



**SW696**  
**Social Work Practice with Children and Youth**  
**Fall 2016**

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**Office hours -**

**Monday 12:15 - 1:30**

**Thursday 12:15 - 1:30**

**Others by appointment – Please see me or email me to schedule a time.**

**"What is done to children, they will do to society."  
- Karl A. Menninger**

**1. Course Description:**

This advanced level methods course in the Children and Youth in Families and Societies concentration builds upon the foundation level practice methods course and prepares students for employment in the many human service delivery systems which address the needs of children, youth, and their families. This cross-cutting skills course encompasses both direct/micro (i.e., assessment, intervention, prevention) and mezzo and macro (program design, evaluation, administration, community organization, policy analysis) practice methods used to address problems presented by or to children and youth in a variety of contexts. The development of social work skills, values, and ethics applicable to promotion, prevention, intervention, remediation and social rehabilitation activities with diverse child and youth populations at all levels of intervention will be emphasized. Evidence-based change interventions that build on strengths and resources of children and their families at all levels of intervention will be examined in order to develop socially just and culturally-competent policies and practice. This course will address the key diversity dimensions (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) as it relates to children, youth and their families.

**2. Course Content:**

Effective social work practice with children and youth requires a developmentally-sensitive, resiliency focused multisystems approach, an emphasis on prevention and early intervention, and the collaborative involvement of families, other primary caretaking adults, and involved professionals, in the identification, development, delivery, and evaluation of services. In addition to being able to assess and intervene with children and youth, social workers must also develop the skills necessary to assess the resources and the risk factors which may exist in the child's or youth's family, neighborhood, community, and in the larger social environment. In this course the emphasis of intervention is as much on the context as on the individual. Intervention strategies focus on ways to bring about change at levels such as the classroom or school, the

peer group, and the community or population, as well as at the individual level. Mezzo and macro practice skills covered in this course are aimed at promoting interpersonal competence, self-esteem, self-efficacy, achievement, and moral development in children and youth by making the contexts within which they develop more responsive to their developmental needs.

Direct practice methods covered in this course provide students with the skills necessary to select and provide effective short-term interventions, evaluate direct practice, develop service delivery systems and work effectively with individuals, families and groups in families, institutions and communities. Skills for engagement, assessment, intervention, prevention, and evaluation relevant to contexts such as families, neighborhood and community, schools, group care facilities, residential care, hospitals, correctional programs and institutions, courts, governmental and nongovernmental agencies will be covered. Intervention strategies may be derived from a variety of approaches and theoretical perspectives, self-help and peer support, group work, family life education, empowerment models, and family preservation. Students will learn to use evidence-based knowledge and skills to engage and communicate effectively with children and youth, families and community members, and other service providers. Assessment skills taught will emphasize the importance of being able to identify special needs, abuse and neglect, family violence, substance abuse, and circumstances of extreme stress, danger, or deprivation, and accurately assess the level of risk these circumstances present for the children or youths concerned. The student will learn how to design individual programs of intervention that are based on clearly articulated goals and priorities, reflect an examination of the evidence base and are consistent with social work ethics and values. Throughout the course, cultural competence and sensitivity to differences among families and the impact of worker/client differences in values, experiences, and power will be analyzed. In addition, the student will learn to understand the significance of “multiple identities” (the interaction of factors such as the diverse dimensions: 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) in shaping the uniqueness of families and individuals and in shaping power and privilege differences.

Mezzo and macro practice methods covered in this course include skills applicable to the areas of community organization and development, administration, policy and planning, and research and evaluation in order to support the strengths of diverse children, families and communities and to promote social justice. Presentation of material from these areas recognizes the importance of working with multidisciplinary teams, service delivery agencies, and formal and informal community systems, in order to obtain necessary resources and support services for children and youth. Specific skills addressed include advocacy, needs assessment, working collaboratively with community agency and groups, administrative and supervisory issues impacting service delivery, budgeting and fiscal issues, program design and development, program and practice research and evaluation, and child and youth policy analysis.

### 3. Course Objectives:

1. Students will demonstrate advanced-level skills in translating and applying a developmentally sensitive, resiliency focused, collaborative, multisystems intervention perspective in working with diverse populations of children and youth, families and communities.

- Effectively communicate with and establish developmentally sensitive, culturally appropriate collaborative relationships with children, youth, their families, and other significant members of their social environments in every level of social work intervention.
- Develop and implement a practice vision of social justice
- Apply socially just interventions that maintain strengths-based and resiliency perspectives.

