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 that 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 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 this 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 an 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’s 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 FOUR CURRICULAR THEMES:**

(1) Multiculturalism and Diversity will be addressed through discussion of child/adolescent/family-worker differences and power/privilege differential 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.
(2) 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.

(3) Promotion, Prevention, Treatment & 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 or adolescent’s developmental potential.

(4) 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.

SOCIAL WORK 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 or adolescent’s safety or emotional well-being with their need for ongoing connection to their families or 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.

LEARNING NEEDS AND ACCOMMODATIONS: If you need or desire an accommodation for a disability, please let me know as soon as possible. Many aspects of this course can be modified, as appropriate, to facilitate your participation and progress throughout the term. The earlier you make me aware of your needs, the more effectively we will be able to use the resources available to us through the Student with Disabilities office, the Adaptive Technology Computing site and the like. If you do decide to disclose your disability, I will (to the extend permitted by law) treat that information as private and confidential.

Also, please notify me as soon as possible if religious observances conflict with class attendance or due dates so that we can make appropriate arrangements.

COURSE REQUIREMENTS: Students are expected to attend all classes for the full time frame, complete assigned reading(s) for each week, participate in class activities/discussions, and complete all assignments on time.

If you need to miss a class, in part or in total, please notify me in advance of our class meeting time. Missing more than one class – for whatever reason - can and will result in a deduction of points (see Assignments & Guidelines section). If I have concerns about your participation or attendance, I will discuss my concerns with you in a timely fashion.

Your attendance and participation reflects the basic elements of any social work relationship – to show up and remain present. For this reason, as well, I ask you not to open computers and/or utilize your phones in class unless we are using them for a class exercise.
Quality social workers must be self-aware, self-reflective, and open to exploring our own histories and issues regarding any given concern or population. Be prepared to reflect on and explore your own family history, social systems, experiences, identity, cultural background and assumptions regarding all forms of diversity. There will be a variety of ways that students can do this through critical thinking, assignments and active participation in class discussions and activities. My hope is to co-create a class environment where we will feel safe enough to take some risks - in sharing who we are and the questions we are grappling with related to the course content - and this is yet another reason I stress the importance of class participation and attendance.

I expect we will be honest, sensitive, and respectful with one another in preparation for quality social work practice. It is my hope that you will share opinions and feedback with others in discussions and exercises, and when you do so, please try to state them in a respectful and constructive manner. Also, prepare yourself to hear varying opinions and feedback non-defensively, and to use those data or challenge them constructively. Please practice tolerance, not expecting yourself or your classmates to be polished in discussions about issues that can be challenging and confusing. We can expect to blunder and make mistakes in the classroom so that we are better prepared when we are in the field; please honor this process.

REQUIRED TEXTS and OPTIONAL RECOMMENDED TEXTS/READINGS: There is one textbook required for this course. Additional required readings will be posted on CTools or distributed in class.

REQUIRED TEXT (available at Ulrich’s or online)


RECOMMENDED TEXTS for FUTURE RESOURCE:


YOUR GRADE WILL BE BASED ON:

- **10%** Class Attendance and Participation
- **15%** In-Class Case Presentation & Written Case Summary - ongoing
- **15%** TF-CBT Certificate and Reflection Paper – due June 3
- **25%** Clinical Assessment Paper – due June 24
- **25%** Clinical Intervention Paper – due July 15
- **10%** Clinical Teams & Intervention Reflection – due July 22

**Class Attendance and Participation – 10 points**

Attendance is a requirement. Students who attend every class, are attentive and present, responsive to others, and regularly contribute to discussion will receive all 10 points.

If you are not able to attend a particular class session, please notify me prior to the class session so arrangements can be made to address the material you missed. If more than one session is missed – whatever the reason- the final grade at the end of the term will be lowered by 5 points for each session over one.

**In-Class Case Presentation and Written Case Summary – 15 points**

Starting the second week of class, 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. The purpose of the clinical case presentation is to address a challenge from your practice where you would like feedback from the class in order to gain a greater understanding or new perspectives in your work with children and adolescents. 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.

**Clinical Case Presentations (5 Minutes)** should follow the following format:

1. Share with the class your clinical question or learning outcome you would like to address in this case presentation.
2. Brief case description: presenting problem/concern, any critical issues, relevant histories (social, family, medical, psych, education). Please remember to protect confidentiality of any case material and alter case information to ensure client systems cannot be identified. The purpose of this background information is to help us to engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
3. Summary of your clinical formulation or impressions. Include how you incorporated best practice knowledge and skills in your assessment and clinical hypothesis development. Also discuss any worker/client system diversity factors that may have impacted on your clinical impressions and engagement process.
4. Interventions used or treatment plan goals. Links to any evidence-based practices that you reviewed, to help you in developing the intervention approach.

