



SW 625
Interpersonal Practice with Children and Youth
Spring/Summer 2016

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Office hours -

Monday 1:30 - 3:00
Tuesdays 12:15- 1:00
Others by appointment

Don't just do something. Stand there and pay attention!
~Sally Provence

Required Texts

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

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

Optional:

Lieberman, A. and Van Horn, P. (2015). *Don't Hit My Mommy*. Washington DC: Zero to Three.

Oppenheim and Goldsmith (2007). *Attachment Theory in Clinical Work with Children: Bridging the Gap between Research and Practice*. New York: Guilford Press.

NOTE: All four texts reference evidence-based practice

Also suggested for your library:

Axline V.(1964), *Dibs in Search of Self*. Boston: Houghton Mifflin

Gil, E. (2006). *Helping abused and traumatized children: integrating directive and nondirective approaches*. New York: Guilford Press

Taffel, Ron (2005). *Breaking Through to Teens*. New York: Guilford Press (On reserve in Library)

Course Description:

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

Course Content:

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

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

A range of evidence-based intervention approaches will be presented such as cognitive behavioral therapy, behavioral therapy, and parent management training. Promising practices for children and adolescents across child serving settings will also be reviewed. The use of play

therapy in working with young children and children who have been traumatized will be explored. Since work with children and youth almost always requires multiple intervention modalities, attention will be given to creating effective intervention plans through the integration of different modalities. Those intervention methods that have been empirically demonstrated to be effective will be given particular emphasis. Methods for monitoring and evaluating interventions will also be discussed and demonstrated in this course.

Course 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 abuse.

Course Design:

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.

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.

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.

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.

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.

Course Requirements:

- **Attend and participate** in all sessions (**20 points**); absences will lower your grade since:
 - Some material considered essential to the objectives of the course will only be presented in class
 - The application of key concepts and student co-learning requires participation in class discussions and exercises
 - Predictability, reliability and consistency are core to any strong relationship...”being there” is incredibly important to clients, so it is important in this class
 - If you are unavoidably absent, please let me know either before the class, or in the case of an emergency, as soon as possible following the class.
 - Participation means – active attention to discussions, being thoughtful about your responses (not dominating discussion but also making sure you contribute at least once or twice during the semester). *Texting, writing papers, net surfing, messaging or emailing during class are a distraction to you, to me and to your classmates and is unacceptable.* I may or may not say something to you if I notice you are so engaged – but *it will affect your participation grade.* You are going into a field that needs you to be well equipped and you have a short amount of time in this program to obtain IP skills and knowledge.

- **Response to Clinical Vignette (40 points) - DUE Sunday, June 12th at midnight p.m. through Canvas.**

You will watch an entire session from the link to Counseling Videos - <http://ctiv.alexanderstreet.com.proxy.lib.umich.edu/> (you will need to sign into your Umich account).

You may choose any one of the following:

Adlerian Play Therapy

<http://ctiv.alexanderstreet.com.proxy.lib.umich.edu/View/534803>

Adolescent Family Therapy

<http://ctiv.alexanderstreet.com.proxy.lib.umich.edu/View/534807>

CBT for Anxiety in Adolescence - Andrew -

<http://ctiv.alexanderstreet.com.proxy.lib.umich.edu/View/534738>

Narrative Therapy with Children – Kristy

<http://search.alexanderstreet.com/ctiv/view/work/1857649>

Object Relations Therapy with a 13 y.o. youth – Blake; interview with his mother and with him. Therapist appears White; child and mother appear African-American.

<http://search.alexanderstreet.com/ctiv/view/work/1857641>

NOTE: There are other videos, such as ones on multicultural counseling, that I wish were in-depth enough to be appropriate for the assignment, but they are not. However, you may still choose to watch them for your own growth and development, just not for the purposes of this assignment.

