



SW 625: Interpersonal Practice with Children and Youth

Spring/Summer 2016, Section 1, Monday, 1:00-5:00

DIVISION:	CHLDY	
COURSE NUMBER:	625	Class room: B684 SSWB
CREDIT HOURS:	3	
PREREQUISITES:	SW521	
INSTRUCTOR:	Laura Sanders, LMSW, ACSW, 734-662-3509, lsanders@umich.edu createcoun333@comcast.net , office 2760 SSWB	
LOCATION:	Advanced Interpersonal Practice Methods Course	
Office Hours:	By appointment	

1. 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.

2. 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.

3. Course Objective:

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

4. Course Design:

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

5. Relationship of the Course to Four Curricular Themes:

- *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.
- *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.
- *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.
- *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.

6. Relationship of the Course to 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'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.

7. 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 Statement Approved By Governing Faculty 11/8/06).

ASSIGNMENTS

Clinical Case Presentation and Summary in Peer Consultation Groups:

This assignment is an in-class clinical case presentation and written case summary reflection. Case presentation will begin in June. You will be split into six groups of four students who will provide peer consultation. I will pass around a schedule, and students will sign up to present a case to their group – one each time the group meets. Presentations will be approximately 20 minutes long in full including the clinical case discussion. The purpose of the clinical case presentation is to address, in a concise way, 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. It is not intended to be a total case review. The clinical case presentation should follow this format:

Prepare case consultation notes for the day of your presentation. They should include the following and your notes should be no longer than two pages so these are notes – not a paper:

- Your clinical question or the learning outcome you would like to address in this case presentation. Be specific as this is not a general case consultation. You will begin your presentation with this specific question.
- Provide a brief case review: a description of the client(s), presenting problem/concern, any critical issues, and relevant histories including psychosocial, genetic, familial, social systems, cultural issues. 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 us 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 clinical hypothesis and a brief rationale for it. 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. You will only have about 10 minutes to share this information, so prepare to be concise. Your group will then have about 10 minutes to ask you clarifying questions and provide consultation and suggestions.

The week after your presentation: Turn in your notes and a 2-page summary reflection.

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

- A 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, including readings from the course and/or additional resources did you identify as helpful to you to better understand the clinical question or learning outcome?

Integrate at least two course readings into your reflection.

- What did you learn about yourself and development as a reflective practitioner from this presentation and review?

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

TF-CBT Assignment:

Complete the internet course on the use of Trauma-Focused Cognitive Behavioral Therapy, by Cohen, Mannarina and Debringer, and turn in your certificate of completion with a short 2 page reflection paper. The course takes about 10 hours and will be completed at your own pace outside of class. You will earn 10 continuing education credits for taking this course and a certificate of completion that can be reflected in your resume.

In your reflection paper:

- 1) Describe the overall process of TF-CBT.
- 2) What specific interventions are you most attracted to and why?
- 3) If you have had the opportunity to use any of them, reflect on this.
- 4) What personal reactions have you noticed as you work through the certification program?
- 5) What counter-transferences to the material do you notice? How might these come up in your work with clients?
- 6) How will you prevent vicarious stress in working with clients with this model?

This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is www.musc.edu/tfcbt. It takes some time, so get started as soon as you can. Attach a copy of the certificate to the reflection paper.



The completion of this certificate is worth 15% of your grade

Two Papers:

The aim of the papers is to give you a chance to reflect on your clinical work or casework in a concentrated and organized manner and to show me you have read for the course. Grading will be based on clarity of expression, following the terms of the assignment; quality of understanding of clinical issues a clear grasp and integration of the course content including the readings. The flow and quality of your writing will also matter. Please see the section on writing and grading before you write your papers.

All students will do Assignment # 1. Assignment # 2 offers several choices, depending on your experience and your access to clients.

Although the assignments are quite detailed in their expectations, I recognize that not all cases will "fit" the assignment. I am willing to modify the assignments to match the realities of your practice. If you need to alter or reformulate the assignments to reflect the particular work you are doing, please discuss with me before writing the papers.

To preserve client confidentiality, please disguise your case material, by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details that identify clients.

