

SW 625: Interpersonal Practice with Children and Youth

Section 002 Winter, 2013 Wednesdays 6-9 pm 3816 SSWB

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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, 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 advanced 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.

Relationship of the Course to the Four Curricular Themes

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. Victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, and 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 which 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 mechanisms 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.

Course Design and Attendance Expectations

This course will use a combination of lecture, class discussion, case material, role-plays, group discussion and video material as appropriate. Students are expected to attend **all** class sessions. **The instructor must be notified in the event of a possible absence due to illness or emergency.**

- **Attendance at each class session is expected. The learning in this class is experiential. More than 2 absences will result in a reduction in the final grade (½ step from A to A-) and will be subject to decision by the instructor.**
- Assignments are expected to be **on time**. Assignments that are turned in late will result in an automatic reduction in the grade for the assignment. **Written assignments are expected to be in the Drop Box on c-Tools by midnight of the assigned date to be considered on time.** Class participation is strongly encouraged and is worth 10% of your final grade. If for personal reasons you find class participation to be difficult, please see me.

Grading:

The requirements listed below are the minimal expectations for class assignments, and if followed precisely will result in a “B+” grade for the assignment. Grades higher than “B+” will be given to work that has gone above and beyond the minimal qualifications. This would reflect more thorough, thoughtful and thought provoking work on your part. This will be discussed in detail in class. Feel free to ask questions about this policy!

Accommodations:

If you need or desire an accommodation for a disability, please let me know as soon as possible. The earlier that you make me aware of your needs the more effectively we will be able to use the resources available to us, such as the Services for Students with Disabilities, the Adaptive Technology Computing Site, etc. If you do decide to disclose your disability, I will treat that information as private and confidential. Also, please notify me if religious observances conflict with class attendance or due dates for assignments so we can make appropriate arrangements.

Class Requirements

Progress in this course will be assessed by four assignments. The purpose of the assignments is to develop and enhance your skills in working with children and youth.

1. Assessment Assignment

The subject of the first paper will be the assessment process and the determination of a clinical hypothesis and treatment plan. (For students who do not have child or adolescent clients but who are working with adults, see me.) This assignment is focused on your ability to understand the client's experience, circumstances, and internal psychological processes, as related to the presenting problem or context in order to determine the intervention.

For this paper, write an evaluation of a child or adolescent with whom you are working or have worked in the past, or of whom you have deep personal knowledge. Please describe the following elements in a 5-6 page paper.

- Describe the context of your relationship with the child or youth, which includes: presenting problem, family circumstances, psychosocial history and relevant developmental information.
- Describe the supportive environment of the child or youth, including risk and protective factors and your rationale for this determination.
- Describe the critical incidents that helped you to reach a clearer understanding of the child's/youth's personal experience. Be concrete, specific and detailed in your presentation of the clinical material.
- Discuss the hypothesis(es) or formulation derived from thinking about this material. The clinical hypothesis should make an explicit connection between current symptoms and contextual factors, including family situation, psychosocial history, developmental factors, and other significant factors which help explain the development of the client's symptoms or difficulties.
- Discuss the intervention plan that emerged from this process, including goals for both the child or adolescent and the parent or other caregiver.
- Discuss the strengths or challenges that you would personally face in the implementation of this plan.

This assignment is worth 30 % of your grade and is due February 20, 2013.

2. Implementation Assignment:

Assignment 2 focuses on the learning in the second half of the semester: the implementation phase of interpersonal practice with children and youth. Choose a child or adolescent with whom you are working or have worked in the past. Please write a 7-8 page paper that describes the following elements:

- Briefly note the background material: the precipitant for referral, presenting problem and psychosocial/family history. Include also a discussion of protective factors, risk factors and environmental issues. Describe any critical incidents that were noted during the evaluation process.
- Observations of child and child-parent interactions
- Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and family/interactional issues.
- Propose intervention strategies from at least two models or theories that we learned in class. Please cite 4 references that justify your choice of strategy. Please state how your choice was derived from your clinical hypothesis. State the goal of each interventive strategy and the implementation plan for each. Please state the relationship between the two methods that you have proposed.
- If relevant, describe components of the treatment plan that 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 advocate on behalf of your client with these systems and individuals.
- Describe any racial/ethnic/class/cultural issues that may influence the relationship, if relevant. Discuss the family's role in the intervention process and the family's motivation for treatment by discussing their strengths and challenges and any other circumstances that may promote or impede successful intervention.
- Describe your feelings regarding the prognosis for successful intervention and analyze the reasons for your point of view.
- Describe the strengths and challenges that you personally bring to the assessment and intervention process.

This assignment is worth 30% of your grade and is due on April 17, 2013.

3. Clinical Case Presentation and Summary:

Assignment 3 is an in-class clinical case presentation and written case summary reflection. Each week, clinical case presentations will be given by selected students as assigned. Each student will be assigned one in-class clinical case presentation during the semester. Presentations will be approximately 5 minutes long with clinical case discussion to follow each case for approximately another 5 to 10 minutes. The purpose of the clinical case presentation is to address any area where you would like feedback from the class in order to gain a greater understanding or new perspective on a case situation. Often times the case presentations will be addressing areas where you as a worker have felt stuck or need additional feedback on a particular process or issue.

The clinical case presentation should follow the following format:

- Brief case description: presenting problem/concern, any critical issues, relevant histories including psychosocial, genetic, familial, social systems. Please remember to protect confidentiality of any case material and alter case information to ensure that clients are not able to be identified. The purpose of this background information is to help the class to engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
- Summarize your clinical formulation or impressions. Include your assessment and clinical hypothesis and the rationale for their development. Also discuss any worker/client system diversity factors that may have impacted on your clinical impressions and engagement process.
- Summarize the interventions you have utilized and their efficacy along with the treatment plan.
- Share with the class your clinical question or learning outcome you would like to address in this case presentation.

Written case summary reflection: This 2 page case summary reflection should integrate what you learned about your clinical question or learning outcomes based on the feedback that you received from the class discussion.

- Brief Overview of the Clinical Question or Learning Outcome
- What issues did this clinical question or learning outcome evoke in you? (Reflect on your emotional/cognitive response to what you are finding challenging with this situation.)
- What skills did you identify as critical to resolving this clinical question or meeting the learning outcome?
- What clinical resources did you identify as helpful to you to better understand the clinical question or learning outcome?
- What did you learn about your development as a reflective practitioner from this presentation and review?

The written case reflection summary should be 1 to 2 pages and submitted to the c-Tools drop box within one week post presentation.

This assignment is worth 15% of your grade and dates for presentations will be selected during the first two classes.

4. TF-CBT Assignment

Please complete the online Trauma Focused CBT course. You will receive a TF-CBT Certificate of Completion. There is no charge to register and complete the course. You can locate the online web course at the following link:



<http://tfcbt.musc.edu/>

The completion of this certificate is worth 15% of your grade and is due on February 20, 2013.

Required Texts

Bromfield, Richard (2007). *Doing Child and Adolescent Therapy: 2nd Edition*. Hoboken, NJ: Wiley & Sons.

Davies, D. (2010). *Child Development: A Practitioner's Guide: 3rd Edition*. New York: Guilford Press.

Additional readings available on CTools.