- Become familiar with belief systems and cultural practices of children, youth, and their families with whom they work by asking relevant questions in order to understand their needs within the context of these practices.
- Apply collaboration building and consultation skills within and across child and youth serving organizations to strengthen families and organize communities in response to the program practice and policy needs of diverse populations of children and youth in different child-serving settings.
- Specify how risks, protective and promotive factors that contribute to child and youth safety, health, security and well-being.
- Effectively seek out needed information and become familiar with formal and informal resources available to meet the diverse needs of children, youth and their families.

2. Students will demonstrate advanced skill in using evidence-based prevention, intervention and rehabilitation practice guidelines to develop micro, mezzo and macro interventions that address child, youth, family and community goals and priorities.

- Develop evidence-based change interventions that build on child, youth, family and community strengths and resources at the micro, mezzo and macro system levels.
- Incorporate social work values and ethical principles in planning and implementing interventions for children and youth and their families.
- Use relevant child, youth and family policy initiatives, laws and judicial decisions to advocate for improvements in the delivery of interventions that support the strengths of diverse child, youth, family, and community systems and promote social justice.
- Develop and apply change interventions that a) differentiate within and between social categories; b) maintain strengths-based and resiliency perspectives; c) promote dialogue across social and cultural differences.
- Critique the applicability of current knowledge, research and evidence based practice methods in work with diverse populations of children, youth and their families who live in communities where they experience discrimination and oppression due to the diversity dimensions.
- Create a logic model or concept map describing connections between child, youth, family and community focused practice model with goals, objectives, activities, outcomes and evaluation approach.

#### 4. Competencies and Practice Behaviors

- The Council on Social Work Education (CSWE) requires that students meet 10 core competencies, which are operationalized as practice behaviors. Each course is designed to cover one or more of the ten core competencies and each course is also designed to cover some, but not all of the practice behaviors within a competency. Upon completion of this course, students will be able to demonstrate the following practice behaviors within the noted competencies:
  - **Competency #3 - Apply critical thinking to inform and communicate professional judgments.**
  - **Competency #4 - Engage diversity and difference in practice.**
  - **Competency #6—Engage in research-informed practice and practice-informed research.**

- **Competency #8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.**
- **Competency #9—Respond to contexts that shape practice.**
- **Competency #10 (a)–(d)—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.**

#### 5. Course Design:

This course instructor will select readings and design assignments for the course. Various classroom teaching strategies may be used, including lecture, multimedia presentations, small and large group discussion, presentations by students and guest lecturers, role plays, and experiential exercises. Students' experiences in the field will be utilized as much as possible in assignments and case presentations and discussions.

#### 6. Relationship of Course to Four Curricular Themes:

- *Multicultural and diversity issues* will be emphasized throughout this course, not only in relationship to direct intervention with children and youth and their families and communities, but also in regard to the need to develop and maintain effective collaborative relationships with other community resources and service providers. Students will learn to recognize the existence of group differences in a number of areas (such as nonverbal communication, individual and family values, family and community structures, preferred and accepted responses to crisis, response to exclusion or oppression) and how these may impact intervention relationships with children, youth, and their families.

- *Social change and social justice issues* will be addressed in relationship to children and youth as populations who experience vulnerability due to developmental and status factors (i.e., age and dependence), in addition to other impacts they may experience due to membership in other groups which encounter exclusion and discrimination. In recognition of this, abuses of power within the family (i.e., domestic violence, physical and sexual abuse and exploitation) will be addressed as issues related to social justice and human rights, and not just as indicators of individual and family psychopathology. Advocacy for children and youth, especially those whose families and communities are particularly impacted by social inequality and social injustice, will be emphasized at individual, family, organizational, community, and policy levels.

- *Promotion and prevention* are particularly important for child and youth populations, due to the increased likelihood of negative outcomes as services or interventions are delayed, and the "time-limited" nature of childhood and youth. These areas are addressed in the micro practice areas through family life education, family preservation activities, screening early identification of children at risk, and family and community based early intervention with children and youth in a variety of context. At the mezzo and macro practice levels, program development and evaluation, staff and professional training, fiscal and economic issues and policy analysis addresses the relationship between policy decisions and risks to children and youth.