Paper # 1: Assessment and Treatment Planning: The subject of the first paper will be the use of observation and information gathering in the development of clinical hypotheses and treatment planning in intervention with children and adolescents and their parents or caregivers. (For students who do not have child or adolescent clients but who are working with adults, see note below*). In the assessment and treatment process, "critical incidents" occur which crystallize the practitioner's understanding of a case. A critical incident may take various forms. Examples: a repeated play sequence, the reporting of an important memory, fantasy or dream, an observed interaction between child and parent(s), impressions of the worker-client relationship such as a particular transference (or counter- transference) response, a style that presents resistance in the therapeutic process, information about traumatic or stressful events in the client's or family's history, classroom observations, or results of psychological/educational testing in a client's school file. What makes such an incident "critical" is that it enables the social worker to reach a clearer understanding of the client's experience, circumstances and internal psychological processes. From this understanding, hypotheses can be generated and interventions can be planned.

For this paper, write up an evaluation of a child or adolescent according to the following outline:

- 1) **Context:** Provide the context in which you know this client and your role with them.
- 2) **Background Statement:** Give a brief background statement which includes the age and demographic information of the child and family, presenting problem, family circumstances, psychosocial history and relevant developmental and cultural information including ethnicity, race, gender/gender identity, language, religion, sexual orientation, and/or any other relevant material. Include critical risk and protective factors across systems that are relevant.

3) **Critical Incidences:** Describe at least two critical incidents which enabled you to come to a clearer understanding of the case. Be concrete, specific and detailed in your presentation of the clinical material. (Selecting material from process recordings of interviews and therapeutic sessions is a very appropriate way to present critical incidents.) It is important to include at least one critical incident that could be observed in the therapy session.

4) **Clinical Hypothesis:** State your hypothesis concisely in a few sentences. Review our classwork with the client Johnathan to understand how to develop a concise hypothetical statement. Discuss the rationale for 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.

5) **Intervention Plan and Therapeutic Goals:** Discuss the intervention plan that emerged from this process, including goals for both the child or adolescent and the parent or other caregiver. Goals can also be formulated for systems interactions beyond the family. In addition to treatment goals or objectives, be sure to indicate what treatment methods you will use to achieve your objectives. Goals should be stated concisely in “(name of the client) will. . .”, language. For example, “*Johnathan will show a reduction in aggressive behavior,*” and “*Parents will learn relational parenting skills*”. They should be listed and numbered. (see handout on Jonathan)

6) **Cultural considerations:** Consider your similarities and differences based on your social identities, your positions of privilege or oppression and standpoints in relation to the client. How do you see these affecting the work? Include a brief analysis of these considerations and include readings as applicable.

6) **Reflection:** End with a brief but thoughtful discussion of what you have learned personally from this assignment.

7) **Resources:** Throughout the paper, integrate *at least four references to different class readings (different authors) using quotes from readings* to back-up your assessment, hypothesis, exploration of critical incidences, reflection on your positions and standpoints, and choice of interventions and treatment methods for the case and a list of your resources at the end of the paper. Do a thorough job of integrating readings because this is how I know you have read for the course and can integrate it. My power points and handouts do not count as readings.

Length: 8-10 pages. Counts 30% of course grade

*Students working with adults can follow the terms of the assignments while writing about their adult clients. I would like you to include one additional element: discuss how the adult's childhood/adolescent history (to the extent you know it) influences the adult's current functioning, presenting issues, and ways of relating. However, I want the papers to reflect the work you're actually doing, and do not want you to change your evaluation/treatment approach to fit the assignment (i.e., taking an extensive history of the client's childhood experience when you would not otherwise do that).

