### SW625-002: Interpersonal Practice with Children and Youth

#### Course Syllabus

Fridays, 9a – 12N  
Room 2752 SSWB  

| Instructor: | Daphne Brydon, LMFT, LMSW |
| Email:      | dmbrydon@umich.edu |
| Phone:      | 734-272-5634 (call / text) |
| Office Hours: | After class on Fridays / by appt (Please call/email to schedule an alternate time) |

#### 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 using a social work practice framework will be able to:

1. **Demonstrate knowledge of the historical context of mental health policies and services, and apply this knowledge in making a critical analysis of existing and proposed mental health systems.**
2. **Identify the social work practitioner’s role in mental health policies and services for children and youth in relation to:**
   a. **Initiating and modifying policy and programs by providing professional activities, such as advocacy, public education, and service coordination.**
   b. **Applying the values and ethics of the social work profession to the mental health field, especially the rights of children regarding civil commitment, treatment, and social services.**
3. **Explain how public health concepts and epidemiological data are used in developing and changing policies and monitoring mental health programs.**
4. **Identify and analyze the effects of oppression, discrimination, stigma, and other negative social influences on consumers of mental health services.**
5. **Analyze current mental health policies, legal issues, delivery systems, service settings, target populations, and service approaches in relation to contemporary social work in mental health for children and youth.**
6. **Apply knowledge of the etiology of mental illness and other disabilities and the effects of psychiatric labels on the creation of programs for the prevention of illness and promotion of health in keeping with professional goals of social justice.**
7. **Discuss ethical concerns related to mental health policies and services for children and youth.**

**COURSE DESIGN:** This course will be run primarily as a seminar with small group work and class discussions, although there will be occasional lectures and presentations via video or audio recordings. In order for a seminar course to be successful, all students need to come to class prepared and ready to discuss the readings and the larger issues covered that day. To the extent it is reasonable, we will also employ other pedagogical strategies such as experiential exercises, role-plays, case examples, and other activities in order to facilitate understanding of the course content.
RELATIONSHIP OF THE COURSE TO FOUR CURRICULAR THEMES:

(1) Multiculturalism and Diversity will be presented in relation to the various definitions of mental health, mental illness, disabilities, and substance abuse related disorders. Data from epidemiological studies will be examined in order to focus on populations at risk, including those defined by 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, in regard to a) incidence and prevalence rates and b) acceptability, accessibility, availability, and utilization of services.

(2) Social Justice and Social Change: The study of the mental health service delivery system will provide students the opportunity to assess the system in terms of injustice and the effects of stigma and discrimination on those with psychiatric labels and populations at risk. The objectives of social change and social justice will be explored in relation to legal issues and individual rights that pertain to mental health policy-making and program development.

(3) Promotion, Prevention, Treatment & Rehabilitation: An examination of the community mental health movement will allow for an emphasis on promotion of mental health and prevention of mental illness and disabilities. Research on risk and protective factors related to mental health prevention programs and how knowledge can be translated into effective interventions will be explored.

(4) Behavioral and Social Science Research: Conceptual frameworks and empirical findings will be presented throughout the course, on such topics as: epidemiology of disorders and disabilities; causes of illness and disability; program evaluations on the effectiveness of community-based mental health programs; financing of mental health services; and services to women, ethnic minorities, and economically disadvantaged populations.

SOCIAL WORK ETHICS and VALUES: This course will examine current ethical issues and controversies in the field of mental health policies and services. The NASW Code of Ethics [link to website] will be used to inform practice in this area.

Students will analyze ethical issues related to: stigmatization and psychiatric labels; client confidentiality; client rights and prerogatives; especially the rights of populations at risk; prevention and elimination of discrimination; equal access to resources, services, and opportunities; respect for the diversity of cultures; changes in policy and legislation that promote improvements in social conditions; and informed participation of the public.

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 social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will facilitate PODS learning and support students’ development toward: a vision of social justice; learning social justice processes; applying intersectional and intercultural frameworks; and overall strengthening of critical consciousness, self-knowledge, and self-awareness.
LEARNING NEEDS AND ACCOMMODATIONS: If you need or desire an accommodation for a disability, please let me know as soon as possible. Some aspects of this course (the assignments, the in-class activities, and the way the course is usually taught) may be modified to facilitate your participation and progress throughout the terms. As soon as you make me aware of your needs, we can work with the Office of Services for Students with Disabilities (SSD) to help us determine appropriate accommodations. Any information you provide is private and confidential and will be treated as such.

For information and resources, please contact the Services for Students with Disabilities Office:
Location: G664 Haven Hall
Phone: (734) 763-3000 / TDD: (734) 615-4461 / VP: (734) 619-6661
Email: ssdoffice@umich.edu

RELIGIOUS HOLIDAYS: Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University’s policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from the responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments due to their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent.