- *Social science knowledge* is presented as the necessary basis for conducting empirically grounded assessment, intervention and evaluation practice at all levels of intervention. Course materials draw upon research knowledge from a variety of social sciences, as well as other professions and disciplines (i.e., social work, medicine, psychology, sociology, economics, law, etc.), and emphasize the need for multidisciplinary collaboration and communication around issues related to children and youth and their ecosystems. Social science research concepts and methods are described in relationship to both social work practice and program and policy evaluation processes.

## 7. Relationship of this course to Social Work Ethics and Values:

Practice with children and youth requires considerable attention to issues of ethics and values, due to the special challenges these populations offer the social work practitioner. For example, confidentiality cannot be maintained when suspected child abuse or neglect must be reported, and issues of self-determination and autonomy often arise when an adolescent discloses important information that has not been shared with a parent or other responsible adult. Social work values and social science knowledge may also conflict with the child-rearing beliefs and practices of some cultural or religious groups. Resource limitations or lack of training or sensitivity may result in inappropriate treatment for some children or youth and their families, and others may be excluded entirely. Finally, social policy decisions significantly affect the lives of children and youth, the stability of their families and communities, and their access to resources and services. This course emphasizes, in relationship to each of the substantive areas outlined above, the importance of examining the complexities of ethical and value issues as they apply to the problems of children and youth. Social work values and ethics, as outlined in the professional Code of Ethics, are presented as the necessary and appropriate guidelines for practice when ethical dilemmas arise in social work practice.

## 8. 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 Texts**

### **Required:**

Perry, B. and Szalavitz, M. (2006). *The Boy Who Was Raised as a Dog*. Basic Books

Schiraldi, G.R. (2009). *The Post-Traumatic Stress Disorder Sourcebook*. McGraw-Hill (optional for those not going into clinical practice)

**SW 696**

**Fall 2016**

## **Course Requirements**

### **Attendance and Participation - 20 points**

- Participation can be a verbal and/or non-verbal action. I will also be looking at the interest in and respect you show other students.
- **Reading the newspaper, texting, reading your emails, being on line, etc. will lower your grade significantly.** I may or may not speak to you about it, but I do notice and will grade accordingly.
- 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.**
- **Only people who attend every class and are attentive and responsive to others and at the least contributing verbally on occasion will receive all 20 points.**

### **Implicit Bias Test – 15 points - DUE 9/25 at 11:59 pm (i.e. Sunday at midnight)**

In support of your capacity to work with a diverse range of clients, you may find examining your own, unconscious, implicit attitudes to be illustrative. To assist you, please complete at least two of the Implicit Attitude Tests offered through Harvard University.

(<https://implicit.harvard.edu/implicit/takeatest.html> (Links to an external site.)). You can choose any two tests you like. Each will take about 20 minutes. The intro to the test notes that sometimes people do not like the “results” and they offer a disclaimer about any interpretations. Please read that section carefully before taking the tests. **Please note that having an implicit bias and being actively prejudiced are two different issues.** I only hope to have you contemplate the biases you are likely to hold based on culture, ethnicity and environment.

Once done with two of the tests, please write a brief (two to four page, double spaced) response. You do not have to report the findings of the test! That part is for your personal contemplation unless you want to share the findings with me. In the response, you can ponder the following (but you are not limited to them):

- What did you notice about the test itself? I don’t necessarily want a critique of the test, but more of an inquiry into your own internal reactions. Were you feeling worried, eager, curious, and defensive, put-off or neutral?
- When you saw the “results” did they make sense to you? Did either one or both match what you believe about yourself? What were your first thoughts as you read what the “results” said about you? How do you make sense of them now? You can contemplate your own experiences, your family and community values and other influences.
- Moving forward, what are the ways in which you see having a window into your possible implicit biases informing your social work practice?
- Any other thoughts

As long as your paper is reasonably concise and thoughtful (i.e., please stay away from generalizations – utilizing some examples may help you in this arena), you will receive at least 10 to 12 points.

Submit through Canvas as a Word file (not a PDF).

For all assignments: If your paper is unavoidably late, I will deduct 5% if turned in within 3 days of the due date; 10% thereafter and not accepted past 10 days late.

