



SW 625: Interpersonal Practice with Children and Youth

Fall, 2016, Section 1	Wednesday, 9:00-12:00
DIVISION:	CHLDY
COURSE NUMBER:	625 Class room: 3752
CREDIT HOURS:	Advanced Interpersonal Practice Methods Course 3
PREREQUISITES:	SW521
INSTRUCTOR:	Laura Sanders, LMSW, ACSW, 734-662-3509, lsanders@umich.edu , createcoun333@gmail.com ,
LOCATION:	office 2760 SSWB
Office Hours:	By appointment (during lunch times)

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, and 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 Objectives

Upon completion of the course, students will be able to: 1. Understand and address the impact of diversity (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation) of children, adolescents and their families and the social worker on practice process and outcomes. (Practice Behaviors 4.IP, 10.c.IP) 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. (Practice Behaviors 3.IP, 9.IP, 10.b.IP) 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. (Practice Behaviors 4.IP, 10.a.IP) 4. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship. (Practice Behaviors 1.IP, 10.a.IP) 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. (Practice Behaviors 9.IP, 10.b.IP) 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. (Practice Behaviors 2.IP, 3.IP, 6.IP, 9.IP, 10.c.IP) 7. Develop intervention skills in working with

children, adolescents and their families. (Practice Behavior 10.c.IP) 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. (Practice Behaviors 5.IP, 10.d.IP)

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 presentations will begin in February. You will be split into five groups of five 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 week. Presentations will be approximately 5 minutes long with clinical case discussion to follow each case for approximately another 5-10 minutes. 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. The clinical case presentation should follow this format:

Hand into the instructor your case consultation preparation notes on the day of your presentation after you present to your group. They should include the following and your notes should be no longer than two, double-spaced pages so these are notes (bulleted information is fine) – not a paper:

- First, share with your group your clinical question or learning outcome you would like to address in this case presentation. Be specific as this is not a general case consultation.
- 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.

The week after your presentation, turn in a case summary reflection: This 2-page (double-spaced) case summary reflection should integrate what you learned about your clinical question or learning outcomes based on the feedback that you received from the class discussion. 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, i.e., readings from the course or other information, did you identify as helpful to you to better understand the clinical question or learning outcome?
- What did you learn about your development as a reflective practitioner from this presentation and review?

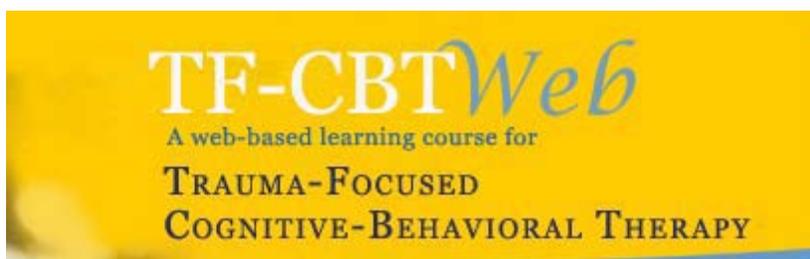
This assignment is worth 15% of your grade and dates for presentations will be selected during the first two classes.

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

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 you may want to get started.*



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. 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. 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 a choice, 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) **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.
- 2) **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.
- 3) **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.

4) **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*”.

5) **Cultural and Identity Issues:** 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.

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*, 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.

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) **Background information and critical incidences:** Your role with this client and the context in which you work with them. Include the precipitant for referral and a 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.

2) **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.

- 3) **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.
- 4) **Treatment goals and plan:** Discuss your treatment plan beginning with specific individual goals for treatment stated in “(name of client) will. . .”, language. 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 approach(es) 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, both similar and different from your client’s. 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 could 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* 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.

