Practical Knowledge: A Beginning Guide to Social Work Practice

PRACTICAL KNOWLEDGE: A BEGINNING GUIDE TO SOCIAL WORK PRACTICE

HTUCKER

CONTENTS

INTRODUCTION

My hope in creating this open source text is to provide a practical resource for students to develop a basic knowledge of various techniques and skills currently used in the social work field. In the spirit of collaboration and reclaiming our education, this is a text that is put together by students for students. It is not an all encompassing educational guide to therapy. It is meant to be a base. Something to stand on and work from.

That being said, everyone is coming into this work with different and important experiences. I hope this text becomes a living, breathing, combination of evidence based practices, and of practice based evidence that reflects the ever changing landscape that is social work. For this to work, students will be the ones who critique, update, and edit this text. This brings in opportunities for students to amplify their critical thinking skills; expand their knowledge; research current techniques and skills; explore new ideas and techniques; create space for marginalized voices; and utilize assignments in a way the contributes to the learning of all students.

This is your work. I ask that folks please edit this! If there is out of date information, remove it or change it. If there's language that could be better, change it. Open source texts

give us a unique opportunity to change things as they are happening. And please, add your name to any work that you contribute to. It's so important that our work as students is recognized and celebrated.

Tucker Hardy

HOW TO USE THIS GUIDE

It's important to remember that this is a guide is a base of information that is meant to be continuously updated. Please have a critical lens when viewing the information here and stay curious to new possibilities and critiques of the information in this book. This is also meant to be a quick guide with resources and information so that you can continue your learning beyond this text. I chose to make each chapter with the same sections to make it so that people know exactly what to expect when they search this book. No long winded stories about how a therapy changed someone's outlook, just simple information so that someone could understand the basic principles and language of various social work skills. The sections are as follows:

Overview and History

Diagnoses and Symptoms that the technique helps with (Effective for)

Core Principles and Terms

Critiques and Limitations

Resources

TEMPLATE

htucker

Overview and History

Effective For:

Core Principles and Terms

Critiques and Limitations

Resources

1.

COGNITIVE BEHAVIORAL THERAPY (CBT)

htucker

Overview and History

Cognitive Behavioral Therapy (CBT) is a goal oriented, problem-focused, short-term (8 to 20 sessions) therapeutic treatment created in the 1960s by Aaron T. Beck (Boyd-Franklin et al., 2016; Martin, 2019). Beck, a psychoanalytic practitioner at the time, noticed that clients he was working with had an internal dialogue going on in their minds and theorized that if that dialogue was explored and challenged, people could change how they responded to various symptoms and situations that they were experiencing (Gillihan, 2018; Martin, 2019). CBT is focused on the here and now, where clinicians and clients work together to identify automatic-thoughts, core beliefs, feelings, and behaviors that clients are experiencing in distressful moments (Boyd-Franklin et al., 2016; Gillihan, 2018; Martin, 2019). Once those are identified, CBT focuses on changing automatic thoughts into thoughts

that are more grounded in reality. This is done through a series of homework assignments, mindfulness techniques, role plays, and other various techniques that develop a client's ability to identify negative behaviors and thoughts and change them to reflect more positive or non-reactive outcomes. (Boyd-Franklin et al., 2016; Gillihan, 2018; Martin, 2019).

Effective For:

Anxiety and Panic Attacks	Eating Disorders	Anger and Mood Management
Depression	General Stress	Chronic Pain
PTSD	OCD	Substance Abuse and Addiction
Borderline Personality Disorder	Phobias	Sleep Issues

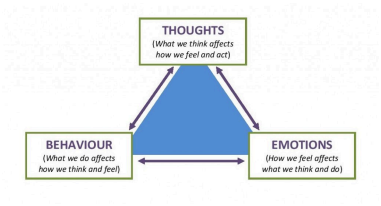
Core Principles and Terms

Automatic Thoughts: thoughts that are instantaneous, habitual, and nonconscious that can affect a person's mood and actions. (APA)

The aim of CBT is to identify the client's negative

automatic thoughts that lead to experiencing distressing emotional states and negative behavioral patterns.