### **Imagination Exercise – 5 points**

During an upcoming class, you will be presented with a brief scenario of a child's experience. For the following week, the class will post responses to the scenario focusing on their imagination of the child's experience and what would be needed in response. The "need" in response can be focused interpersonally, from a CSS perspective or from a policy perspective. The aim in this assignment is to increase your collective understanding of the various ways we can understand the meaning of experiences and how to respond. As social workers, we can observe the same event and come to many different conclusions, based on our own lenses, biases, knowledge, experiences and exposure to socio-political influences. This exercise will, hopefully, illuminate that!

## **Major Project (NOTE: THERE ARE 4 OPTIONS) 60 points**

**OPTION 1 – Individual Paper** (on a topic of your choice, but must be related to trauma

**(10 points for proposal and annotated bibliography /50 points for paper)**

### **A) Proposal and Annotated Bibliography (IN WORD FORMAT – NOT PDF). DUE 10/23**

Write a thorough description of your topic, and how you plan to approach (i.e. will include a sample case history, or will be primarily research; will include an interview with a person who has struggled with the topic, etc.).

Provide an annotation of 5 of your sources (see below for acceptable types of sources). Your annotation should be both a summary (IN YOUR OWN WORDS!) of your selected articles and should include a brief analysis of the article. It is meant to help you begin to shape your paper and deepen your understanding of the literature/topic you have chosen. After you have annotated five sources, develop an overall summary of how these five sources are helpful to you, what questions you are left with about your topic and what you are beginning to know about your topic through the research. For an example of how to summarize for an annotation, as well as some questions that can guide you through analysis, PLEASE SEE How to Prepare an Annotated Bibliography - Cornell University Library (link below). The references MUST BE cited APA 6<sup>th</sup> edition style. IF IT IS NOT – I WILL AUTOMATICALLY RETURN IT TO YOU FOR REVISION <http://olinuris.library.cornell.edu/ref/research/skill28.htm> (Links to an external site.).

SEE FILES FOR AN EXAMPLE

### **B) Final Paper**

Paper will be 15 - 20 pages - you will choose a theme that applies to children and youth and research it in depth - it could be role of shame in development, defense mechanisms, the neuroscience of aggression or trauma, dissociative identity disorders, identity development,

etc., or a more policy oriented paper. This choice gives the student an opportunity to delve deeply into a particular aspect of understanding and treating children and youth.

The major focus of the paper should be a theme vs. a strategy of intervention. Using *at least* 10 journal citations and no more than 3 to 4 book citations, describe an issue of interest to you that children or youth face. For instance, you may choose to look at the impact of frequent hospitalization on children or, the impact of the same on siblings of the hospitalized children. You could look at a particular set of defense mechanisms, thoroughly describe them, note their evolution in the development of a child and how you would see them and address them therapeutically. Another example might be self-injurious behaviors in adolescence, the roots of such behavior, and how it is addressed, including a sample treatment goal. In all cases, you will be graded on:

\* A thorough description of the theme/issue, (i.e. a thorough literature review) - **Use APA 6th Edition citation. For a helpful overview of APA, see: <http://owl.english.purdue.edu/owl/resource/560/01/>**

\* Your ability to thoroughly convey the symptoms, root causes, impact and treatment approaches (this section should also note how and why the treatment modality would change depending on the age of the child).

\* Relation to course theme of trauma/stress - links to brain development, language development, emotional development, etc. For example, chronic hospitalization, abuse or living in poverty, etc., may all affect the brain or another arena of development. Use this section to link your topic to any course concept.

\* For the treatment approach you choose, describe a typical goal and strategy.

\* Note the role of the family in the treatment.

\* Note how societal issues impact the theme you choose (ex. - chronic hospitalization would be experienced differently by a family with economic resources and in close proximity to a hospital than by a family without economic resources or who lived far from a hospital)

\* **Finally, complete a reflection section** - why did you choose this topic? How did you emotionally react to what you found? What did you find that encouraged or discouraged you? How did what you find connect with course readings? How might you react to working with a child with the theme/issue in their life? Be thorough and thoughtful about working with this client population. The best reflections will demonstrate a level of personal insight that is thoughtful and links in some way your personal and professional experiences.

## **Grading Rubric**

### *Level of clinical thinking -*

Papers that rate the highest will show strong analytic skills, ability to address multiple viewpoints in a coherent way; 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;

### *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 written, comprehensive and coherent. They will be within the guidelines, neither excessively short nor excessively long. Citations will be accurate and there will be effective use of quotations. *I suggest working in pairs to review and edit your work with another student.* THERE WILL BE NO PLAGIARISM – ALL MATERIAL FROM ANOTHER SOURCE BEYOND THREE TO FOUR WORDS WILL BE ACCURATELY QUOTED AND CITED.

