

# SWK-S 518 Clinical Social Work Theory and Practice (3 cr.)

## Course Information

**Semester Year:** XXXXX  
**Section Number:** XXXXX  
**Location:** XXXXX  
**Day:** XXXXX  
**Time:** XXXXX

**Instructor:** XXXXX XXXXXXXXXXXX  
**Office:** XXXX  
**Email:** XXXX  
**Phone:** XXXXX  
**Office Hours:** XXXXXXXXXXXX

## Course Description

This course builds on the theories and practice skills presented in 508 to prepare students for competent and evidence-informed social work practice with diverse client populations, including individuals, families, and groups. Core concepts and theoretical frameworks of neuroscience, trauma, and trauma-informed care are introduced, thus bringing a trauma-sensitive perspective/approach to the continuum of social work practice. Information is presented on underlying theories, such as behavioral, critical-conflict, crisis, and empowerment theories, and emphasis is placed on the skills necessary to integrate theories into intervention. The transtheoretical model of change is explored, as is the implementation of motivational interviewing methods, solution-focused therapy, and associated group and family work toward accomplishing desired outcomes.

## Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

### Primary

- Competency 6: Engage individuals, families, and groups in Clinical and Community Practice
- Competency 7: Assess individuals, families, and groups in Clinical and Community Practice
- Competency 8: Intervene with individuals, families, and groups in Clinical and Community Practice
- Competency 9: Evaluate practice with individuals, families, and groups in Clinical and Community Practice

Through the use of a case analysis report students demonstrate competency in engaging, assessing, intervening, and evaluating practice with individuals, families, and groups in clinical and community practice.

### Secondary

- Competency 2: Engage diversity and difference in practice
- Competency 4: Engage in practice-informed research and research-informed practice

## Course Objectives

**S518-01:** Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with individuals, families, and groups

- S518-02:** Engage individuals, families, and groups from a learning perspective, acknowledging and treating them as experts of their own experiences
- S518-03:** Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from individuals, families, and groups
- S518-04:** Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies
- S518-05:** Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with individuals, families, and groups
- S518-06:** Use practice experience and theory to inform evidence-based interventions with individuals, families, and groups
- S518-07:** Recognize the importance of developing mutually agreed-upon goals and objectives based on the challenges, needs, and strengths of individuals, families, and groups
- S518-08:** Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes

## Required Texts

- Jacobs, E. E., Masson, R. L., Harvill, R. L., & Schimmel, C. J. (2016). *Group counseling: Strategies and skills* (8<sup>th</sup> ed.). Belmont, CA: Brooks/Cole.
- Kilpatrick, A. C., & Holland, T. P. (2009). *Working with families: An integrative model by level of need* (5<sup>th</sup> ed.). New York, NY: Pearson Education, Inc.
- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change* (3<sup>rd</sup> ed.). New York, NY: Guilford Press.
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Course Content

This course examines theoretical approaches to clinical practice with diverse client populations, including individuals, families, and groups. It builds on students' foundational knowledge of assessment, intervention, and evaluation to integrate theoretical frameworks within the continuum of social work practice. Throughout the semester, students will progress through the analysis of a case study—starting with the application of theoretical approaches such as behavioral, critical-conflict, crisis, and empowerment theories, as applicable to the case and client situation. Students will learn the process of evidence-informed practice, which will further develop their theoretical perspectives of clinical social work practice. Students will also learn intervention skills, including motivational interviewing methods, solution-focused therapy, associated group work, and family intervention.

The major evaluation of students' progress and signature assignment in accomplishing the learning objectives for this course is a theoretical application paper in which students will integrate theory and intervention skills

covered throughout the course to a case. Students will also complete an analysis of an experiential group activity or investigate a group therapy approach based on their practice area.

**Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.**

## Resources

- Canvas email will also be used a way to communicate between instructor and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).

## Course Outline

### Module 1: Theories & Skills for Working with Groups: Engagement & Assessment

#### Dates

#### Overview

- A. This module introduces some basic concepts that are essential in making groups effective, including necessary leadership skills and planning processes when initiating group work activity. It also examines empowerment theory and how it's applicable to working with groups.

#### Assignments

##### Readings

1. Jacobs, E. E., Masson, R. L., Harvill, R. L., & Schimmel, C. J. (2016), Chapters 1, 2, 3, 4, and 5 from required text.
2. Garvin, C. D., & Galinsky, M. J. (2013). Groups. *The encyclopedia of social work*. New York, NY: National Association of Social Workers and Oxford University Press (Canvas).

##### Group Assignment

1. Psychoeducation Experiential Group Meeting #1, Preparing an Agenda

### Module 2: Trauma: Engagement & Assessment

#### Dates

#### Overview

- A. This module provides an overview of trauma and trauma-informed care, including an explanation of the impact of trauma on neurodevelopment.