Core Beliefs: Ideas people begin to develop in childhood that influence the ways in which they view themselves, their families, other individuals, and their world (Boyd-Franklin et al., 2016).



Retrieved from: https://medium.com/real-life-resilience/the-cognitive-triangle-bdc4eb08a4f5

Thoughts-Emotions-Behaviors :

CBT is often explained through this triangle, which shows that thoughts, behaviors and emotions are interconnected and affect each other. Some charts have "core beliefs" in the middle of the triangle showing that it all starts with what we believe. (Gillihan, 2018)

Cognitive Restructuring: A technique used to help the client identify their self-defeating beliefs or cognitive distortions, refute them, and then modify them so that they are adaptive and reasonable (APA).

Cognitive Distortions or Thinking Errors: An automatic way of repeatedly interpreting a situation that causes someone to not consider other ways of thinking about it. (Beck, 2011; Boyd-Franklin et al., 2016; Gillihan, 2018; Martin, 2019)

- **All-or-nothing thinking (black and white, polarized, or dichotomous thinking):** If a situation or action falls short of perfect, you see it as a total failure. Example: "I've completely blown my diet because I ate that donut yesterday."
- **Disqualifying or discounting the positive:** Telling yourself that positive experiences and qualities don't count. Often shows up as explaining good things as a fluke or sheer luck instead of based on your own actions. Example: Being told by a coworker that you did a good job, but saying to yourself that you didn't do the job well enough.
- **Emotional Reasoning:** Judging yourself or your circumstances based on your emotions. Example: "If I feel that way, it must be true."
- **Jumping to Conclusions:** Interpreting things negatively when there are no facts to support your conclusion.
    - **Mind Reading:** Believing that you know what someone else is thinking without checking in.
    - **Fortune Telling:** Predicting that events will unfold in a particular way often trying to avoid something difficult.
- **Labeling**: Placing a fixed, global label on yourself or others without considering other options. Example: Using "Becky is always so rude" or "I'm just a drunk."
- **Magnifying and minimizing:** The importance of

something relatively insignificant (e.g. a small mistake) is exaggerated, while positive aspects are lessened.

    - **Catastrophizing:** A form of magnification (or fortune telling) where you take meaning from one negative event and apply it to all events. Example: "I messed up at work and I'm going to get fired, then won't be able to find a job because the economy is bad, and I won't be able to pay my rent so I'll be homeless.

- **Mental Filtering:** Taking negative details and magnifying those details while filtering out positive aspects of a situation.
- **Overgeneralizing:** Reaching a conclusion about one event and then incorrectly applying it to other situations, people, behaviors etc. Example: You fail a math test so you conclude that you are completely hopeless at math in general.
- **Should Statements:** "I shouldn't feel this anxious getting on a plane." "I ought to be in more control of myself."
- **Personalization (Blaming one's self):** Believing anything that others do or say is a direct or personal reaction to you or your actions when the event or reactions are not connected to you at all.

Critiques and Limitations

CBT involves a commitment to outside homework that can take up a lot of time.

CBT is highly structured, which may not be suitable for people with more complex mental health needs or learning difficulties.

CBT addresses current problems and focuses on specific issues, which may not address possible underlying causes of mental health conditions.

CBT focuses on an individual's capacity to change themselves, and does not address wider, systemic problems or ruptured family systems that have a significant impact on an individual's health and wellbeing.

CBT uses language such as "dysfunctional," "negative self-concepts," "irrational beliefs," which can feel invalidating and perpetuate negative stereotypes of mental health.

