

Social Work 625
Interpersonal Practice
With Children and Youth
Spring/Summer 2011
Office Hours: Tuesday noon-1pm

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Course Description:

This course will examine practice theories and techniques for working directly with children, adolescents, and their caretakers. This course will emphasize evidence-based interventions that address diverse groups of children or adolescents within their social contexts (e.g., peer group, school, family, and neighborhood). Special attention will be given to issues of diversity as it relates to building therapeutic relationships and intervening with children, adolescents and their families. The interaction between environmental risk factors, protective factors, promotive and developmental factors as they contribute to coping, resiliency, and disorder, as well as how these might vary by child or adolescent diversity factors, such as race, ethnicity, disadvantage, gender, sexual orientation, sexual identity and culture will also be covered.

Course Content:

This course will present prevention, treatment, and rehabilitation models appropriate to interpersonal practice with children, youth and their families in a variety of contexts. Content will focus on the early phases of intervention, including barriers to engagement that may result from client-worker differences, involuntary participation on the part of the child, youth, or family, and factors external to the client-worker relationship, such as policy or institutional decisions that may influence or shape the therapeutic relationship. Since the intervention strategies taught in this course rely significantly on the social worker as a critical component of the change process, attention will be paid to the understanding of self as an instrument in the change process. A variety of evidence-based interventions for engaging children, youth, and their families (or other caretaking adults such as foster parents) will be presented. Assessment content will emphasize client and caretaker strengths and resources as well as risks to child or youth well-being that may result from internal or external vulnerabilities caused by trauma, deprivation, discrimination, separation and loss, developmental disability, and physical and mental illness. Particular attention will be paid to cultural, social, and economic factors that influence client functioning or the worker's ability to accurately assess the child, youth, or family. These assessments include attention to life-threatening problems such as addictions, suicidal ideation, and interpersonal violence.

Content on intervention planning will assist students in selecting interventions which are matched with client problems across diverse populations, cultural backgrounds, socio-political contexts, and available resources. These interventions will be based on a thorough assessment, appropriate to the child's or adolescent's situation, and sensitive to and compatible with the child/adolescent's and family's expressed needs, goals, circumstances, values, and beliefs. Summary descriptions of developmental stages (i.e. infancy, toddlerhood, preschool age, school age, and adolescence) will be presented in terms of developmental characteristics and milestones, salient developmental challenges, and themes such as self-esteem and the development of peer relationships. Helping parents or other caretaking adults to understand the child's or youth's issues or behavior in developmental terms will also be discussed.

A range of evidence-based intervention approaches will be presented such as cognitive behavioral therapy, behavioral therapy, and parent management training. Promising practices for children and adolescents across child serving settings will also be reviewed. The use of play therapy in working with young children and children who have been traumatized will be explored. Since work with children and youth almost always requires multiple intervention modalities, attention will be given to creating effective intervention plans through the integration of different modalities. Those intervention methods that have

been empirically demonstrated to be effective will be given particular emphasis. Methods for monitoring and evaluating interventions will also be discussed and demonstrated in this course.

Course Objectives:

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

1. Understand and address the impact of diversity (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation) of children, adolescents and their families and the social worker on practice process and outcomes.
2. Describe and apply a number of assessment procedures (e.g. direct observation of or interviews with the client, parent or caretaker, and collateral contacts with teachers, caseworkers, or other professionals) that identify internal and external risk protective and promotive factors that may affect children and adolescents.
3. Describe the primary developmental tasks and characteristics of childhood and adolescence as they relate to the selection and implementation of developmentally and culturally appropriate techniques for engaging and treating children and adolescents.
4. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship.
5. Engage in an assessment process that includes gathering information on the risk, protective and promotive factors at the intrapersonal, family, peer group, school and neighborhood levels in order to formulate and understanding of the child/adolescent's presenting problems and circumstances.
6. Implement evidence-based prevention and intervention strategies (e.g. cognitive behavioral interventions, parent management training) that are compatible with child/adolescent and family or caretaker goals, needs, circumstances, culture, and values.
7. Develop intervention skills in working with children, adolescents and their families.
8. Monitor and evaluate interventions with regard to: effectiveness, sensitivity to diversity factors; impact of child/adolescent' and families' social identities on their experience of power and privilege; and appropriateness of the intervention to specific child/adolescent needs resulting from conditions such as maltreatment, deprivation, disability, and substance abuse.