Paper #2:

Treatment Implementation and Process:

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

- 1) **Context:** Provide the context in which you know this client and your role with them.
- 2) **Background information and critical incidences:** Precipitant for referral, brief description of the client, presenting problem and psychosocial/family history and cultural issues. Include also a discussion of protective factors, risk factors and environmental issues. Describe any critical incidents that come up during the evaluation process but more briefly than in the first paper.
- 3) **Observations of child and child-parent interactions:** Include what you have notice and observed, or if you have not had that opportunity, what you have learned from other sources about this critical relationship.
- 4) **Clinical Hypothesis:** Formulate a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic, family/interactional issues and systems impacts if relevant. State the hypothesis concisely in about two or three sentences.
- 5) **Treatment goals and plan:** Discuss your treatment plan beginning with specific individual goals for treatment stated in “(name of client) will. . .”, language, listed and numbered. Also include goals for parents. Even if you do not have the opportunity to work with parents, I would like to know what you would do if you had that option. Also include goals for systems if appropriate. Describe the approaches you are using in therapy in detail. What is the method or integration of methods you are or will be using? Indicate your rationale for choosing these approaches and include the evidence for this approach through specific references to the course to readings. The relationship between the clinical hypotheses and treatment plan should be clearly stated. What are the specific therapeutic activities you will try or already have tried? If relevant, describe components of the treatment plan which involve case management or advocacy 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, any recommendations you will make, and indicate any need you see to advocate on behalf of your client with these systems and individuals.
- 5) **Treatment relationship and process:** Describe your relationship with the clients from the beginning to date --both child and adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss any transference and countertransference issues that have emerged. Describe any racial/ethnic/class/religious/gender/sexual orientation/age/ability or other cultural issues that may influence your client’s life experiences and your relationship with your client(s) bases on your own intersections of identity and your social positions. 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.

If you are in a second term of your placement and further along in the treatment, give a descriptive account of the treatment process, including critical incidents in treatment that have promoted change, and an assessment of the client's progress in terms of the goals 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).

- 6) **Prognosis and evaluation:** Describe your assessment regarding the prognosis for successful intervention and analyze the reasons for your point of view. How will you evaluate change?
- 7) **Reflection:** End with a brief, but thoughtful discussion of what you have learned personally from this assignment.
- 8) **Resources:** Throughout the paper, *include at least four references, including quotes, from at least four different course readings* (different authors) to back-up your assessment, hypothesis and choice of treatment methods for the case and a list of your resources at the end of the paper. Again, do thorough job of integrating readings and my power points and handouts don't count as readings. This is how I know you have read for the course and can integrate it.

Length: 8-10 pages. Counts 30% of course grade.

Alternative Paper Topics: Students who do not have child or adolescent clients can discuss alternative topics with me. This option is open only to those students not providing direct work with children, adolescents and/or their parents. One possibility includes observing a child and/or interviewing a parent (examples of this assignment are the Observation Exercises at the ends of the practice chapters in *Child Development: A Practitioner's Guide*. If you choose only of Davies exercises, state the instructions at the beginning of your paper, so I know what you have chosen to do. Let me know if you are adding to or changing those instructions. *If you choose this option, apply what you have learned in class and from at least four different course readings (different authors), using quotes, to your observations and discuss the implication of cultural and diversity issues that you might notice as well.*

You may also write a research paper on intervention approaches to a particular problem of childhood or adolescence, or a particular therapy method of interest to you that applies to therapeutic work with children. If you plan to do a research paper about a particular population or method, please write me a brief proposal (not more than a page) a few weeks in advance indicating what population or method you are interested in, why, and a few of the sources you will use in your study. The research paper should include:

- 1) A detailed description of the issues and needs of the population (including general risk and protective factors), or a detailed description of the method of focus,
- 2) The founders and theoretical background of the method or theoretical information relevant to the population you have chosen,
- 3) Evidence presented in research articles for the method and/or best-practices relevant to the treatment population you have chosen,
- 4) At least one case study example of how the method is implemented, or an effective intervention with a person from the focus population,
- 5) Any controversies, limitations or implications of the method or other critical analysis of the interventions recommended to address the needs of the focus population,
- 6) An analysis of the method in regard to cultural sensitivity and inclusiveness in regard to race, ethnicity, ability, gender, gender identity, age, religions, etc.
- 7) At least five sources specific to the population or method, three of which should be peer-reviewed articles to support your findings. *Also include at least four references to different class readings (different authors), using quotes, that indicate you can integrate what you have learned in the class and from the readings in work with this population or method.* Be

thorough with this piece because this is how I know you read for the course and can integrate the readings. My power points and handouts don't count as course readings.