INCOMPLETES are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The Student Guide, Vol. 1, Sec. 8.01 states that an “I” grade is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of the course work approved by the instructor. The student must formally request in incomplete from the instructor prior to the final week of classes.

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

The materials for this course are housed on the University’s web-based course management platform “Canvas.” You can log in here: https://umich.instructure.com. Readings will be available on Canvas, organized by class date, or they will be available directly from a website. Students are expected to complete all readings prior to class.

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.
A NOTE ON THE CLASSROOM LEARNING ENVIRONMENT:
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:


SW 625_Fall 2015: ASSIGNMENTS and GUIDELINES

YOUR GRADE WILL BE BASED ON:

- 15% In-Class Case Presentation & Written Case Summary (ongoing)
- 10% TF-CBT Certificate and Reflection Paper – due October 16
- 25% Clinical Assessment Paper – due October 30
- 10% PCIT Certificate and Reflection Paper – due November 13
- 50% Clinical Intervention & Treatment Plan Paper – December 4
- 10% Final Exam – due December 18
- 5% Attendance and Participation

In Class Presentation & Written Case Summary
Each student will sign up to give one in-class clinical case presentation during the semester. Starting the second week of class, clinical case presentations will be given by students as assigned.
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 practitioner have felt stuck or need additional feedback on a particular process or issue.

**Clinical Case Presentations** (5-7 minutes) should follow the following format:

1. Share with the all your **clinical question or learning outcome** you would like to address in the case presentation.
2. **Brief case description**: presenting problem/concern, any critical issues, and 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 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 my have impacted 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.

**Written Case Presentation Summary Reflection** (To be submitted one week after the case presentation discussion): The case summary reflection should be a reflect what you learned about your clinical question or learning outcome(s) based on your own review of current practices and the feedback you received from the consultation teams. This written case reflection summary should be no more than 1 page.

**TF-CBT Certificate and Reflection Paper**
Complete the web-based 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 to complete and will completed at your own pace outside of class. You will receive a certificate of completion that can be reflected in your resume.

The online course is sponsored by the National Child Traumatic Stress Network [http://tfcbt.musc.edu/](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 these experiences. What personal reactions did you notice as you worked through the certification program? What counter-transference(s) to the material did you notice? How might these come up in your work with clients? How will prevent vicarious stress in working with clients using this model? What are you taking away from this assignment that will help guide your future clinical practice with this situation and future youth/families with whom you may work?

**Parent-Child Interaction Therapy (PCIT) Web Course and Reflection Paper**

Complete the web-based course entitled “PCIT for Traumatized Children” 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. This training provides a great foundation in PCIT and will fulfill part of the requirements to become a fully certified PCIT therapist.

The web course is provided through the University of California Davis [http://pcit.ucdavis.edu/pcit-web-course](http://pcit.ucdavis.edu/pcit-web-course). Like the TF-CBT course, it does take time to go through the registration process and then complete the modules so do get started as soon as you can.

**PCIT Web Course**

In your **reflection paper**: Describe the overall process of PCIT. What specific components/interventions are you most attracted to and why? If you have had the opportunity to use any of them, reflect on these experiences. What personal reactions did you notice as you worked through the certification program? How might these come up in your work with clients? What are you taking away from this assignment that will help guide your future clinical practice with this situation and future youth/families with whom you may work?

**Clinical Assessment Paper**

(5-7 pages, single-spaced, with appropriate headings and paragraph breaks)

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-spiritual Assessment (Approx. 2-3 paragraphs, single-spaced)

Introduce yourself (you can use the personal “I” in this paper) and your client (child, adolescent), describing your client’s presenting problems and assessment of client, relating it to normal-abnormal growth and development. Some factors to consider in this bio-psychosocial-spiritual assessment include:
Family background and situation;
Physical functioning and health of youth;
Educational background;
School performance;
Cognitive functioning;
Psychological and emotional functioning;
Interpersonal and social relationships;
Ethnicity;
Religion and spirituality of youth/family;
Gender (include gender identity and gender expression);
Strengths and problem-solving capacity of youth and family;
Family income and use of community resources;
Potential barriers to treatment; and
Impressions and assessment

2) Discuss what steps were taken to form a therapeutic alliance with the child or adolescent, and indicate the result. (Approx. two or three paragraphs, single-spaced)

3) Differential Diagnosis. In light of the assessment and special circumstances of the child/adolescent, briefly discuss 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 you used in your review for the selection of theories and empirically support interventions. (Each annotated source summary should be approximately 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 assignment that will help guide your future clinical practice with this situation and future youth/families with whom you may work? What skills have you gained or enhanced through the development of this paper?