Course Design:

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, skills development sessions, guest presenters, and viewing of videotapes. Written assignments will integrate theory, evidence-based research, and case analysis, and when possible, the student's practicum work.

Theme Relation to Multiculturalism & Diversity:

Multiculturalism and Diversity will be addressed through discussion of child/adolescent/family-worker differences and power/privilege differentials based on ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation. Case examples of intervention and readings will reflect this theme.

Theme Relation to Social Justice:

Social Justice and Social Change will be addressed through discussion of differences between problems responsive to interpersonal practice interventions and those which result from poverty, discrimination, and disenfranchisement, requiring systemic as well as individual interventions. Case advocacy for disadvantaged, deprived, victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation:

Promotion, Prevention, Treatment, and Rehabilitation will be addressed through discussion of risk, protective and promotive factors across the child/adolescent's multiple contexts. Discussions will also emphasize intervention theories and techniques that support the child's or adolescents' developmental potentials.

Theme Relation to Behavioral and Social Science Research:

Behavioral and Social Science Research will be addressed in relationship to the selection, monitoring, and evaluation of assessment and intervention methods with specific emphasis on evidence-based interventions in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment. Students will develop advanced skills necessary to implement evidence-based interventions and critically evaluate intervention theories and approaches used with child and adolescent populations.

Relationship to SW Ethics and Values:

Social work ethics and values in regard to confidentiality, self-determination, and respect for cultural and religious differences are particularly important when working with children and youth. Social workers working with children and adolescents often need to make critical intervention decisions that may have to balance risks to the child's or adolescent's safety or emotional well-being with their need for ongoing connection to their families and communities. This course will cover the complexities of ethical dilemmas as they relate to work with child and adolescent populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

Intensive Focus on Privilege, Oppression, Diversity, and Social Justice (PODS)

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanism that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

Attendance, Participation, and Reading:

All are expected. Required readings are to be completed prior to class session. In the unlikely event that you must miss class, please call or email to inform me about your absence. Missing more than two classes will result in your grade being lowered one half letter grade. Class participation is expected. If you plan to use electronics for note taking, accessing class powerpoints, accommodations etc., please let me know in writing. Using electronics for non-class related purposes is against this class's stated norms and will result in a lower final grade.

I invite any class member who has a disability that may affect his or her participation in this course to let me know. We can discuss possible modifications or accommodations in instructional format, assignments, etc.

Assignments

There will be two written assignments. Each paper is worth 40% of the final course grade. Papers are due in class on the due date. I do not accept papers via email. Late assignments, i.e., those not handed in to me in class on the day due, will be reduced one half letter grade for each class session they are late. Please plan your work to have things completed on time and keep me informed if any problems arise.

There will be one small group presentation assigned. The group project is worth 20% of the final course grade. Students will sign-up for a time slot during the third week of class.

Assignment #1 Research Assignment: Intervention

Due June 12

Counts 40% of Course Grade

Choose a problem, diagnosis, and intervention discussed in lecture or readings that you would like to learn about in more depth. Examples: failure to thrive and infant-parent psychotherapy, play therapy with abused children, group treatment of children or adolescents, social skills training for school age children with social skills deficits, psychoeducational work with parents of children with chronic illness, cognitive behavioral therapy used in the treatment of adolescents with depression, etc.

Read 10 current, scholarly articles or book chapters on the topic you've selected. (Internet sources **do not** meet these criteria.) In order to be current, these sources should have been published in the last fifteen years. One of the references must be a case study or an article that provides detailed examples of the clinical presentation of individuals with the problem or diagnosis you have selected and must provide a concrete illustration of an intervention approach.

- 1) Present a brief discussion of the problem/diagnosis and treatment approach you have chosen.
- 2) Discuss the relevant range of intervention approaches presented in the research literature related to your topic.
- 3) Present a brief case example, either from your own practice or readings, which illustrates behaviors and/or emotional symptoms that are features of the diagnosis or problem as well as an intervention approach in a specific case.
- 4) Please remember to include a clear introductory and concluding section.