NOTE: Very rarely do students "fail" a paper. In the instance that they do, my policy is to allow a re-write for the possibility of a grade that is comparable to the lowest grade in the class (i.e. if the lowest grade was a 20/25, that would be the maximum number of points you could obtain on a revised paper). I do not provide opportunity for re-writes on papers that receive a B or above.

## **OPTIONS 2, 3, AND 4 ARE GROUP OPTIONS: A GROUP CAN BE AS LARGE AS 4 OR AS SMALL AS 2**

**Note about OPTION 2 and 3** – Students in my 696 classes have often requested that some assignment choices be of real service to the community and help them build skills. I am piloting 2 “real life” options this term. You will automatically receive an A for either project as long as it is completed. You will have two time points in the semester where you will meet with me at the end of class to discuss progress, barriers and team cohesion.

### **Option 2**

Devise and carry out a diaper campaign for the Washtenaw County Maternal Infant Health Program and make a guide so it is sustainable for future classes. The MIHP team is in dire need of diapers for families and a lot of the donation centers are closing or depleted. Part of the campaign would require that the team to be able to convey to community members the impact of poverty on the developing child so it would be helpful to have a team of people who combine strengths in a micro and macro practice. The group would have the opportunity to tell the class about their process and results.

I will connect you with the MIHP Supervisor for further coordination. Written "assignment" is 1 check in point to update me on your progress, barriers and to problem solve any issues. Then you will give a final report to the class about your approach, the results and what you learned in the process.

### **Option 3**

Develop a non-profit (like the one that was developed for the "Chad Tough" campaign that happens yearly) and raise money for a local family who has a 4.5 year old recently diagnosed with lymphoma. The mother is a former student and donations would go toward medical and

living costs (she will have to be off work quite a bit to care for him). This assignment will require you to research the process for creating a non-profit and to work with me to develop it, then create a fund raising activity. This team of students would also be required to understand the psychological adjustment to cancer and the medical trauma this child and family have endured, and ways MSWs help to mitigate the stress, again making it appealing to a micro/macro group.

I will connect you with the mother for further coordination. Written "assignment" is 1 check in point to update me on your progress, barriers and to problem solve any issues. Then you will give a final report to the class about your approach, the results and what you learned in the process.

### **Option 4 – Group Presentation**

You will choose an age group/topic to focus upon. **The overriding context is the impact of trauma on children** - how does it play out through time, what is the impact on their cognitive styles, their learning, their peer and social interactions, family interactions, involvement in juvenile justice and child welfare, etc. But, your group can choose any particular focus within trauma and/or the age group - for instance, past groups have looked at the effect of poverty on adolescents, or the long-term consequences of witnessing domestic violence in the preschool years. Others have focused on bullying as a source of trauma in middle school youth.

The initial 2 assignments will be done individually and the information garnered will influence your group presentation. See below for a full description of the group assignment. I would suggest pacing yourself; there are research, interviewing and writing projects that will take time. I will give you time in class to meet with your group so that most of the outside work will be individual. However, there may be times when you need to meet, especially as the presentation approaches.

Each person in the group will **individually** turn in -

#### **A) Literature Review (30 points)**

- Assess the needs of this population by reviewing professional journal articles or recently published books on the specifics of this population with emphasis on cultural awareness. For instance, if you are interested in children with disabilities, you could look at literature on the intersection of interpersonal trauma that leads to a disability, adjustment to disability following interpersonal violence, etc.; if you are interested in LGBTQ teens, you could look at the intersection of interpersonal violence (home and community) during the coming out process.
- Each member of the group should read, **and write a four- to five-page (double-spaced)** review of a *minimum of three different articles* or resources to be shared with the rest of the group. Only one book may be used - other articles must be from peer-reviewed journals or a respected source - i.e. not newspaper articles or Wikipedia. **Please use APA style 6th Edition for the lit review. If you are unclear on the nature or purpose of a lit review, please look at the beginning of a research article from a peer-reviewed journal for guidance.** A good link for APA citation guidance is: <http://owl.english.purdue.edu/owl/resource/560/01/>