Following your presentation, each clinical team will take a few minutes to discuss the case and each group will report back to the class, focusing on providing feedback to the clinical question or learning outcome presented (10 minutes)
Written Case Presentation Summary Reflection (To be submitted to Instructor one week after the case presentation discussion): The case summary reflection should be a reflection of what you learned about your clinical question or learning outcomes based on your own review of current practices and the feedback that you received from the consultation team. This written case reflection summary should be no more than 1 page.

TF-CBT Certificate and Reflection Paper – 15 points
Complete the internet course on the use of Trauma-Focused Cognitive Behavioral Therapy and turn in your certificate of completion with a short (1-2 page, single-spaced) reflection paper. The course takes about 10 hours and will be completed at your own pace outside of class. You will receive a certificate of completion that can be reflected in your resume.

The on-line course is sponsored by the National Child Traumatic Stress Network http://tfcbt.musc.edu/. It does take some time to register and go through, so do get started as soon as you can.

In your reflection paper: Describe the overall process of TF-CBT. What specific interventions are you most attracted to and why? If you have had the opportunity to use any of them, reflect on this. What personal reactions have you noticed as you work through the certification program? What counter-transference(s) to the material do you notice? How might these come up in your work with clients? How will you prevent vicarious stress in working with clients with this model? Briefly summarize (1 paragraph) your primary take-away from the June 3 reading. What is one outstanding question you have?

You will submit your reflection paper via CTools no later than 5pm on Tuesday, 3 June 2014. *** Certificates will be submitted at the start of class on Tuesday, 10 June 2014.

Clinical Assessment Paper (5-7 pages, single-spaced) – 25 points
Please use the following guideline to complete your clinical assessment paper. Be sure your writing is brief, clear and jargon-free. Remember to alter case information, as needed, to protect client confidentiality and use only an initial to identify the client.

1) Bio-psychosocial Assessment (Approx. two to three paragraphs, single-spaced)
Introduce yourself (use the personal “I”) and your client (child, adolescent), describing your client’s presenting problems and the bio-psychosocial assessment of the client, relating it to normal-abnormal growth and development. Some factors to consider in this bio-psychosocial assessment include:

- Family background and situation;
- Physical functioning and health of youth;
- Educational background,
- School performance,
- Cognitive functioning;
- Psychological and emotional functioning;
2) Discuss what steps were taken to form a **therapeutic alliance** with the child or adolescent, with what result. (Approx. two or three paragraphs single-spaced)

3) **Differential Diagnosis.** In light of the assessment and special circumstances of the child/adolescent discuss briefly what diagnoses were considered, which were rejected, and why one (or more) was chosen. (Approx. two paragraphs single-spaced)

4) **Selection of Theory to Guide Your Work.** There is no single best theory for a given intervention. Discuss what theories and empirically supported interventions you considered to guide your work with this client. (Approx. 1 page, single-spaced)

5) Provide an **annotated bibliography** of a minimum of 5 sources that you used in your review for the selection of theories and empirically supported interventions. (Each annotated bibliography source summary should be approx. one-half of a page, single-spaced)

6) **Reflect on your learning** from this assignment (Approx. 1 page, single-spaced)
What are you taking from this paper that will help guide your future clinical practice with this situation and future youth and families you may work with?
What skills have you gained or enhanced through the development of this paper?

**Clinical Intervention Paper** (Approx. 6-7 pages, single-spaced) – **25 points**
Please use the following guidelines to complete your clinical intervention paper. This paper should build from work you did in the Clinical Assessment paper. Once again, be sure your writing is brief, clear and jargon-free. Remember, to continue to alter case information, as needed, to protect client confidentiality and use only an initial to identify the client.

(1) **Intervention/Treatment Plan.** Discuss how you created an intervention or treatment plan in collaboration with the child/adolescent and family. Include your intervention goals and techniques/strategies used to achieve goals. Discuss problems, overcoming them, and setting realistic goals. Show how your plan integrates theory, child/adolescent and family feedback, and measures to tell you how well you are doing. (Approx. 2 pages, single-spaced)

(2) Create a treatment/intervention chart for this case situation. (Approx. 1 page)

(3) Describe your use of clinical social work values in this intervention (do not generalize), such as primacy of client needs; contributing to a just society; ethical concerns; strengthening human relationships, especially within the family; respect for diversity and dignity; client’s rights to self-determination, privacy and confidentiality, and informed choice. (1 page, single-spaced)
(4) Discuss continuous client feedback and relate it to goals of treatment plan; show adjustments to intervention in light of client disclosures, client needs, and client-related issues relating to safety, change of circumstance, decomposition, etc.; show how client was helped and how progress was measured. (1 page single-spaced)

(5) Discuss the negatives and positives of applying your chosen theory and empirically supported interventions, show how it affected the intervention, show how/why you changed interventions or did not; discuss why you might choose a different approach in future. (1 page, single-spaced)

(6) Reflect on your learning from this assignment (Approx. 1 page, single-spaced):
Briefly discuss what the client/family has evoked or could evoke in you.
What are you taking from this paper that will help guide your future clinical practice with this situation and future youth and families you may work with?
What skills have you gained or enhanced through the development of this paper?