Bibliography: Include a bibliography of the references you have cited. Please use APA bibliography format.

Length: 10 pages, double spaced.

Grading will be based on organization, following the terms of the assignment, clarity of writing, and accurate application of concepts.

Assignment #2: Clinical Assignment (Choose option 2A or 2B or 2C described below)

Due: July 17

Counts 40% of course grade

Alternative #2A: Choose a child or adolescent (and caregiver) with whom you have begun to work. Write a detailed summary of an assessment (and, if relevant, the early treatment work) that includes:

- 1) Precipitant for referral, presenting problem and psychosocial/family history. Include also a discussion of protective factors, risk factors and environmental issues.
- 2) Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic, and family/interactional issues.
- 3) Treatment plan, in terms of treatment format and specific goals of treatment. Indicate your rationale for choosing the approach you did. The relationship between the clinical hypotheses and treatment plan should be clearly stated. If relevant, describe components of the treatment plan which involve case management, as an adjunct or alternative to clinical work, such as referral for other services, coordination with other professionals, etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plans for interacting with these other parties and indicate any need you see to intervene with or assist these systems and individuals.
- 4) Description of your beginning relationship with the clients--both child and adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss how a

therapeutic relationship is emerging. Describe any racial/ethnic/class/gender issues that may influence the relationship, if relevant. Assess the family's motivation for treatment by discussing strengths and weaknesses in the clients and their circumstances that may promote or impede successful intervention.

5) Describe your feelings regarding the prognosis for successful intervention and analyze the reasons for your point of view.

6) Please remember to include an introductory and concluding paragraph.

Alternative #2B: Choose a child or adolescent (and parents) with whom you have worked during this year. I would prefer you write about a different client from the first paper. If you need to write about the same client, please discuss with me. Write a case review that includes:

1) Precipitant for referral, presenting problem and brief psychosocial/family history. Include also a brief discussion of risk factors and environmental issues.

2) Discuss what steps were taken to form a therapeutic alliance with the child/adolescent, with the family and with what result.

3) Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and family/interactional issues.

4) Treatment planning. Since there is no single best theory for a given intervention, please discuss what theories and interventions you considered to guide you work with this client. Indicate your rationale for choosing the approach you did. Include details about the treatment goals.

5) Descriptive account of the treatment process, including critical incidents in treatment, and an assessment of the client's progress in terms of the objectives of the treatment plan. Though the focus of this part should be on the treatment process with the child or adolescent, also include an account of work with parent(s). This section should be the bulk of the paper.

6) Brief account of case management issues (if relevant) and contacts with others involved with the child/adolescent, e.g. school personnel, foster care worker, day care provider, probation officer, etc.

7) Plans for continuing treatment, termination or transfer. If ongoing treatment is needed, note future treatment goals.

8) Brief personal statement of why this case has been a valuable learning experience.

9) Please remember to include an introductory and concluding paragraph.

Alternative #2C: Non-clinical alternative. Please complete assignment #1 using a different problem, diagnosis, and intervention. *This option is open only to those students who are not seeing child or adolescent clients and/or do not have past clinical experience on which to draw.* (If you are currently seeing clients, or have past clinical experience on which to draw, please complete the assignments 2A or 2B).

For Assignment #2 A, B, or C:

Length: 9-10 pages, double spaced.

Grading will be based on clarity of expression, following the terms of the assignment, and quality of understanding of clinical issues.

Assignment #3: Small Group Presentation

Counts 20% of course grade

Each small group, consisting of two students, will do a clinical presentation with a particular focus on intervention strategies. (Please see handout for additional instructions related to this assignment.)

Texts and Handouts:

1) Required Texts (available at Ulrich's Bookstore).

Douglas Davies (2010). *Child Development: A Practitioner's Guide (3rd Edition)*.

New York: Guilford Press.

2) Throughout the semester, I will be handing out, and/or making available via c-tools, a number of additional required readings and handouts on developmental and clinical topics.