Some of the videos have discussion afterward. After watching the session, *but before listening to or reading the discussion that is interspersed or follows*, write a three to five page double spaced response including:

- Child’s/families presenting problem - i.e. “Child appears to be struggling with separation anxiety. Her mother describes her as...” If the video describes the presenting problem, you are still to note your observations and perspective. You are not limited to the assumptions of the treating therapist or modality - you can expand.
 - Therapeutic approach - in some detail - i.e. “therapist used client-centered therapy. Her behaviors included open ended questions, mirroring responses and...”
 - The themes that you saw throughout the session - what did the child/youth/family “tell” you through words or actions (or lack thereof) about their struggles? Make sure to note affect, body posture, eye contact, etc. You may choose one or two themes and elaborate on them (with examples of what you saw), or be broader and discuss all the themes you saw or wondered about, with only one or two brief examples noted.
- THEN:
- After you have then watched the discussion, note what new information was revealed - i.e. what did the therapist see or hear that you did not? What was discussed that you had picked up on as well? The purpose of this section is for you to be able to pay attention to what you did already “know” and what you learned by hearing a seasoned clinician talk. **(NOTE: You will defeat the purpose of the assignment and an**

opportunity for growth if you rush ahead to see the discussion before you write your paper - I am not interested as much in that you “see” everything on your own, but that you can show growth and reflection on what you are already strong in and where you need to develop - this is the section to address this). This section should be at the end of the paper and no more than one page.

If you chose a video with no discussion or educational component interspersed, please write a section on what you feel you were strong at catching and what you thought you might be missing.

- **Completion of a Final Clinical paper - 40 points - DUE Saturday, July 23rd on Canvas at midnight.**

The aim of this paper is to give you a chance to reflect on your clinical work in a concentrated and organized manner. You have a choice between A or B, depending on your experience. Students newer to a client or in a new field placement will probably want to do Assignment A, which focuses on evaluation and treatment planning. Students who have been in placement longer may prefer to write B, which deals with ongoing treatment.

Although the assignments are quite detailed in their expectations, not all cases will “fit” the assignment. **If you need to alter or reformulate the assignment to match the reality of your placement or 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.****

- **Length: 10 - 14 pages (must be thorough yet concisely written)**

OPTION A: Choose a child or adolescent and parents with whom you have begun to work. This option is for work with a newer client. (Note that forming a working hypothesis regarding a child/youth is applicable in hospital and school settings, even when therapy is not provided, thus, this alternative can be used for by students who do not work with children therapeutically.) Write a detailed summary of an assessment (and, if relevant, the early treatment work) that includes:

- Precipitant for referral, presenting problem and psychosocial/family history. Include also a discussion of protective factors, risk factors and environmental issues. *Your conceptualization should include course concepts even if your treatment plan is constricted by agency demands.*
- Describe one or a few critical incidents that enabled you to come to a clearer understanding of the case.
 - 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 include: 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 of resistance, 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.

- Be concrete, specific and detailed in your presentation of the clinical material **and describe how you interpreted the meaning of the incidents.** (Selecting material from process recordings of interviews is a very appropriate way to present critical incidents.)
- Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and family/interactional issues.
- Treatment plan, in terms of treatment format and specific goals of treatment. *Indicate your rationale for choosing the approach you did. The relationship between the clinical hypotheses and treatment plan should be clearly stated. For example, if a client is suffering from PTSD episodes, your first goal should be connected to that (i.e., not to anger management, though that may be another goal).* If relevant, describe components of the treatment plan that involve case management, as an adjunct or alternative to clinical work, such as referral for other services, coordination with other professionals, etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plans for interacting with these other parties and indicate any need you see to advocate on behalf of your client with these systems and individuals.
- Description of your beginning relationship with the clients--both child and adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss any transference and countertransference issues that appear to be emerging. Describe any racial/ethnic/class/cultural issues that may influence the relationship, if relevant. Assess the family's capacity for treatment by discussing strengths and vulnerabilities of the clients and their circumstances that may promote or impede successful intervention.
- Describe your thoughts/feelings regarding the prognosis for successful intervention and analyze the reasons for your point of view.
- Conclude with a discussion of what issues this child/family has evoked or could evoke in you...what issues might you need to take to supervision. If you don't have a reflective supervisor, what issues might you have wished to talk about in supervision? This is not a place for you to discuss what you wish the parents or system would do (unless your reaction is tied to feelings about this). In other words, this is not a place to critique others, but to reflect on what your *emotional/cognitive* response is to what you are seeing.