Clinical Teams & Intervention Reflection (Approx. 2-3 pages, double-spaced) – 10 points
Each student will be assigned to a clinical team to work with throughout the semester. Clinical teams will engage in in-class exercises and discussions that focus on skill practice, self-directed clinical based homework assignments, and integrative learning related to the lectures and course readings. At the conclusion of the course you will complete and submit a reflection paper summarizing the learning that occurred in your clinical team and evaluating your own participation.

GRADING PROCEDURE AND SCALE: Points from each assignment will be added together.
The total point to final grade is as follows:

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<tr>
<th>Grade</th>
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<td>94 – 90</td>
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<td>C+</td>
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<td>C-</td>
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DUE DATES: Unless otherwise, specified, all assignments and papers are due IN CLASS on the dates posted in the syllabus. All assignments and papers are due at the beginning of class; any assignments or papers turned in after the class begins will result in an automatic reduction of points.

FOR ALL ASSIGNMENTS, YOU WILL BE GRADED ON:
• Meeting assignment parameters (we will review parameters for each assignment ahead of time)
• Good writing skills: clarity of thought, organization, and flow (also see below)
• Effort/ability to self-reflect and think critically
• Demonstration of social work values (PODS, empathy, strengths-based thinking, etc)
• Insightfulness and clinical acuity
• Integration of reading materials, as requested

WRITING SKILLS:
Papers and assignments are expected to be well organized, clearly written, and show minimal grammatical errors. In this and in most of your classes, you will be asked to demonstrate proper grammar, spelling, and the rules of the American Psychological Association Publication Manual (5th edition). You are not required to purchase the manual; however, I do encourage you to access it and other writing resources online (e.g., http://apastyle.apa.org/ and/or http://grammar.ccc.commnet.edu/grammar/).
When you cite a source for one of your papers, please use APA style citation. Please be aware that I will deduct points for poor writing skills, including grammatical errors. I encourage you to use the Sweetland Writing Center if you require writing assistance.

**PLAGIARISM:**
Representing someone else’s words, statements, ideas of works as one’s own without proper acknowledgement or citation – is a serious violation of academic integrity and will be grounds for failure on an assignment and other disciplinary action as described under the School’s policies on academic and professional conduct:


Another helpful resource: http://www.lib.umich.edu/academic-integrity/resources-students.
Please note that using web resources increases your risk of “accidental plagiarism.” Do not let that happen to you.

**OTHER NOTES:** I try to provide clear, thoughtful feedback that is aimed at helping you to deepen your awareness of self in the process of working with others, who you are in the work you do (strengths and challenges), themes that arise in work, writing, communication skills, and the like. **If I write or say something that confuses or upsets you, please make an appointment so we can discuss it!** If I write or say something that helps you deepen your understanding of something (or yourself) that is helpful for me to know too.

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**SW625 COURSE OUTLINE: SPRING/SUMMER 2014**

**Session One (May 13)**
Course Overview and Introductions
Psychosocial Assessment and Developmental Considerations in Practice with Children and Youth

K & W: Chapter 1
K & W: Chapter 3


**Session Two (May 20)**
Ethical and Diversity Considerations in Practice with Children and Youth
Creating a Child-Friendly Therapy Space
Survey of Common Childhood / Adolescent Disorders

K & W: Chapter 2
K & W: Chapter 29


**Session Three (May 27)**
Suicide Assessment and Trauma Assessment
Moving from Assessment to Intervention: Survey of Treatment Modalities


**Session Four (June 3)**
NO FORMAL CLASS

K & W: Chapter 19


**Session Five (June 10)**
Treatment of Anxiety / Depression / PTSD

K & W: Chapter 4
K & W: Chapter 5
K & W: Chapter 7
K & W: Chapter 8

Session Six (June 17)
Guest Lecture: Using CBT for Pediatric OCD (Daniel Fischer)
Treatment of Anxiety / Depression / PTSD

K & W: Chapter 6


Session Seven (June 24)
Treatment of Bipolar Disorder
Motivational Interviewing and Substance Abuse

K & W: Chapter 26
K & W: Chapter 27


Session Eight (July 1)
What Do Parents Have to Do With It?
Parent Management Training and Parent-Child Interaction Treatment with Young Families

K & W: Chapter 11
K & W: Chapter 12


Session Nine (July 8)
Guest Lecture: Treatment of Youth in an Inpatient Psychiatric Setting (Yana Gatermann)
Managing Stressful Life Events: Siblings and Divorce
Managing Stressful Life Events: Chronic Illness and Death/Bereavement

K & W: Chapter 13

Session Ten (July 15)
Treatment of ADHD / Learning Disabilities
Use of Play Therapy and Family Therapy

K & W: Chapter 18
K & W: Chapter 20


Session Eleven (July 22)
Multisystemic Therapy
Bringing it All Together / Final Questions

K & W: Chapter 17
K & W: Chapter 34