8) End with a thoughtful statement of what you learned from studying and writing about this method or population.

WRITING AND GRADING:

All written assignments are expected to be typed, *double-spaced*, using 12-point font, with 1" margins on each side, using APA style. It is your responsibility to avoid plagiarism, which can result in severe penalties according to the School of Social Work policies. If writing or editing is difficult for you, please seek help at the Gayle Morris Sweetland Writing Center (764-0429).

The grading scale is:

A = 100% - 95%	B+ = 89% - 86%	C+ = 79% -76%
A- = 94% - 90%	B = 85% - 83%	C = 75% -73%
	B- = 82% - 80%	C- = 72% - 70%

I reserve the option to give an A+ for students who meet a 100%, have excellent attendance and participate in class.

ATTENDANCE, PARTICIPATION AND READING

All these are expected. Class attendance and participation is 10% of your grade and is important because lectures and discussion will focus on the details of how to practice. You are allowed one absence. More than one absence will likely result in a reduction of points and could lower your final grade for the course. If you are unable to attend class, please call or e-mail me in advance.

In the era of iPhones, iPads, laptops and wireless networks, some students may wish to spend class time reading email, texting, surfing the web, or doing work for other classes. Please don't do this. Computers are only allowed for note-taking if you need that resource, but I would prefer that they not be open at all. I find that they interfere with discussion and active listening to me and other students. Thanks.

ACCOMMODATIONS:

If you need or desire an accommodation for a disability, please let me know soon. 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 and the like. 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

TEXTS and HANDOUTS

There are copies of the three required books at Common Language Book Store on Forth Avenue in Braun Court (across from Kerrytown). Take your time to browse around this LGBTQ-specific bookstore, which is an important resource to the local TLBGQ community. Especially take a

look at the section for children and diverse families. It is very interesting and important for your cross-cultural work with families.

Douglas Davies (2011). *Child Development: A Practitioner's Guide, (3rd Edition)*. New York: Guilford Press.

Heather Forbes and Bryan Post (2007): *Beyond Consequences, Logic and Control: A Love-based Approach to Helping Attachment Challenged Children with Severe Behaviors*, PPC Books, FL

Eliana Gil (2006). *Helping Abused and Traumatized Children*. New York: Guilford Press.

I will be passing out and/or posting on c-tools a number of articles and handouts on developmental and clinical topics.

Recommended Optional Books:

Booth, Phyllis, and Jernberg, Ann (1998): *Theraplay*, Jossey-Bass Publishers, San Francisco.

Brill, S, and Pepper, R (2008), Chapters 1 and 2, *The Transgender Child*, Cleis Press, CA.

Cohen, Judith, et.al., (2006) *Treating Trauma and Traumatic Grief in Children and Adolescents*, Guilford Press, NY, 2006

Friedberg, Robert, D., and McClure, Jessica, M.& Garcia, Jolene Hillwig (2009). *Cognitive Therapy Techniques for Children and Adolescents*. New York: Guilford Press

Gil, Eliana (2006). *Cultural Issues in Play Therapy*, New York: Guilford Press

Gil, Eliana (1996) *Treating Abused Adolescents*, New York: Guilford Press

Green, Ross, *The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children* (2001) Harper Collins, NY.

Greene, Ross, and Ablon, Stuart (2006) *Treating Explosive Kids: The Collaborative Problem-Solving Approach* (2006) Guilford Press.

Herman, Judith, *Trauma and Recovery* (1992), Basic Books, NY.

Hewitt, Sandra (1999) *Assessing Allegations of Sexual Abuse in Preschool Children and Play Therapy with Abused Preschool Children: Understanding Small Voices*, SAGE Publications

Hughes, Daniel A: *Building the Bonds of Attachment: Awakening Love in the Deeply Troubled Child*, (1998) Jason Aronson, Northvale, NJ.

Pat Ogden (2006) *Trauma and the Body*, W.W. Norton and Company, NY.