Alternative B: Choose a child or adolescent and parents with whom you have worked during this year. Write a case review that includes:

- Precipitant for referral, presenting problem and brief psychosocial/family history. Include also a brief discussion of risk factors and environmental issues.
- Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and family/interactional issues. *Your conceptualization should include course concepts even if your treatment plan is constricted by agency demands.*
- Treatment plan. Indicate your rationale for choosing the approach you did.
- Describe the treatment relationship in terms of attachment and transference issues. Note countertransference and ethnic/cultural issues.
- Descriptive account of the treatment process, including critical incidents in treatment, and an assessment of the client's progress in terms of the objectives of the treatment plan. Though the focus of this part should be on the treatment process with the child or adolescent, also include an account of work with parent(s). **This section should be the bulk of the paper.**
- Brief account of case management issues (if relevant) and contacts with others involved with the child/adolescent, e.g. school personnel, foster care worker, day care provider, probation officer, etc.
- Plans for continuing treatment, termination or transfer. If ongoing treatment is needed, note future treatment goals
- Conclude with a discussion of what issues this child/family has evoked or could evoke in you...what issues might you need to take to supervision. If you don't have a reflective supervisor, what issues might you have wished to talk about in supervision? This is not a place for you to discuss what you wish the parents or system would do (unless your reaction is tied to feelings about this). In other words, this is not a place to critique others, but to reflect on what your *emotional/cognitive* response is to what you are seeing.

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 doing direct work with children, adolescents and/or their parents.** Possible topics include

- Doing at least two observations of a child and/or interview with a parent (examples of this assignment are the exercises at the ends of the practice chapters in *Child Development: A Practitioner's Guide*, see pp. 191-2, 257-8, 334, and 418)
- Take clips from a television series or a movie, describe what you consider to be the "presenting problem" and develop a treatment plan
- Research paper on intervention approaches to a particular problem of childhood or adolescence. **If you intend to write a research paper, please let me know IN WRITING of your topic and proposed outline. I will review to insure your paper will meet requirements.** Any research paper will require at least 10 citations, a thorough lit review and a clinically informed intervention section. You are also required to reflect some integration of course concepts.

In any alternate assignment, the self-reflection section is still required (see requirement above).

Grading:

My practice is to provide detailed feedback on your papers. As such, it may take me up to three weeks to return them. Papers are graded on:

Quality of clinical thinking

Papers that rate the highest will show strong analytic skills; evidence strong clinical insight; show strong understanding of human behavior; demonstrate a curiosity about what they hear or see; have a level of empathy for others and know when they are struggling to achieve that; and demonstrate an ability to think about what they heard, *as well as* what they did not hear.

Integration of materials

Papers that rate the highest will show superior skill in linking reading and lecture materials to their written work; pull from multiple sources; typically go above the requirements but not excessively so; go beyond “person on the street” thinking

Level of Self-reflection

Papers that rate the highest will show a strong self-awareness or willingness to develop that capacity; they show a willingness to take risks with thinking or note areas where that is difficult; are able to address what is evoked in them response to the work

Writing skills

Papers that rate the highest will have no typographical or grammatical errors. They will be well organized and written, comprehensive and coherent. They will be within the guidelines, neither excessively short nor excessively long. Any citations will be accurate and there will be effective use of quotations.

“A” papers will show exceptional strength in each of the four areas assessed. “B” papers will show progressing mastery of skills in each of the four areas. “C” papers will show basic mastery.