3) Recommended Texts

Gil, Eliana (2006). *Helping Abused and Traumatized Children*. New York: Guilford Press.
Taffel, Ron (2005). *Breaking Through to Teens*. New York: Guilford Press

Brent, D., Poling, K. & Goldstein, T. (2011) *Treating depressed and suicidal adolescents: a clinician's guide*. Guilford Press, NY, NY.

Fristad, M.A., Godberg Arnold, J.S. & Leffler, J.M> (2011) *Psychotherapy for children with bipolar and depressive disorder*. Guilford Press, NY, NY.

Naar-King, S. & Suarez M. (2011) *Motivational Interviewing with adolescents and young adults*. Guilford Press, NY, NY.

COURSE OUTLINE AND READING SCHEDULE

May 8,

Topic: Introduction to Interpersonal Practice with Children and Youth

Required Readings

Davies: Preface, pp. xi-xiii; Introduction (Part 1); Chapter 1 and 2

May 15 (On your Own-No class meeting)

Complete the Trauma Focused CBT Web Course (<http://fcbt.musc.edu/>)

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Parent-Child Sessions
- Evaluation

May 22 (TR CBT Web Course Certificate Due in Class)

Topic: Evaluation Process; Assessment of Risk; Culturally Competent Practice

Required Readings

Davies: Chapter 3 and 4; Introduction (Part II).

Sameroff, Arnold and Zeanah, Charles. *Handbook of Infant Mental Health, 2nd Edition*. (2000). "Models of Development and Developmental Risk". pp. 3-19. New York: Guilford Press.

May 29

Topic: Infant Mental Health Models of Assessment and Treatment; Clinical Applications of Attachment Theory

Required Reading

Davies: Chapter 1 (Review), Chapter 5 and 6

Bruschweiler-Stern and Sameroff, A. J. ed . (2004).. " A Multifocal Neonatal Intervention". in *Treating Parent-Infant Relationship Problems: Strategies for Intervention*. pp. 188-211. New York: Guilford Press

Gil: Helping Abused and Traumatized Children Chapters 1 & 2.

June 5

Topic: Toddlers and Preschoolers: Normative Development and Clinical Issues in Work With Young Children and Their Parents.

Required Readings

Davies: Chapter 7-10

June 12, (Assignment #1 Due)

Topic: Middle Childhood: Typical Child Development, Ages 6-12; Clinical Issues in Work With School Age Children.

Required Readings

Davies: Chapters 11, 12, 13

Canino, Ian and Spurlock, Jeanne. (2000). *Culturally Diverse Children and Adolescents: Assessment, Diagnosis, and Treatment*. pp. 47-74. New York: Guilford Press

June 19

Topic: Autism Spectrum Disorders

Required Readings

Richard, Gail (1997). *The Source for Autism. Chapter 1 pp. 7-17 and Chapter 3 pp. 33-45.*

Attwood, Tony (2005). Chapter 2 pp.11-41. Theory of Mind and Asperger's Syndrome in *Asperger's Syndrome: Intervening in Schools, Clinics, and Communities*. New Jersey: Lawrence Erlbaum Associates.

Bolick, Teresa (2005). Chapter 6 pp.115-132. Supporting Elementary School Students. New Jersey: Lawrence Erlbaum Associates

June 26

Topic: Trauma: Assessment and Treatment

Required Readings

Davies: Chapter 13

Teicher, M. (2002) Scars that Won't Heal: The Neurobiology of Abuse. *Scientific America*

Perry, B. et. Al (1995). How States Become Traits. *Infant Mental Health Journal*, 16, 271-291.

Douglas Davies (1991). Intervention With Male Toddlers Who Have Witnessed Parental Violence. *Families in Society*, 72, 515-24.

July 3

Topic: Adolescent Development: Assessment and Treatment (Part I)

Required Readings

Taffel: Breaking Through to Teens Chapter 1

July 10

Topic: Adolescent Development: Assessment and Treatment (Part II)

Required Readings

Taffel: Breaking Through to Teens Chapter 2

July 17 (Assignment #2 Due)

Topic: Evaluation of Change/Progress in Children and Adolescents; Evidence for the Efficacy of Different Therapeutic Approaches

Required Readings.

Davies, Chapter 13 (Review)