(Sun, 2009; Roes, 2011; Windermere, 2018;)

Resources

https://www.psychologytools.com/downloads/cbt-worksheets-and-therapy-resources/

https://beckinstitute.org/get-informed/tools-and-resources/professionals/cbt-basics-and-beyond-patient-worksheets/

https://www.therapistaid.com/therapy-worksheets/cbt/none

2.

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

htucker

Overview and History

Acceptance and Commitment Therapy (ACT; pronounced like *act*) was created in 1986 by Steve Hayes and is known as the first "third wave" behavioral therapy. Contrasting most Western psychotherapies, the goal of ACT is not symptom reduction, but rather transforming the relationship with difficult thoughts and feelings so that the client no longer perceives them as "symptoms" (Harris, 2011). ACT accomplishes this through the increase of **psychological flexibility** – the ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends (Hayes, 2005). ACT can be very brief (1 or 2 sessions) up through long-term work (20+ sessions) and is accomplished in a variety of ways that include metaphor, paradoxes, and experiential exercises with room for creativity and playfulness (Dewane, 2008).

Effective For:

General Stress	Chronic Pain
Anxiety	Substance Abuse
Depression	
OCD	

Core Principles and Terms

(Dewane, 2008; Harris, 2011; Hayes, 2005)

Acceptance: Actively embracing unpleasant feelings, sensations, urges, and other private experiences without unnecessary attempts to change their frequency or form.

Cognitive Defusion: Techniques that attempt to the modify the undesirable functions of thoughts and experiences, rather than trying to alter their form, frequency or sensitivity. Noticing thoughts rather than being lead by thoughts.

Being Present: Ongoing non-judgmental contact with psychological and environmental experiences in the here-and-now with the goal of experiencing the world more directly, fully, and increasing the flexibility of behaviors in response.

Self as Context: Connecting with sense of self that is a transcendent, unchanging, observer. From this perspective, it is possible to experience directly that you are not your

thoughts, feelings, memories and other private experiences. These experiences change constantly and are peripheral aspects of you, but they are not the essence of who you are.

Values: Clarifying and choosing various life directions; what sort of person you want be; what kind of life do you want to have. Language of "should" or of other's wishes should be redirected to more personal language and self exploration.

Committed Action: Goal setting that is guided by your chosen values, and taking effective action create behavioral patterns to achieve them. Think realistic and achievable actions.

Critiques and Limitations

Resources

https://www.psychologytools.com/professional/therapies/acceptance-and-commitment-therapy-act/

https://www.actmindfully.com.au/wp-content/uploads/2019/08/ACT-Made-Simple-The-Extra-Bits-Russ-Harris-August-2019-Update.pdf

https://www.actmindfully.com.au/free-stuff/worksheets-handouts-book-chapters/

https://positivepsychology.com/act-worksheets/

3.

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

htucker

Overview and History

Developed in 1987 by Francine Shapiro, Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy that utilizes lateral (side to side) eye movement to help people process various traumatic experiences. (EMDR Institute; Shapiro, 2018). This modality is an individual therapy that is typically delivered one to two times per week for a total of 6-12 sessions, although some people can benefit from fewer sessions, and sessions can be conducted on consecutive days. (APA; Shapiro, 2018).

Effective For:

Single-event trauma	Helpful for individuals that have a difficult time with talk therapy
Complex trauma	
PTSD	

Core Principles and Terms

EMDR is conducted through 8 phases; the length of each phase depends on the complexity of trauma the client presents with.

Phase 1: History-Taking Session(s); Therapist assess for readiness and collaboratively develop a treatment plan which involves identifying possible targets for EMDR processing. These targets include:

- Distressing memories
- Current situations that cause emotional distress (triggers)
- Past instances of trauma

Phase 2: Psychoeducation is utilized to teach client various techniques of handling emotional distress such as imagery, grounding and mindfulness practices for the client to use during therapy and between sessions.