Clinical Intervention Paper
(Approx. 6-7 pages, single-spaced, with appropriate headings and paragraph breaks)
Please use the following guidelines to complete your clinical intervention paper. This paper should build from the 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. (Approx. 1 page, single-spaced)

4) Discuss the continuous client feedback and relate it to goals of the 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. (Approx. 1 page, single-spaced)

5) Discuss the negatives and positives of applying your chosen theory and empirically supported interventions, show how if affected the intervention, show how/why you changed interventions or did not; discuss why you might choose a different approach in the future. (Approx. 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 assignment that will help guide your future clinical practice with this situation and future youth/families with whom you may work? What skills have you gained or enhanced through the development of this paper?

Final Exam  
A vignette-based final exam will be posted following the final class session. Exam responses are to be completed online and submitted no later than December 18 at 12Noon.

Class Attendance and Participation  
Attendance is a requirement. Students who attend every class, are attentive and present, responsive to others, and regularly contribute to discussion will receive all 5 points.

If you are not able to attend a particular class session, please notify the instructor 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.

GRADING PROCEDURE AND SCALE: Letter grades ranging from “A” to “E” are earned, with “+” or “-” “distinguishing the degree of performance. Specific expectations for each assignment will be provided via Canvas and reviewed in class. Both content and format will be considered in assigning grades. Failure to follow APA guidelines for referencing will result in a lower grade. Each assignment will be given points and a corresponding letter grade. The total point to final grade is as follows:

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**Please note: A grade of B indicates mastery of the subject content at a level of expected competency for graduate study. A B grade indicates the work has met the expectations of an assignment for graduate student performance. A grade in the A range is based on demonstration of skills beyond expected competency and at an exemplary, outstanding, or excellent degree. A C grade range indicates minimal understanding of subject content and significant areas need improvement.
WORK EXPECTATION FOR THIS COURSE: The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Thus, you are expected to spend a minimum of six (6) hours per week of preparation for this class. The assignment in this class have been developed to help the student systematically gain social work knowledge, to develop social work practice skills and values, and to enable the student to achieve successfully the goals and objectives of the course.

FOR ALL ASSIGNMENTS, YOU WILL BE GRADED ON:

- Meeting assignment parameters (we will review parameters for each assignment ahead of time)
- Quality of 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
- Ability to discern which aspects of use of self would be important in assessment or intervention

WRITING SKILLS:
Papers and assignments are expected to be well organized, clearly written, and show minimal grammatical errors. In this class, and in most of your classes, you are 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 online writing resources such as (but not limited to):

http://apastyle.apa.org/
http://grammar.ccc.commnet.edu/grammar/
https://owl.english.purdue.edu/owl/resource/560/01/

When you cite a source for one of your papers, use APA style citation. Please be aware that there will be a deduction of 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.
Session One: September 18
Course Overview and Introductions
Psychosocial Assessment and Developmental Considerations in Practice with Children and Youth


Session Two: September 25
Ethical and Diversity Considerations in Practice with Children and Youth
Survey of Common Childhood / Adolescent Disorders
Creating a Child-Friendly Therapy Space

Defiant Children: Chapter 1
Eliana Gil: Chapter 1

Session Three: October 2
Suicide Assessment and Trauma Assessment
Moving from Assessment to Intervention: Survey of Treatment Modalities

Defiant Children: Chapter 2
Eliana Gil: Chapter 2


Session Four: October 9
Bridgewater Support Services Demonstration (off-site)

Eliana Gil: Chapters 3 & 4


Session Five: October 16
Treatment of Anxiety / Depression / PTSD

Defiant Children: Chapter 4
Eliana Gil: Chapter 5


Session Six: October 23
Treatment of Anxiety / Depression / PTSD
Treatment of Bipolar Disorder

Defiant Teens: Introduction
Defiant Teens: Chapter 1


Session Seven: October 30
Treatment of Bipolar Disorder
Guest Lecture: Using CBT for Pediatric OCD (Daniel Fischer)

Defiant Teens: Chapter 2 & 3


Session Eight: November 6
Motivational Interviewing and Substance Use
What Do Parents have to do with it?

Defiant Children: Part II
Defiant Teens: Part II


Session Nine: November 13 – NO FORMAL CLASS
PCIT Certificates and Reflection Paper due

Session Ten: November 20
Managing Stressful Life Events: Siblings and Divorce
Managing Stressful Life Events: Chronic Illness and Death / Bereavement

Readings:

*************** THANKSGIVING BREAK ***************

Session Eleven: December 4
Treatment of ADHD / Learning Disabilities
Use of Play Therapy and Family Therapy

Eliana Gil: Chapters 6 & 7

Session Twelve: December 11
Bringing it All Together / Final Questions

Eliana Gil: Part II (Case Studies)