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 this option,

apply what you have learned in class and at least four different course readings 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, sexual orientation, age, religions, etc.
- 7) At least five sources, three of which should be peer-reviewed articles (see me if you are unable to find this type of evidence) to support your findings. Also include at least four references to different class 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. ***They will be turned in hard copy at the beginning of class (please don't plan to print them on the break).*** 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%
A- = 94% - 90%

B+ = 89% - 86%
B = 85% - 83%
B- = 82% - 80%

C+ = 79% -76%
C = 75% -73%
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 is important because lecture, activities and discussion will focus on the details of how to practice. You are allowed one excused absence. More than one absence will result in a reduction of points (at least 3 points per missed class off your final 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. Although participation is not factored in as a percentage of the course grade, active participation will make a difference if a student's assignment work is at the border between two grades.

Computers and Electronics:

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. If you need a computer as a resource for note-taking please let me know, 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. Also all preferred name and gender pronoun uses will be honored.

Trigger Warning:

This course is heavily trauma-informed and focused. For any student who has experienced difficulty in childhood or trauma it will likely bring up painful material. Students may experience a range of emotions throughout the course and may feel vulnerable. All feelings are acceptable, but students will be expected to be able to manage them. There will not be sufficient follow up for processing painful memories or severe anxiety that might get triggered by the course content. In general, it is important that students who expect to struggle seek support or therapeutic assistance to work through their own recovery during their graduate education in order to be present and effective in working with wounded clients. Wounded healers who have worked toward resilience make some of the best therapists. See resources for this below.

Health and Wellness:

Health and wellness situations or circumstances may impede student success within the program. Students should feel free to contact the School's Health and Wellness Advocates, Lauren Davis or Nyshourn Price, at ssw.wellness@umich.edu. Students may also visit/call the University's Counseling and Psychological Services (CAPS). CAPS offers a variety of clinical services, referrals, and workshops. CAPS, Hours: 8am-5pm, 530 S State St., Ann Arbor, MI 48109 caps.umich.edu

Safety and Emergency Preparedness:

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB (7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAcompliance@umich.edu, Office of Student Services
School of Social Work | Room 1748, [734-936-0961](tel:734-936-0961)

For more information, view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>.

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

TEXTS and HANDOUTS

Required Readings:

There are three textbooks for the course and a course pack that appears on Canvas in sections by week. All books can be purchased at Common Language Book Store in Braun Court, across from Kerry town on Forth (close to the corner of forth and Miller). This is a queer--owned bookstore that services the TBLG community and friends. Take a few minutes to look around. It's an excellent resource for you as therapists and for your clients – especially the children's section that includes many wonderful resources for diverse families.

The Forbes book, which is assigned a bit later in the course, is a little harder to get and will be order by Keith Orr, owner of Common Language, by accessing this link to the book store: <http://glbtbooks.com/xcart/home.php?cat=603>.

The required texts are:

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 canvas 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, et.al., *The Transgender Child*, Cleis Press, 2008.

Camilleri, Vanessa, *Healing the Inner City Child: Creative Arts Therapies with At-risk Youth* Jessica Kingsley Publishers, Philadelphia, PA, 2010

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) Gilford 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.

Perry, Bruce, et. al., (2007) *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing*, Basic Books.

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: Sept 7

Introduction to the course and each other

Frames of Reference for Work with Children and Adolescents: Developmental and Transactional Theories.

Required Readings:

-Get started on reading for week 2

Class 2: Sept 14

Evaluation Process; Assessment of Risk and Protective Factors; Cultural factors: Assessment Techniques with Parents and Children; Multidisciplinary Assessment; Treatment Planning. The Child-friendly Therapy Room.

Assessing the case of Johnathan- class exercise

Required Readings:

Davies: Preface, pp.-xi; Introduction (Part 1); Chapters 1, 2, 3 and (Part II) Chapter, 4
Yan, M.C. & Wong, Y.R. (2005). “**Rethinking Self Awareness in Cultural Competence: Toward a Dialogic Self in Cross Cultural Social Work**”. *Families in Society*, 86(2), 181-188.