Phase 3-6: A target is identified and processed using the EMDR. The client identifies:

1. imagery related to the memory

2. a negative cognitions about themselves or underlying belief of that memory*

3. a body scan is conducted to identify emotions and body sensations

4. a positive cognitions about themselves*

*Cognitions can be changed and modified by the client throughout the client to better represent what they are feeling during processing.

The therapist then helps the client rate the intensity of the negative and positive beliefs. The client is then asked to focus on the memory, negative thought, and body sensations as they engage in EMDR processing.

After each set of processing, the therapists asks the client to let their mind go blank and notice whatever thoughts, imagery, or sensations come to mind. Depending on the clients feedback and intensity rating, the therapist will decide to continue focusing on that memory or move to a different one.

Phase 7: Closure; if the targeted memory was not fully processed in session, the client is asked to keep a log during the week that records any related information that might show up. The purpose is to practice the calming techniques taught in phase 2.

Phase 8: Examine the progress made and explores if any

other memories or emotions have shown up in relation to the memories being processed.

(APA; EMDR Institute; Shapiro 2018)

Critiques and Limitations

Lack of research in areas other than trauma; though EMDR has been shown to be effective in some small studies on depression and other mental health issues, there is not enough clinical research to support that it is effective in long term treatment of those diagnoses and symptoms.

Resources

www.emdr.com

https://maibergerinstitute.com/emdr-therapy-tools-resources/

4.

ACCELERATED EXPERIENTIAL DYNAMIC PSYCHOTHERAPY (AEDP)

AEDP

Overview and History

Effective For:

Core Principles and Terms

Critiques and Limitations

Resources

BIBLIOGRAPHY

htucker

American Psychological Association. *APA dictionary of psychology*. American Psychological Association. https://dictionary.apa.org/.

Beck, J.S. (2011). *Cognitive behavior therapy: Basics and Beyond.* New York: Guildford Press

Boyd-Franklin, N., Cleek, E., Wofsy, M., & Mundy, B. (2016). *Therapy in the real world: effective treatments for challenging problems*. Gp, The Guilford Press.

Dewane, C. (2008). *The ABCs of ACT*. Social Work Today. https://www.socialworktoday.com/archive/090208p36.shtml.

EMDR Institute INC. *EMDR Institute – Eye movement desensitization and reprocessing therapy*. Emdr Institute Inc. http://www.emdr.com/.

Gillihan, S. (2018). *Cognitive behavioral therapy made simple: 10 strategies for managing anxiety, depression, anger, panic, and worry*. Althea Press.

Harris, R. (2011). *Embracing your demons: an overview of acceptance and commitment therapy*. Acceptance and Commitment Therapy (ACT): An Overview.

https://www.psychotherapy.net/article/Acceptance-and-Commitment-Therapy-ACT.

Hayes, S. (2005). *The six core processes of ACT.* Association for Contextual Science. https://contextualscience.org/the_six_core_processes_of_act#

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognitive therapy and research*, *36*(5), 427–440. https://doi.org/10.1007/s10608-012-9476-1

Martin, B. (2019, June 19). *In-depth: cognitive behavioral therapy*. Psych Central. https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/.

Shapiro, F. (2018). *Eye movement desensitization and reprocessing (Emdr) therapy: basic principles, protocols, and procedures* (3rd ed.). The Guilford Press.

Sun, K. (2009, March 2). *Four drawbacks of cognitive therapy*. Psychology Today. https://www.psychologytoday.com/us/blog/the-justice-and-responsibility-league/200903/four-drawbacks-cognitive-therapy.

Roes, N. A. (2011, November 17). *Understand the limits of CBT*. Psychiatry & Behavioral Health Learning Network. https://psychcongress.com/article/understand-limits-cbt.

Windermere, A. (2018, August 8). *Cognitive behavioral therapy: why it might not be right for you*. HealthCentral. https://www.healthcentral.com/article/5-reasons-cognitive-behavioral-therapy-may-not-work-for-you.