Ozonoff, S., Dawson, G. & McPartland, J. (2002). *A Parent's Guide to Asperger Syndrome and High Functioning Autism*. New York: Guilford.

Swenson, Heggeler, Taylor and Addison (2005) *Mutisystemic Therapy and Neighborhood Partnerships: Reducing Adolescent Violence and Substance Abuse*, The Guilford Press, NY.

Taffel, Ron (2005). *Breaking Through to Teens*, Guilford Press, NY (Paperback edition, 2010).

Terr, Lenore (1994), *Unchained Memories*, Basic Books.

COURSE OUTLINE AND READINGS

Class 1: May 9

Introduction to the course and each other

Frames of Reference for Work with Children and Adolescents: Developmental, Attachment, Interactional, and Psychodynamic Theories; The Child-friendly Therapy Room.

Required Readings:

-Get started on reading for week 2

Class 2: May 16

Evaluation Process; Assessment of Risk and Protective Factors; Cultural factors: Assessment Techniques with Parents and Children; Multidisciplinary Assessment; Treatment Planning.

Assessing the case of John- class exercise

Required Readings:

-Davies: Preface, pp.ix-xi; Introduction (Part 1); Chapters 1, 2, 3 and (Part II) Chapter, 4

Class 3: May 23

Understanding Attachment; Attachment Theory; Modeling secure Attachment in the Therapeutic relationship

Treatment through the Lens of Attachment; Working with Parents and Types of Parent Work; Attachment-Oriented and Relational Therapies (Hughes-PLACE, Theraplay, Post)

Student group formation for case presentations: introductory discussion

Required Readings:

-Davies, Part II, Introduction, Chapters 5 and 6

-Gil: Chapters 1 and 2

-Hughes, Daniel, Introduction: "When Attachment Fails to Develop: Introducing Katie" and Chapter 1: "The Spiral Begins: The Abuse and Neglect of Katie", [Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children](#), Jason and Aronson Inc., NJ, 1998.

-Hughes, Daniel, Dyadic Developmental Psychotherapy, dhuges1060@adelphia.net

-McGee: Attachment Self –Assessment for Parents, Teachers and Other Helping Professionals

Optional Reading:

John McGee: A Gentle Teaching Primer

Monday, May 30 – Memorial Day Break!

Class 4: June 6

Severe Developmental Disorders, Disabilities and Chronic Illness; Cultural Issues in Work with Children and Families; Issues in Assessment and Treatment; Work with Parents of Seriously Impaired and Ill Children; Treatment of ADHD and Autism

John McGee – A Gentle Teaching – severely impaired adolescents and young adults

Required Reading:

-Hardy, Kenneth, (2015) The View from Black America, Listening to Untold Stories, The Psychotherapy Networker, Nov/Dec, 2015.

-Maiter, S.. (2009). Using an anti-racist framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds. *Clinical Social Work Journal*, 37(4), 267-

-McCabe, K., & Yeh, M. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. *Behavior Therapy* 43, 606-618.

-Gil, Chapters 3 and 4

Class 5, June 13 Paper #1 is due

Trauma: The Conditions that Create Trauma; The Neurobiology of Trauma, PTSD; Modeling Mutuality and Equality in the Therapeutic Relationship, Traumatic Play in Children; Phase-Oriented Trauma Treatment; Sensorimotor Concepts

Student Case Presentations

Required Readings:

-Davies: Chapter 7 and 8

-Gil, Chapters 5, 6, and 7

Class 6, June 20

Trauma Treatment with Young Children – Toddlers and Preschoolers: Normal Development; Common Clinical Issues; Memory in Young Children; The Use of Representational Play, Focused Play in Work With Young Children; Rescripting with Very Young Children

Case Presentation: Ginny (involving parents in play therapy), Little Tess (Rescripting)

Student Case Presentations

Required Readings:

-Davies: Chapters 9 and 10.