#### Assignments

##### Readings

1. Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health science*. Part 1, Chapters 1, 2, and 3 (Canvas).

### Individual Assignment

1. Quick Check Quiz

### Group Assignment

1. Discussion: ACES Self-Assessment & Reflection

## Module 3: Trauma: Intervention & Evaluation and Group Intervention

### Dates

#### Overview

- A. This module explores a trauma-sensitive approach to assessment and intervention, including information on crisis theory and intervention. It also explores secondary traumatization and the importance of a good self-care plan.

#### Assignments

##### Readings

1. Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health science*. Part 1, Chapters 4 and 6; Part 2, Chapter 2 (Canvas).
2. Jacobs, E. E., Masson, R. L., Harvill, R. L., & Schimmel, C. J. (2016), Chapters 6, 7, 8, 9, 10 from required text; additional *recommended* readings: Chapters 12, 16 from required text.

##### Individual Assignment

1. Application: Identifying and Applying Trauma Principles and Strategies

## Module 4: Theories & Skills for Working with Individuals

### Dates

#### Overview

- A. This module provides an overview of a number of individually-focused practice approaches, including cognitive behavioral therapy (CBT), solution focused brief therapy (SFBT), and motivational interviewing (MI). Students will also learn the basic principles of single-system research used to evaluate clinical practice with individuals.

#### Assignments

##### Readings

1. Miller, W. R., & Rollnick, S. (2012). Chapters 1, 2, 3, 4, and 5 from required text.
2. Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clin Soc Work J*, 41, 258-266 (Canvas).
3. Early, B. P., & Grady, M. D. (2017). Embracing the contribution of both behavioral and cognitive theories to cognitive behavioral therapy: Maximizing the richness. *Clin Soc Work J*, 45, 39-48 (Canvas).
4. Froerer, A. S., & Connie, E. E. (2016). Solution-building, the foundation of solution-focused brief therapy: A qualitative Delphi study. *Journal of Family Psychotherapy*, 27(1), 20-34 (Canvas).
5. Kim, J. S., & Franklin, C. (2015). Understanding emotional change in solution-focused brief therapy: Facilitating positive emotions. *Best Practices in Mental Health*, 11(1), 25-41 (Canvas).

6. Lee, M. Y. (2013). Solution-focused brief therapy. *The encyclopedia of social work*. New York, NY: National Association of Social Workers and Oxford University Press (Canvas).
7. Weaver, A., Himle, J., Steketee, G., & Muroff, J. (2014). Cognitive behavioral therapy. *The encyclopedia of social work*. New York, NY: National Association of Social Workers and Oxford University Press (Canvas).

### Individual Assignment

1. Quick Check Quizzes

### Group Assignments

1. Week 4: Psychoeducation Experiential Group Meeting #1
2. Week 7: Psychoeducation Experiential Group Meeting #2
3. M4 Task Group Project: Practice Theories & Skills with Individuals Presentation and Peer Review
4. M4 Task Group Project: Practice Theories & Skills with Individuals Role Play and Peer Review

## Module 5: Theories & Skills for Working with Families

### Dates

#### Overview

- A. This module provides an overview of a number of family-focused practice approaches, including ecosystems and case management, family systems, and structural family therapy. Students will also learn the basic principles of single-system research used to evaluate clinical practice with families.

#### Assignments

##### Readings

1. Kilpatrick, A. C., & Holland, T. P. (2009), Chapters 1, 2, 3, 4 from required text; Chapters 6, 7, or 10 from required text as applicable to the family-focused practice approach students are assigned to research.
2. Limb, G. E., & Hodge, D. R. (2011). Utilizing spiritual ecograms with Native American families and children to promote cultural competence in family therapy. *Journal of Marital and Family Therapy*, 37(1), 81-94 (Canvas).
3. Santisteban, D. A., Mena, M. P., & Abalo, C. (2013). Bridging diversity and family systems: Culturally informed and flexible family-based treatment for Hispanic adolescents. *Couple and Family Psychology: Research and Practice*, 2(4), 246-263 (Canvas).
4. Williams, N. D., Foye, A., & Lewis, F. (2016). Applying structural family therapy in the changing context of the modern African American single mother. *Journal of Feminist Family Therapy*, 28, 30-47 (Canvas).

### Individual Assignment

1. Quick Check Quizzes

### Group Assignments

1. Week 10: Psychoeducation Experiential Group Meeting #3
2. M5 Task Group Project: Practice Theories & Skills with Families Presentation and Peer Review

3. M5 Task Group Project: Practice Theories & Skills with Families Role Play and Peer Review

## Module 6: Theories & Skills for Working with Groups: Evaluation & Ending

### Dates

#### Overview

- A. This module provides an overview of things to keep in mind when closing a group. Students will also learn the basic principles of single-system research used to evaluate clinical practice with groups.

