventions: Motivational Interviewing and Cognitive-Behavioral Theory

<table>
<thead>
<tr>
<th>Assignment</th>
<th>EPAS Competency</th>
<th>Learning Dimension</th>
<th>Level of Practice (Comp 6-9)</th>
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<tbody>
<tr>
<td>Lesson: Locus of Control exercise and discussion</td>
<td>Competency 1</td>
<td>Knowledge, Cognitive/Affective Processes, Values, Skills</td>
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<td>Live Practice: Demonstrations of specific skills and techniques</td>
<td>Competency 1</td>
<td>Knowledge, Cognitive/Affective Processes, Values, Skills</td>
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<td>Knowledge, Cognitive/Affective Processes, Values, Skills</td>
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<td>Competency 4</td>
<td>Knowledge, Cognitive/Affective Processes, Values, Skills</td>
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<td>Knowledge, Cognitive/Affective Processes, Values, Skills</td>
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Clinical Concentration Competency Descriptions

**Competency 1:** Demonstrate Ethical and Professional Behavior
Ethical clinical social workers recognize the importance of the therapeutic relationship, the person-in-environment, the strengths perspective, the professional use of self and identity with clients and the profession and adhere to ethical guidelines of professional behaviors and boundaries. Ethical clinical social workers handle practice issues based on social work code of ethics and apply technology, tools, and skills ethically and professionally in clinical practice.

**Competency 2:** Engage Diversity and Difference in Practice
Clinical social workers demonstrate knowledge and sensitivity in their work across all forms of diversity and human differences in order to address their influences on practice engagements that provide explanations of (a) the presenting problems, (b) help-seeking behaviors, and (c) choice of services.

**Competency 3:** Advance Human Rights, and Social and Economic and Environmental Justice
Clinical social workers apply advocacy skills and promote justice in all social, economic, political, and environmental contexts for all human kinds.
Competency 4: Engage in Practice-informed Research and Research-informed Practice
Clinical social workers engage, use, and integrate research skills to inform and evaluate their practice with focus on applying the best practice methods and treatment approaches.

Competency 5: Engage in Policy Practice
Clinical social workers work with diverse clients and engage the larger system to effect changes in public policy and to promote client welfare.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
Clinical social workers engage clients and their systems by understanding and applying a range of evidence-based theories to practice. To foster engagement, clinical social workers support and empower clients (individuals, families, and groups) in clinical settings to identify their strengths, skills, and expectations of diverse life courses.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
Clinical social workers start with assessing client motivation and applying assessment skills to identify and define problems with the clients and their systems. Assessment elements include needs, goals, strengths, constraints, resources, culture and environment within and across individuals, families and groups, and their related systems.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities
Clinical social workers plan and implement interventions according to the needs, goals, strengths, constraints, resources, culture and environment within and across individuals, families and groups, and their related systems. The choice, design, and delivery of the intervention is connected to or based on theories, evidence, experiences, attributes planned with the client systems, skill sets of the clinical social workers, organizational policies, and community characteristics.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
Clinical social workers apply diverse knowledge and skills in empirically-based practice evaluation with a focus on the defined problems, changes, and the effectiveness of the planned interventions. Changes are encouraged and monitored throughout the intervention process for continuous evaluation. Measures of intervention effectiveness are administered with input from various sources based on the assessment and intervention goals.

XI. Course Schedule and Reading Assignments – Schedule will be provided and reviewed during the first class.

XII. Bibliography - Bibliography begins on page 11.

XIII. Americans with Disabilities Statement
The University of Houston System complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, pertaining to the provision of reasonable academic adjustments/auxiliary aids for students with a disability. In accordance with Section 504 and ADA guidelines, each University within the System strives to provide reasonable academic adjustments/auxiliary aids to students who request and require them. If you believe that you have...
a disability requiring an academic adjustments/auxiliary aid, please contact the UH Center for Disabilities at 713-743-5400.

XIV. **Counseling and Psychological Services**
Counseling and Psychological Services (CAPS) can help students who are having difficulties managing stress, adjusting to college, or feeling sad and hopeless. You can reach CAPS ([www.uh.edu/caps](http://www.uh.edu/caps)) by calling 713-743-5454 during and after business hours for routine appointments or if you or someone you know is in crisis. Also, there is no appointment necessary for the “Let's Talk” program, which is a drop-in consultation service at convenient locations and hours around campus. [http://www.uh.edu/caps/outreach/lets_talk.html](http://www.uh.edu/caps/outreach/lets_talk.html).

XV. **Addenda**

**Statement on changes to syllabus.** Prof. Medina reserves the right to revise the syllabus content and/or schedule for time management or topical reasons.
XVI. Bibliography

These are additional recommended texts. Students planning to pursue a clinical practice career will want to add some of these their personal library (or start building one). These texts will also be useful resources for class assignments. Copies of most are available in the library. The list is sorted by assessment, diagnosis and treatment; evidence-based practice; practice with diverse populations; mental illness and the media; and recommended websites. This bibliography is a work in progress, so if you identify additional resources that you find useful please inform me so we can add them.

**General:**


**Motivational Interviewing:**


MI#4. McMurrnan, M., Cox, W. M., Whitham, D., & Hedges, L. (2013). The addition of a goal-based motivational interview to treatment as usual to enhance engagement and reduce
dropouts in a personality disorder treatment service: Results of a feasibility study for a randomized controlled trial. *Trials, 14*(1), 1- 10. doi:10.1186/1745-6215-14-50


**Cognitive-Behavioral Therapy:**


**Recommended Websites:**

American Psychological Association: www.apa.org/
Association for Behavioral and Cognitive Therapies: http://www.abct.org/
Beck Institute for Cognitive Behavior Therapy: http://www.beckinstitute.org/
Behavioral Tech, LLC (DBT): http://behavioraltech.org/
Center for Disease Control and Prevention (CDC): http://www.cdc.gov/
Evidence-Based Intervention Network: http://ebi.missouri.edu/
Jung Center of Houston: http://www.junghouston.org/
Mental Health America: http://www.nmha.org/
Mental Health America of Greater Houston: http://www.mhahouston.org/
National Alliance on Mental Illness: http://www.nami.org/
National Association of Social Workers: http://www.socialworkers.org/
National Association of Social Workers—Texas: http://www.naswtx.org/
National Center on Minority Health and Health Disparities http://ncmhd.nih.gov/
National Hispanic Council on Aging: http://www.nhcoa.org/
National Institute of Mental Health: http://www.nimh.nih.gov/
National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov/
National Institute on Drug Abuse: http://www.drugabuse.gov/
National Registry of Evidence-Based Programs and Practices: http://www.nrepp.samhsa.gov/
Pew Hispanic Center: http://pewhispanic.org/
PsychCentral: http://psychcentral.com/
Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/
Texas Psychological Association: http://www.texaspsy.org/
US Census Bureau: http://www.census.gov/