Course Schedule

Week 1: January 9, 2013

Introduction to working with children and youth

Week 2: January 16, 2013

Attachment and Development

Readings:

Davies: Introduction through chapter 4, pages 3-123

Davies: Introduction to Part II, pages 127-130

Cunningham, P., Page, T., *A Case Study of a Maltreated Boy: Using Attachment Theory to Inform Treatment in a Residential Program*. *Child and Adolescent Social Work Journal*, Vol. 18, No. 5, October 2001 (□2001)

Week 3: January 23, 2013

Parent and family influences

Readings:

Bromfield: Chapters 11-13 pages 161-198

Robert R., Maerlender, A., Sengupta, A. Isquith, M., Straus, M., *Psychosocial Treatment of Children in Foster Care: A Review*. *Community Mental Health Journal*, Vol. 41, No. 2, April 2005

DOI: 10.1007/s10597-005-2656-7

Garner, Abigail (2004) *Families Like Mine*. Perennial Currents, New York, New York. Chapter 1 pages 13-37

Week 4: January 30, 2013

Gender and Gender socialization

Guest: Amy Stern, LMSW

Readings:

Pollack, W., (1998) *Real boys*. Henry Holt and Co. New York. Chapters 2,3 pages 20-64

Thomas, A., King, C., *Gendered Racial Socialization of African American Mothers and Daughters*. The Family Journal 2007 15:137

Week 5: February 6, 2013:

Assessment and determination of clinical hypotheses

Readings:

Bromfield: Chapters 1,2 pages 3-28

Week 6: February 13, 2013

The Interventive Platform

See, feel, think, act

Case management

Readings:

Bromfield: Chapters 3-5 pages 29-74

Bromfield: Chapters 14-18 pages 199-260

Week 7: February 20, 2013: TF-CBT Certificate due today

Trauma

Readings:

Kolk, Bessel A. van der, MD, *Childhood abuse and neglect and loss of self-regulation* ,

Menninger Clinic, Bulletin, 58:2 (1994:Spring) p.145

Teicher, M., *Scars that won't Heal: The Neurobiology of Child Abuse*. Scientific American v286 no3 p68-75 Mr 2002

Perry, BD, Pollard, RA, Blakley, TL, Baker, WL, Vigilante, D, *Childhood Trauma: The neurobiology of adaptation and :use dependent" development of the brain: How states become traits*. Infant Mental Health Journal, Vol. 16, Issue 4. Date: 1995 Pages: 271-291.

Week 8: February 27, 2013: Assessment assignment due today.

Working with infants and toddlers

Readings:

Davies: Chapters 5-8 pages 131-250

Winter Break: March 6, 2013 NO CLASS

Week 9: March 13, 2013

Infant Mental Health

Guest: Julie Ribaud, LMSW

Readings:

Davies: Chapters 9-12 pages 251-414

Bromfield: Chapters 6-9 pages 77-139

Week 10: March 20, 2013

Working with Autism Spectrum Disorders

Guest: SunShine Adkins, LMSW

Week 11: March 27, 2013

CBT with Children and Youth

Guest: Dan Fischer, LMSW

Week 12: April 3, 2013

Play Therapy

Guest: Jennifer Farley, LMSW

Week 13: April 10, 2013

Working with teens

Readings:

Pipher, Mary, (1994) *Reviving Ophelia: Saving the Selves of Adolescent Girls*. Riverhead Books, New York, New York. Chapters 1-3 pages 17-44

Pollack, William (1998) *Real Boys*. Henry Holt and Co., New York, New York. Chapters 12,13 pages 303-363.

Paul L. Plener, Thorsten Sukale, Andrea G. Ludolph and Thomas Stegemann, *Stop cutting rock. Music and Medicine* 2010 2: 59 originally published online 18 December 2009

Woodberry, Kristen A., Popenoe, Ellen J., *Implementing Dialectical Behavior Therapy With Adolescents and Their Families in a Community Outpatient Clinic. Cognitive and Behavioral Practice* 15 3 277-286 2008/8

Taffel, Ron (2005) *Breaking through to teens*. Guilford, New York, New York. Chapters 3-5

Week 14: April 17, 2013: Implementation assignment due today.

Outcomes

Termination

Readings:

Bromfield: Chapter 19 pages 261-276

Aarons, G, Covert, J., Skriner, L., Green, A., Marto, D., Garland, A., Landsverk, J., *The Eye of the Beholder: Youths and Parents Differ on What Matters in Mental Health Services*. Admin Policy Mental Health 37-459-467