- Your lit review will be stronger if you combine what you learn in your research to construct a point, vs. summarizing three articles separately. A lit review is different from an annotated bibliography - please talk to me if you are unsure of the difference.
- These reviews will be shared in your small group and should be referred to in your presentation.
- **They should be included in a cohesive bibliography that you will provide to your classmates as a part of the group presentation.**

## **B) Interviews (15 points)**

Each group member will find a subject to interview that will shed light on the needs, experiences and already existing services to this population. Your interview will explore:

- The common and diverse needs of individuals within this population and the risk and protective factors affecting this population across intervention systems.
- The impact of culture and diversity in regard to race, ethnicity, national origin, class, gender/gender identity, religion/spirituality, sexual orientation, ability/disability, environment, age, etc. (ex., what is the range of how family violence is addressed in the specific culture of the person you are interviewing, or in the population they serve - in some instances you may have to infer this).

**More specifically (if only 3 in a group, you may choose three of the four):**

**One person in the group will interview a child or youth member of the focus population (for a young child you will need to find a parent (birth, adoptive or foster) who can speak to what the child says through their behavior and needs):**

Some questions may include, but not be limited to:

What is it like for you to live with. . . . ?

How do you manage on a daily basis. . . ?

Who helps you with this?

What has been helpful and not helpful?

What are your hopes and dreams in relation to the issue?

**One member will focus on a parent of a child or youth of the focus population.**

Some questions may include, but not be limited to:

What is it like for you to have a child who. . . . ?

How do you manage on a daily basis ?

If you get help with this, from whom?

What has been helpful and not helpful?

What are your hopes and dreams in relation to the issue?

**One group member will interview a helping professional who works with the focus group.**

Some questions may include, but not be limited to:

What are your personal goals in working with this population?

What are the goals of the agency you represent in working with this population?

What are your feelings about working with this population?

What are the challenges, frustrations, joys and rewards of working with this population?

What has been successful and unsuccessful for you in working with this population?

**One group member will interview an agency administrator whose agency serves the target population (could be a school administrator).**

Some questions may include, but not be limited to:

What are your agency's goals in working with this population?

Who funds your work with this population?

What are the policy issues that affect you work with this population?

How have policy or advocacy issues affected you work with this population?

· Each student will write up the major themes and learning from her/his **interview in a three to four-page (double-spaced) paper**. *Relate the content and learning from your interview to at least two readings from the course and reference these readings*. Also, include connections from class lectures where relevant.

Also include a personal reflection at the end of your write-up reflecting on the following questions:

- Did anything surprise you?
- Did you learn anything new?
- Was there anything you expected to hear and didn't? (I.e., this is where a critical analysis of whether key stakeholders seem to comprehend current principals of best practice).
- What did you take away from this experience?
- What was it like to hear how trauma and stress affect children?
- What empathetic understanding did you gain from this experience? Was there anything you heard that rankled you and if so, how did you manage it?

What you learned from your interviews will be shared in your small groups and should be referred to in your class presentations.

**As a group you will develop:**

### **C) Group Presentation (15 points)**

Include all the major aspects of the project in your presentation from your needs assessment (literature review and interviews) to inform your classmates of what you found. Include service delivery or treatment recommendations (i.e. some intervention suggestions). Address what it would mean to be culturally competent with the population you studied.

Please create a PowerPoint, Prezi, handouts and/or visual aids or skits that will be helpful in presenting your intervention; do not let PowerPoint restrict you from creativity and spontaneity in your presentation. **Some groups have found it helpful to imagine their audience is a group of teachers, funders, etc.** Explain your intervention in detail and how it is rooted in evidence. You will have approximately 20 minutes plus 10 minutes for fielding questions. Group presentations will be scheduled for the last class period (unless there are 4 groups). **They should be in some way lively and engaging - if you are not a good public speaker, let someone else do the speaking.** However, all group members must participate in the presentation in some way and it must be cohesively presented. **Create and distribute a joint bibliography of your sources including the readings from your lit reviews.**

**If you want students to have a copy of your PPT or a handout, it must be to me by 2 p.m. the prior day for me to make copies.**

### **Basis of Grading:**

Level of clinical thinking or systemic thinking -

Papers and presentations that rate the highest will show strong analytic skills, evidence strong clinical insight or insight into how systems operate; 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; demonstrate an ability to think about what they heard, *as well as* what they did not hear.

Integration of materials

Papers and presentations 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.