Class 3: Sept 21

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

Peer Consultation Group introduction

Required Readings:

Davies, Part II, Introduction, Chapters 5 and 6
Gil: Chapters 1 and 2

Class 4: Sept 28

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

The case of Jordan

Required Readings:

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

Class 5: Oct 5 *Paper #1 is due*

Severe Developmental Disorders, Disabilities and Chronic Illness; Understanding Learning Disabilities (video – FAT City), Treating Autism with Applied Behavioral Analysis, Relational approached to Autism and marginalization with severely impaired adolescents and young adults - John McGee – A Gentle Teaching
Student Group Presentation

Required Reading:

Gil, Chapters 3 and 4

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.

Whitaker, **Parenting While Powerless: Consequences of “the talk”**, Journal of Human Behavior in the Social Environment, 2016, VOL. 26, NOS. 3–4, 303–309

Class 6, Oct 12

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

Required Readings:

Davies: Chapter 7 and 8

Gil, Chapters 5, 6, and 7

Hardy, **Healing the Hidden Wounds of Racial Trauma, Reclaiming Children and Youth** www.reclaimingjournal.com, spring 2013 volume 22, number 1

Class 7, Oct 19

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

Required Readings:

Davies: Chapters 9 and 10.

Gil, Chapters 10 and 11

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.

Class 8, Oct 26

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

Required Readings:

Davies: Chapters 11 & 12.

Gil, Chapters 8 and 9

Coholic and Lougheed, **Investigating the Effectiveness of an Arts-Based and Mindfulness-Based Group Program for the Improvement of Resilience in Children in Need**, *Journal of Child and Family Studies*, October 2012, Volume 21, **Issue 5**, pp 833-844

First online: 05 November 2011

Costello, **The Trump Effect**, Southern Poverty Law Center, 2016

Class 9, Nov 2 Trauma-Focused CBT Certification is due

Trauma Treatment with Adolescents: Normal Adolescent Development; Disclosure with Adolescents; Creating Narrative, Trauma Resolution; Use of Art, Symbol and Ritual
The case of Miss Prissy

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 10, Nov 9

Working with Parents and Families; Intervening on Lying and Stealing Using Integrated Methods

Student Group Presentation

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.

Class 11, Nov 16,

Working with Parents and Families; Intervening on Explosive Behavior and Aggression; Multi-systemic Therapy

Required Readings:

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 12, Nov 23 Paper #2 due

Work with LGBTQ Youth; Advocacy and Empowerment Methods

Required Readings:

Malpas, Jean, **The Transgender Journey: What Role Should Therapists Play?**

Psychotherapy Networker, March/April 2016 (7 pgs)

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.

Ryan, Caitlin, et.al., **Family Acceptance in Adolescence and the Health of LGBT Young Adults**, *JCAPN* Volume 23, Number 4, November, 2010

Optional Readings:

Brill et. al., Chapter 1, **“Is My Child Transgender?”**, in *The Transgender Child*, Cleis Press, 2008.

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.

Youth in the Margins: A Report on the Unmet Needs of Lesbian, Gay, Bisexual and Transgender Adolescents in Foster Care. Lambda Legal Defense and Education

Fund(2001).(<http://www.lambdalegal.org/cgibin/iowa/news/publications.html?record+899>) (browse this; it’s long.)

Snapp, S., Hoenig, J., Fields, A., Russell, S. (2015). **Messy, Butch, and Queer: LGBTQ Youth and the School to Prison Pipeline.** *Journal of Adolescent Research.* 30(1). 57-82. DOI: 10.1177/0743558414557625

Class 13, Nov 30

Self-Care: Avoiding Compassion Fatigue, Burn-out and Secondary Trauma Effects.

Self and class evaluation

Required Readings:

Handouts on c-tools: the Professional Quality of Life Scale

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

Class 14, Dec 7

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

The Psyche and Cupid Myth with Adolescent Girls, or the Use of Rituals with Adolescent Sex Offenders.

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.