#### Assignments

##### Readings

1. Jacobs, E. E., Masson, R. L., Harvill, R. L., & Schimmel, C. J. (2016), Chapter 15 from required text.
2. DiStefano, L. G., Hohman, M., & Barker, M. (2013). The group topic evaluation scale: Preliminary validity, reliability, and use in psychoeducational groups. *Social Work with Groups*, 36, 292-303 (Canvas).

##### Individual Assignments

1. Psychoeducation Experiential Group Participation
2. M6 Application: Working with Groups Reflection

##### Group Assignment

1. Week 14: Psychoeducation Experiential Group Meeting #4

## Signature Assignment

### Dates

#### Overview

- A. This week of class will be devoted to prep time to complete and submit the signature assignment

#### Assignments

##### Individual Assignment

1. Signature Assignment: Case Analysis Report

For this assignment, you will prepare a 12- to 15-page case analysis report based on the information provided on the Richards family. See “Signature Assignment: Case Analysis Report” section below.

## Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be produced on a word processor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

## Assignments

1. Psychoeducation Experiential Group Meeting #1, Preparing an Agenda (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
2. Quick Check Quizzes (Individual Assignment)
  - a. DUE: .....[due at various points throughout the semester]
  - b. Final Grade Percentage: .....5%
3. Discussion: ACES Self-Assessment & Reflection (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
4. Application: Identifying and Applying Trauma Principles and Strategies (Individual Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....5%
5. Week 4: Psychoeducation Experiential Group Meeting #1 (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
6. Week 7: Psychoeducation Experiential Group Meeting #2 (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
7. Task Group Project: Practice Theories & Skills with Individuals Presentation and Peer Review (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
8. Task Group Project: Practice Theories & Skills with Individuals Role Play and Peer Review
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
9. Week 10: Psychoeducation Experiential Group Meeting #3 (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
10. Task Group Project: Practice Theories & Skills with Families Presentation and Peer Review (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%

11. Task Group Project: Practice Theories & Skills with Families Role Play and Peer Review (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
12. Week 14: Psychoeducation Experiential Group Meeting #4 (Group Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....4%
13. Psychoeducation Experiential Group Participation (Individual Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage:.....5%
14. Application: Working with Groups Reflection (Individual Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....5%
15. Week 10: Signature Assignment (Individual Assignment)
  - a. DUE: .....[insert due date]
  - b. Final Grade Percentage: .....40%

## Assignment Details

### *Psychoeducation Experiential Group Meetings*

Throughout the semester, you will participate in a total of four experiential group meetings. These group meetings will be oriented toward stress management and will apply a task-centered model of group practice. Leadership will be rotated for each session so all members of the group have an opportunity to participate in the leadership role.

### *ACES Self-Assessment and Reflection*

It is very common for social workers to have had significant trauma histories in their past. It is important for you to understand how trauma affects your clients and how it affects you, as your interactions with clients can be affected by your past trauma history. In this assignment, you will take the ACES self-assessment to determine your ACES score. Then you will reflect on your score (no need to share the score or specifics) and discuss with your classmates how you will manage any past trauma you've experienced while you are working with clients. Additionally, you will discuss how your growing understanding of trauma will influence how you engage with clients.

### *Identifying and Applying Trauma Principles and Strategies*

Presented with a case study, students will write a paper that addresses topics of trauma principles and theories, including the following elements:

- Define trauma theory and identify assumptions of the theory, main principles of the theory, and strategies or techniques that the theory recommends for engagement, assessment, and intervention.



- Identify the key issues of the case.
- Specifically describe how trauma theory influences your efforts to engage with this client.
- Specifically describe how trauma theory influences your efforts to assess this client.
- Specifically describe how trauma theory informs your intervention plan with this client.

### *Task Group Projects: Practice Theories and Skills Working with Individuals and Families*

Students will use case studies to organize role-play scenarios that effectively demonstrate

1) individually-focused, and 2) family-focused practice approaches and theories, using Cognitive Behavioral Therapy (CBT), Solution Focused Brief Therapy (SFBT), and Motivational Interviewing (MI). Students will peer review group role-play scenarios. See Canvas for specific details.