Presentation

Presentations that are lively, creative, thorough, insightful, well-prepared, make good use of the components and stay within the time allowed will be those that receive the highest points.

Writing skills

Papers that rate the highest will have no typographical or grammatical errors. They will be well written, comprehensive and coherent. They will be within the guidelines, neither excessively short nor excessively long. **In-text citations and reference page (APA 6<sup>th</sup> edition) will be accurate and there will be effective use of quotations. (If you do not use APA 6<sup>th</sup> edition in your lit review, I will automatically return it to you for revision and a half grade deduction).**

### **Final Grades**

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

**SW696**  
**Weekly Schedule (Tentative)**  
**Fall 2016**

NOTE: ALL Canvas Readings or links to assigned videos are found within the "Files" tab

**TENTATIVE AGENDA**

9/8            Course Introductions  
                 Course Expectations  
                 Terminology – terms we will use throughout the course  
                 Group Formation

**Reading:**

- Teague, C.M. (2013). Developmental Trauma Disorder: A provisional diagnosis. *Journal of Aggression, Maltreatment & Trauma*, 22:611–625.
- Twemlow, S.W., Fonagy, P., Sacco, F.C. (2005). A developmental approach to mentalizing communities: A model for social change. *Bulletin of the Menninger Clinic*. 69 (4): 265-281.

9/15            Overview – Trauma and the Brain; NCTSN Core Concepts

**Readings:**

- Perry
  - Introduction
  - Chap. 1 – Tina’s World
  - Chap. 4 – Skin Hunger
- Kaplow, et al. - The Long-term consequences of early childhood trauma: A case study and discussion.
- NCTSN - 12 Core Concepts for Understanding Traumatic Stress Responses

9/22            Attachment Theory, Trauma and Development

**Readings:**

- Perry
  - Chapter 5 – The Coldest Heart
- Friend, J. (2012). Mitigating intergeneration trauma with the parent-child attachment. *The Australian and New Zealand Journal of Family Therapy*. 33: 114-127.
- Cunningham, P. and Page, T.F. (2001). A case study of a maltreated thirteen-year-old boy: Using attachment theory to inform treatment in a residential program. *Child and Adolescent Social Work Journal*. 18: 335-352.
- Schiraldi, G. (2009). The Post-Traumatic Stress Disorder Sourcebook. Intro - Chapter 3 (pp. xi-37)
  
- **Optional (but strongly suggested)**

- Shapiro, V. (2009). - Reflections on the work of Professor Selma Fraiberg: A pioneer in the field of Social Work and Infant Mental Health. *Clinical Social Work Journal*. 37: 45-55. (Addresses multiple dimensions of the course - assessment and treatment planning, working with parents, defense mechanisms, working with children with disabilities and working with older children).
- McKay, M., Wood, J., & Brantley, J. (2007) Basic Distress Tolerance Skills. In *The Dialectical Behavior Therapy Skills Workbook*. Pg. 5- 30

9/29

SW in Child Welfare

Trauma and the Brain

**Readings:**

- Perry Text
  - Chapter 2- For Your Own Good. (WARNING - A very disturbing chapter - be prepared).
  - Chapter 9 – Mom is Lying. Mom is Hurting Me. Please Call the Police.
- Schiraldi - Chap. 9 - 11 (pp. 91 - 108)
- Mann, J (2006). A Disorganized Toddler in Foster Care: Healing and Change from an Attachment Theory Perspective. *Zero to Three*.

**Optional/Additional Resource**

- Gauthier, Y. (2003). IMH in the Third Millenium: Can We Prevent Aggression? *Infant Mental Health Journal*, Vol. 24(3), 296–308.

10/6

SW in Mental Health Settings

Types of Treatment - Overview

Child Play Therapy

**Readings:**

- Perry –
  - Chap. 6 - The Boy Who was Raised as a Dog
- Review TESI – C (Traumatic Events Screening Inventory-Children)
- Anderson, S.M and Gedo, P.M. (2013). Relational trauma: Using play therapy to mitigate a disrupted attachment. *Bulletin of the Menninger Clinic*.
- Stolbach, B.D. (2005) Psychotherapy of a Dissociative 8 year-old boy burned at age 3. *Psychiatric Annals* 35: 685-694.

**Optional/additional resource:**

- Siegal, D. (2006). An interpersonal neurobiology approach to psychotherapy. *Psychiatric Annals* 36: 248-256.