-Hewitt, “Therapeutic Management of Preschool Cases of Alleged but Unsubstantiated Sexual Abuse”, *Small Voices: Assessment and Play Therapy with Abused Preschool Children.*

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

Gil, Chapters 10 and 11

Class 7, June 27, Trauma-Focused CBT Certification is due

Trauma Treatment in Middle Childhood: Normal Child Development, Ages 6-12; Clinical Issues in Work with School Age Children; Treating Trauma and Grief: Encouraging Disclosure through Integrating Art, Expressive Approaches, Focused Play and Cognitive-Behavioral Methods with School-age Children

Case Presentations: Jimmy, Katie
Student Case Presentations

Required Readings:

-Davies: Chapters 11 & 12.
Gil, Chapters 8 and 9

7/4: No Class! 4th of July Holiday

Class 8, July 11

Trauma Treatment with Adolescents: Normal Adolescent Development; Disclosure with Adolescents; Creating Narrative, Trauma Resolution; Use of Art, Symbol and Ritual
The cases of Joni and Miss Prissy
Student Case Presentations

Required Readings:

-Handouts on Adolescent Development
-Davies: Chapter 13
-Gil, Eliana (1996), A Structured Processing of Trauma, from Treating Abused Adolescents, Guilford Press, NY
- Walker, D., Reese, J., Hughes, J., & Troskie, M. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. *Professional Psychology, Research and Practice*, 41(2), 174-180.

Class 9, July 18 Paper #2 is due

Working with Parents and Families; Intervening on Lying and Stealing
Intervening on Explosive Behavior and Aggression;
Using Integrated Methods (Relational, CBT and Greene) and Multi-systemic Therapy
Student Case Presentations

Required Readings:

-Forbes, Heather and Post, Bryan (2006), Part 1 and Part II, Chapters 1-11, pp.1-90 in *Beyond Consequences, Logic and Control: A Love-based Approach to Helping Children with Severe Behaviors*, Beyond Consequences Institute.
-Greene, Ross, Chapter.1: “The Waffle Episode”, Chapter. 2: “Children Do Well if They Can”, Chapter 5: “The Truth About Consequences” and Chapter 6: “Plan B”, from *The Explosive Child*, Harper Collins Publisher, NY, 2005 pp. 1-23.

Class 10, July 25

Vulnerable Youth Populations: Work with LGBTQ Youth; Advocacy and Empowerment Methods

Required Readings:

-Brill, S, and Pepper, R (2008), Chapters 1 and 2, *The Transgender Child*, Cleis Press, CA.
-Hong, J., Espelage, D. & Kral, M. (2011). Understanding suicide among sexual minority youth in America: an ecological systems analysis. *Journal of Adolescence* 34, 885-894.
-Jennings, et.al, Toward a Critical Social Theory of Youth Empowerment, *Journal of Community Practice*, DOI: 10300/J125v14n01_03
-McKenzie-Mohr, et.,al. article. Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention, [Volume 34, Issue 1](#), January 2012, Pages 136-143

-Mustanski, B., Newcomb, M.E. & Garofalo, R. (2011) Mental health of lesbian, gay and bisexual youths: a developmental resiliency perspective. *Journal of Gay and Lesbian Social Services* 23/2, 204-225.

Class 11, Aug 1

Group Work with Adolescents; Integrative Creative Interventions; The Use of Myth, Story and Ritual

Case Presentations: The Psyche and Cupid Myth with Adolescent Girls,

Required Readings:

-Henggeler, S., Letourneau, E., Chapman, J., Borduin, C., Schewe, P., & McCart, M. (2009).

Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology*, 77(3), 451-62.

-Fischer, D.J., Himle, JA & Thyer, B.A. (2005). Using multiple evaluation methods to assess client progress: A female adolescent with obsessive-compulsive disorder. In C.W LeCroy and -- J.M. Daley (Eds) *Child, Adolescent and Family Treatment*. Brooks/Cole, (pp.254-265).

-Webb, C., Scudder, M., Kaminer, Y., and Kadden, R. The motivational enhancement therapy and cognitive-behavioral therapy supplement: 7 sessions of cognitive behavioral therapy for adolescent cannabis users, *Cannabis Youth Treatment Series, Vol. 2*. HHS Publication No. (SMA) 08-3954. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2002).