### *Case Analysis Report (Signature Assignment)*

For this assignment, you will prepare a 12- to 15-page case analysis report based on the information provided on the Richards family (see Appendix). Your case analysis report should follow the format outlined below and include information that addresses the following:

- **Introduction (10%):** Write a clear introduction that indicates which family members you will work with individually for this case, including a rationale for this choice. (Note: As any family member could benefit from individual intervention, it is up to you to decide who you will work with individually for this case. There is no right or wrong choice; however, one member will receive trauma-informed care and one will receive intervention informed by practice theory.
- **Assessment and intervention goals (10%):** Succinctly review and highlight the key issues of the case. Describe how individual family members are affected by the identified problems. Develop specific intervention goals for the case, i.e., specify goals for the individual chosen for trauma-informed intervention, the individual chosen for practice theory engagement, and the intervention and goals for the family as a unit.
- **Individual intervention, trauma principles and strategies (10%):** Describe the elements of trauma and the principles and strategies that can be incorporated into the intervention plan. Describe the assumptions, principles, strategies, and techniques of the trauma-informed approach used for intervention. Describe how theory/theories will guide engagement and intervention.
- **Individual intervention, practice theory/theories (10%):** Select any one of the family members and discuss how a practice theory might be effective in working with the presenting problem. Describe the assumptions, principles, strategies, and techniques of the practice theory approach used for intervention. Describe how the theory/theories will guide engagement and intervention.
- **Construct a family genogram and ecomap (10%):** Develop a family genogram that identifies all family members and extended family members. Develop a family ecomap that identifies all external systems, friendship networks, and other relevant systems involved with the family. The ecomap should also include the types of relationship patterns between family members and members of related external systems.
- **Family intervention (10%):** Discuss/describe what the family issues are that require therapeutic intervention. Discuss how the family interventionist would intervene and provide a rationale.

Describe the assumptions, principles, strategies, and techniques used for intervention with the family.

- Larger systems intervention (10%): Discuss how the individual clinician and the family clinician will work together to meet the therapeutic goals of family members. Assess the involvement of the larger systems and the relationship patterns between the family and larger systems. Assess boundaries between systems. Discuss how the team would intervene or work with larger systems involved in the case.
- Group intervention (20%): Identify one or more of the family members that you would target for group intervention. Describe the group principles and strategies that can be incorporated into the intervention plan. What would be the focus of the group? How would the group engage the client around core issues for intervention? Describe how group theory/theories will guide engagement and intervention.
- Practice evaluation (5%): Describe the basic single-system research approach that you would take to evaluate your clinical practice with this case, at three system levels – individual, family, and group.
- Conclusions and references (5%): Write a conclusion that succinctly reviews and highlights the major issues addressed in your report. In accordance with APA style guidelines, provide complete references of the sources that you used to prepare your case analysis report.

## Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or

performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

### *Grading scale*

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

## Course Policies

### Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you MUST speak to me in advance of the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% per day late. IU has a subscription with the Turnitin plagiarism detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.

### Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials

covered during your absence. If you are absent on the day when an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than 2 of the scheduled classes will result in a letter-grade deduction for the course. Late arrivals and early departures will also lead to course point deductions. It is up to the instructor's discretion to decide the deduction points. If you miss five or more classes, you will fail the course.

## Appendix: Case Analysis, the Richards Family

### Family Members

The Richards family includes Amanda, age 9; Leonard, age 14; Linda, age 46; and Fred, age 50. Linda's father, Edward, age 72, has been living with the Richards family since his wife, Marie, died two years ago. Edward and Marie were married for 50 years and had three children: Linda, age 46; Joan, age 44; and Peter, age 40. Fred's dad, John, age 84, currently lives in an assisted living facility near the Richards' family home. Fred's mother, Elizabeth, age 80, has Alzheimer's disease and lives in a nursing home. Fred has a sister, Rita, age 59, who has always lived alone.

Amanda is Linda's niece; Joan, Linda's sister, was her mother. Joan and her husband, Frank, were murdered when Amanda was 3 years old. They were apparently involved with a street gang in a different city. The murders were thought to be related to drug dealing. Amanda has been living with the Richards family since the death of her parents.

Leonard is Fred and Linda's son. Fred and Linda have been married for 15 years. Fred has two other children from a previous marriage: Jim, age 24, and Jill, age 20. Both have been living with their mother, Susan, age 45, who is now remarried to John, age 48. Their family lives in a different state than the Richards family does.

### Presenting Problems

Amanda was referred to your agency by her school social worker. The social worker reports that in the last 3 months, Amanda has been having behavioral problems. She often has temper tantrums in the classroom and with her peers. She is often absent from school. Whenever she gets angry, she threatens to run away or to tell her aunt how badly her teachers treat her.

Leonard is being referred to your agency by his DFC caseworker. The presenting problem is that Leonard, reportedly, was sexually abused by his step-brother, Jim, several years ago when Jim was visiting the Richards family.

Fred was referred to your agency by his attorney. Approximately two weeks ago, Fred was arrested while operating his vehicle under the influence of alcohol. This is the third time that Fred has been arrested and charged with driving under the influence.

Linda is not currently employed outside of the home. She was recently laid off from her position as an administrative assistant due to major cut backs in the company that she formerly worked for. The Richards family has moved several times in the past five years due to various financial difficulties. Linda does not report having any problems.