Final Grades

A+	100	B+	87-89	C+	77-79
A	95-99	B	83-86	C	73-76
A-	90-94	B-	80-82	C-	70-73

Semester Outline (Basic outline – may change based on needs of class):

May 10 - Class One

Introduction to Course

Context of Intervention:

Development, Attachment, Interaction, and Psychodynamics

Evidence-Based Practice

Office/Toys

Lecture/video:

Video Clip – The Mission
Therapeutic Stance

Reading

- **Bromfield:** pg. ix - Chapter 2 (pp ix - 28)
- **Bromfield:** Chap. 18 (pp. 249-260) *I Can Name That Tune in Six Sessions: Managed Care and Evidence-Based Treatment*
- **Davies:** Chapter 3 (pp.60 – 104) – *Risk and Protective Factors*

Canvas:

- **Axline, Virginia** (1969). Play Therapy. Chapter 3 (pp. 53-56). *The Playroom and Suggested Materials*. NY: First Ballantine Books.

May 17 - Class Two – Assessment and Evaluation

Treatment Planning “Critical Incidents”

Video: Critical incident with a child

Reading

Bromfield:

- Chapter 3 - *The Not-So-Magic of Therapy: How Therapy Works*
- Chapter 4 - *Do Fence Me In: The Bounds and Limits*.

Canvas:

- **Taffel, R.** (2005). *Breaking through to Teens*. Intro through Chapter 2 – *First Meeting* (pp. 1 – 45)
- **Oppenheim:** Chapter 1 (pp. 3 – 30) – *Constructing a Relationship Formulation for Mother and Child: Clinical Application of the Working Model of the Child Interview*.

(NOTE: Read this chapter with attention to what the clinician is attending to, how he frames follow up questions and his commentary – this will begin to help you learn about “critical incidents

May 24 - Class Three – Attachment (ECC with Hillary Baldwin-Stellar’s class)

Development of Attachment

Videos: Looking at hallmarks of attachment templates

Reading

Davies:

- Intro to Part 1 – *Perspectives on Development*
- Chapter 1– *Attachment as a Context for Development* (pp. 3-38).

Bromfield:

- Chapter 11 *Handle with Care: Working with Parents*
- Chapter 12 *Handle with Care: Working with Parents, Part II*

Canvas:

- **Lieberman, A.F.** (2005) Angels in the Nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal*, 26(6): 504-520.

May 31 – Class Four – Brain Development (ECC with Hillary Baldwin-Stellar's Class)

Reading

Davies:

- Chap. 2 – *Brain Development*

Canvas:

- **Teicher, M. H. and Sampson, J. A.,** (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57:3, pp. 241-266
- **Finkelhor, D, Shattucka, A. Turnera, H., Hambyb, S.** (2015). A revised inventory of Adverse Childhood Experiences. *Child Abuse and Neglect*, 48, pp. 13–21.

Class Five - June 7- CBT with Teens – Dan Fischer – Guest Lecture

Working with Adolescents

Family Therapy with Adolescents

Reading

- **Watch entire video - Adolescent Family Therapy** (Beginning to 1:12 minutes - watching audience questions afterward is optional)
<http://ctiv.alexanderstreet.com.proxy.lib.umich.edu/View/534807>

NOTE: If the video is being temperamental, try running it through Internet Explorer vs. Mozilla, etc.

Canvas:

- **Taffel** – Chapter 3 (pp. 46 -72).
- **Gordon-Hollingsworth, A. T., et al.,** (2015). Anxiety Disorders in Caucasian and African American Children: A Comparison of Clinical Characteristics, Treatment Process Variables, and Treatment Outcomes. *Child Psychiatry & Human Development*, 46(5), 643-655.

AND

- **Marshal, M., et al.,** (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *Journal of Adolescent Health*, 49, 115-123.

Or

- **Liu, R.T., and Mustanski, B.** (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventative Medicine*. 42, 221–228.

Extra Resource:

- **Clarke, G.N., Lewinsohn, P.M., & Hops H.** (2001). Instructor's manual for Adolescents Coping with Depression course. Can be retrieved from Kaiser Permanente Center for Health Research website:
www.kpchr.org/public/acwd/acwd.html

Class Six - June 14- Working with Infants

Infant/Parent Psychotherapy

Video: Looking at cues of an infant

Video: Helping Babies from the Bench

Reading

Davies:

- Intro to Part II – *A Developmental Lens on Childhood*
- Chapter 5 – *Infant Development*
- Chapter 6 – *Practice with Infants*

Canvas

- **Dozier, M., Zeanah, C.H., and Bernard, K., (2013).** Infants and Toddlers in Foster Care. *Child Development Perspectives*. 7(3), pp. 166–171.