10/13

SW in Mental Health Setting (Class will meet 9 to 11 to

CBT – Guest Lecturer Cait Hanley

**Readings:**

- Schiraldi - Chap. 5 and 6 (pp. 51 - 70) and Chap. 17 & 18 (pp. 159 - 184)
- Delaney K.R., (2006). Following the Affect: Learning to Observe Emotional Regulation. *Journal of Child and Adolescent Psychiatric Nursing*. 19(4): 175-181.

10/20

Traumatic Grief and Loss  
Robertson films

**Readings:**

- Schiraldi, Chap. 19 and Chap. 28-29
- McDevitt-Murphy, et al., (2012). The Toll of Traumatic Loss in African Americans Bereaved by Homicide. *Psychological Trauma: Theory, Research, Practice and Policy*. 4: 303-311.

**Optional/additional resource:**

- Allen, K.R. (2007) Ambiguous Loss After Lesbian Couples with Children Break Up: A Case for Same-Gender Divorce. *Family Relations*. 56: 175-183.
- Bowlby, J. (1973). The place of separation and loss in psychopathology. In *Attachment and Loss – Vol. II – Separation: Anxiety and Anger*. Pp. 25-39.
- Massie, H. and Szajnberg, N. (2006) - My life is a longing: Child abuse and its adult sequelae. *International Journal of Psychoanalysis* 87:471–96.

10/27

SW In Community Setting – Guest Lecture – Janet Huggins  
Working with Substance Abusing parents

**Readings:**

- Perry –
  - Chap. 8 - The Raven
- Grant, T., Huggins, J., Graham, J.C., Ernst, C., Whitney, N., & Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review*, 33: 2176 – 2185.
- Stover, C.S., and Coates, E.E. (2016). The relationship of reflective functioning to parent child Interactions in a sample of fathers with concurrent intimate partner violence perpetration and substance abuse problems. *Journal of Family Violence*, 31: 433-442.

11/3

SW in Community Settings  
Psychology of Poverty  
Skilled Dialogue

**Readings:**

- Schiraldi - Chap. 9 - 11 (pp. 91 - 108)



- Knitzer, J. and Perry, D.F. (2009) Poverty and Infant and Toddler Development: Facing Complex Challenges. In Zeanah, C. (Ed). *Handbook of infant mental health, 3<sup>rd</sup> ed.*
- Abelev, M. (2009). Advancing out of poverty: Social class worldview and its relation to resilience. *Journal of Adolescent Research* 24: 114
- Barrera, I. and Kramer, L. (2007). Skilled dialogue: weaving webs of connectedness across diverse voices and identities. *Childhood Education* 83 (5). 304-308.

**Optional/additional resource:**

The Children Left Behind - Innocenti Report 2009

11/10

SW In Educational Settings

Learning Disabilities (Video)

**Readings:**

- Schiraldi - Chap. 41
- Perry –
  - Chap. 10 – The Kindness of Children
  - Chap. 11 – Healing Communities
- Klein and Knitzer - Children in Poverty - Promoting Effective Early Learning
  - Patton and Johnson (2010) Exposure to Community violence and Social Capital: African American Students in the Critical transition to high School. *Harvard Journal of African American Public Policy* 16: 53 – 72.

**OPTIONAL/Additional Resources:**

- Twemlow, S.W., Fonagy, P. Sacco, F.C., Brethour, Jr., J.R. (2006) Teachers who bully students: A hidden trauma. *Journal of Social Psychiatry* 52: 187-198.
- Bronx Booklet: The Schools We Need (<http://www.whatkidscando.org/publications/pdfs/bronxbooklet.PDF>)
- Stewart - Sensory Processing Disorders - Brief Handout
- Parent’s Guide to Sensory Integration

11/17

No Class – Group Preparation and Planning Time

- Watch “Conversations with History” – Judith Herman (55 minutes) <https://www.youtube.com/watch?v=USTKmfQms>  
Listen for her influences and note her understanding of her positionality and social justice, as well her insights on trauma and recovery.
- Listen to David Eagleman on NPR - Incognito - Neurobiology and Brain - looks at secrets, perception of time, justice systems and social policy - (37 minutes)

<http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=159922899&m=159923156>

12/1

Presentations

**Readings:**

- Drisko, J. (2014). Research Evidence and Social Work Practice: The Place of Evidence-Based Practice. *Clinical Social Work Journal*, 42: 123 – 133.