Class Seven - June 21- Working with Toddlers

Intergenerational transmission of trauma

Video and Case presentation – 22 month old and parent

Reading

Davies:

- Chap. 7 – *Toddler Development*
- Chap. 8 – *Practice with Toddlers*

Canvas:

- **Mann, J. and Kretchmar, M.D. (2006).** A Disorganized Toddler in Foster Care: Healing and Change from an Attachment Theory Perspective. *Zero to Three*, May, (pp. 29 -36).

Optional

- **Ribaudó, J. (2016).** Restoring safety: An attachment-based approach to clinical work with a traumatized toddler. *Infant Mental Health Journal*, Vol. 37(1), pp. 80–92.

Class Eight – June 28 - Working with Preschoolers

Video and Case Presentation: Working with an aggressive, explosive 4 year old and his mother

Reading

Bromfield:

- Chap. 6 – *The Lowdown on High Drama: Playing with Puppets and Action Figures*
- Chap. 7 – *Shoot, Topple, and Roll: Using Games, Building Toys, and Guns*

Davies:

- Chap. 9 – *Preschool Development*
- Chap. 10 – *Practice with Preschoolers*

Optional

- **Drewes, A.A.** (2005). Play in selected cultures (pp 26 - 64). In *Cultural issues in play therapy*. Gil, E. and Drewes, A.A. (Eds.). New York: Guilford.
- **Oppenheim**, Chapter 8, Challenging Children's Negative Internal Working Models (pp. 203 – 225) (Handout)

Class Nine – July 5 - Working with School-Aged children

Video and Case Presentation: Working with a school aged child with FASD and learning disabilities

Reading

Bromfield:

- Chap. 8 - *Drawing out the Child: Artwork in Therapy*

Davies:

- Chap. 11 – *Middle Childhood Development*
- Chap. 12 – *Practice with School-Age Children*

Optional

- **Anastopoulos, A.D. and Farley, S.** (2003). A cognitive-behavioral training program for parents of children with Attention-Deficit/Hyperactivity Disorder. In *Evidence-based psychotherapies for children and adolescents*. Kazdin, A.E. and Weisz, Jr., (Eds.) New York: Guilford
- **Paley, B. and O'Connor, M.S.** (2009). Interventions for individuals with fetal alcohol spectrum disorders: Treatment approaches and case management. *Development Disabilities Research Reviews, 15 (3)*.

Class Ten – July 12

Separation and Loss

Video: Robertson tapes: Lucy

Reading

Canvas:

- **Kaplow, J., et al.,** (2012). Using Multidimensional Grief Theory to Explore the Effects of Deployment, Reintegration, and Death on Military Youth and Families, *Clinical Child and Family Psychology Review, 16*, 322-340.
OR
- **Kaplow, J.** (2006). The long-term consequences of early childhood trauma: A case study and discussion. *Psychiatry, 69*, 362-375.
AND
- **Worden, J.W.,** (1996). In *Children and Grief*.
Chap. 4 – How the Child Responds
Chap. 5 - Mediators of the Child's Bereavement Experiences.

Class Eleven – July 19

* Final Papers Due Saturday July 23 @ 11:59 p.m. - Canvas*

Supervision

Termination

Reading

Bromfield:

- Chap. 19 - *All's Well that Ends Well: Closing Therapy*

Canvas:

- **Wightman, et al.**, (2007). Reflective Practice and Supervision in Child Abuse Prevention. *Zero to Three*. November 2007, pp. 29 - 33.
- **Many, M.**, (2009). Termination as a therapeutic intervention when treating children who have experienced multiple losses. *Infant Mental Health Journal*. 30(1), 23–39.

Optional

- **Davies:** Chap. 13 (pp. 415-419)