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

Course Content
This course will present prevention, treatment, and rehabilitation models appropriate to interpersonal practice with children, youth and their families in a variety of contexts. Content will focus on the early phases of intervention, including barriers to engagement that may result from client-worker differences, involuntary participation on the part of the child, youth, or family, and factors external to the client-worker relationship, such as policy or institutional decisions that may influence or shape the therapeutic relationship. Since the intervention strategies taught in this course rely significantly on the social worker as a critical component of the change process, attention will be paid to the understanding of self as an instrument in the change process. A variety of evidence-based interventions for engaging children, youth, and their families (or other caretaking adults such as foster parents) will be presented. Assessment content will emphasize client and caretaker strengths and resources as well as risks to child or youth well-being that may result from internal or external vulnerabilities caused by trauma, deprivation, discrimination, separation and loss, developmental disability, and physical and mental illness. Particular attention will be paid to cultural, social, and economic factors that influence client functioning or the worker’s ability to accurately assess the child, youth, or family. These assessments include attention to life-threatening problems such as addictions, suicidal ideation, and interpersonal violence. Content on intervention planning will assist students in selecting interventions which are matched with client problems across diverse populations, cultural backgrounds, socio-political contexts, and available resources. These interventions will be based on a thorough assessment, appropriate to the
child's or adolescent's situation, and sensitive to and compatible with the child/adolescent's and family's expressed needs, goals, circumstances, values, and beliefs. Summary descriptions of developmental stages (i.e. infancy, toddlerhood, preschool age, school age, and adolescence) will be presented in terms of developmental characteristics and milestones, salient developmental challenges, and themes such as self-esteem and the development of peer relationships. Helping parents or other caretaking adults to understand the child's or youth's issues or behavior in developmental terms will also be discussed. A range of evidence-based intervention approaches will be presented such as cognitive behavioral therapy, behavioral therapy, and parent management training. Promising practices for children and adolescents across child serving settings will also be reviewed. The use of play therapy in working with young children and children who have been traumatized will be explored. Since work with children and youth almost always requires multiple intervention modalities, attention will be given to creating effective intervention plans through the integration of different modalities. Those intervention methods that have been empirically demonstrated to be effective will be given particular emphasis. Methods for monitoring and evaluating interventions will also be discussed and demonstrated in this course.

**Course 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 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)

See https://ssw.umich.edu/courses-descriptions/SW625 for more detailed information about the Competencies & Practice Behaviors covered in this class.

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.

Theme Relation to Multiculturalism & Diversity: 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.

Theme Relation to Social Justice: 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. victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation: 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.

Theme Relation to Behavioral and Social Science Research: Behavioral and Social Science Research will be addressed in relationship to the selection, monitoring, and evaluation of assessment and intervention methods with specific emphasis on evidence-based interventions in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment. Students will develop advanced skills necessary to implement evidence-based interventions and critically evaluate intervention theories and approaches used with child and adolescent populations.

Relationship to SW 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.

**COURSE REQUIREMENTS**

**Class attendance and participation**

Students are expected to arrive on time (class will start ten minutes past the hour- following 'Michigan time') and attend all classes for the full period, complete assigned reading for each week, participate in class activities and discussions, and complete all assignments on time. Attendance will be taken at the beginning of each class.

You are allowed one excused absence. More than one absence will result in a reduction of points and could lower your final grade for the course. Opportunities for additional assignments may be given at instructor's discretion. If you have a special circumstance that might require that you miss more than one class, please let me know. Also, please let me know about unplanned absences such as illness, as soon as you realize that you are going to miss class, preferably prior to the class meeting, if possible. When absent, students are expected to find out what they missed from a classmate and, if relevant, to review the PowerPoint presentations that can be found on the class Canvas site.

Effective social workers are **self-aware**. Be prepared to explore your own family history, social systems, experiences, identity, cultural background and assumptions regarding all forms of diversity. There will be a variety of ways that students can do this through critical thinking, assignments and active participation in class discussions and small group and whole class activities.

My hope is to co-create a class environment where we will feel safe enough to take some risks in sharing who we are, and what questions we are grappling with related to the course content, and this is one reason why class attendance is so important. Your on-time arrival, attendance and participation also reflects the basic ingredient of any social work relationship – your presence, "**showing up**" or "**being there**". For this reason, I ask you to adhere to the following guidelines concerning the use of computers or cell phones in class.

**Class Policy Regarding the Use of Portable Technology**

Research regarding portable technology (laptop computers, phones, etc.) confirms that these devices can be a supportive classroom tool when directly tied to the course curriculum while also having negative consequences such as time spent on non-course tasks (i.e. emails, texting, social media) and disruption to others *(CRLT Occasional Papers, No. 30 Use of Laptops in the Classroom: Research and Best Practices).* Therefore, the following guidelines will guide us toward meeting our goals for the course:

- **I expect that students will not be using computers/social media/phones for non-related classroom activities or recreational purposes.** As such, unless we are actively using technology for in class engagement, all computers and other devices must stay closed and away during class time.
• Use of non-class related computer/phone/electronic devices/reading materials will be considered as the equivalent of being absent from class and I retain the right to lower an overall final grade by a minimum of ½ grade for any student who is highly disengaged in class due to technology use.

Ground Rules
I expect we will be honest, sensitive and respectful to each other in preparation for good social work practice. Please share your opinions and feedback with others in discussions and exercises, and when you do so, try to state them in a respectful and constructive manner. Also, be prepared to hear varying opinions and feedback non-defensively, and to use them or challenge them constructively. Please practice tolerance, not expecting yourself or your classmates to be polished in discussions about issues that can be challenging and confusing. In the classroom is where we expect to blunder and make mistakes so that we are better prepared when we are in the field; please honor this process.

We will review and use ground rules that are listed below:

1. Listen actively -- respect others when they are talking.
2. Speak from your own experience instead of generalizing ("I" instead of "they," "we," and "you").
3. Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks -- focus on ideas.
4. Participate to the fullest of your ability -- community growth depends on the inclusion of every individual voice.
5. Instead of invalidating somebody else's story with your own spin on her or his experience, share your own story and experience.
6. The goal is not to agree -- it is to gain a deeper understanding.
7. Be conscious of body language and nonverbal responses -- they can be as disrespectful as words.
8. We will work diligently to develop an environment where individuals have the freedom to speak their mind and discuss difficult issues with compassion and sensitivity. I hope everyone will feel comfortable sharing appropriate personal life experiences with the intent of broadening all our understanding of the session topic. We will work intentionally to create an environment where that sort of interaction is safe and constructive for the entire group.
9. We will develop an accessible classroom community that values diversity and accommodates the needs of everyone appropriately.
10. We will develop a community that tolerates others making mistakes and encourages everyone to learn from the experience.

REQUIRED TEXTS


Online & rental options are available for the texts.
All additional reading materials for this class are available in the “Files” section of the canvas site for this class.

COURSE ASSIGNMENTS

1. **Background Survey**: Please complete this prior to class on 1/10/18 and submit it on Canvas. You will find it in the Quizzes section.

2. **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 four-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. Presentations will be approximately 5-10 minutes long with clinical case discussion to follow each case for approximately another 10-15 minutes. The purpose of the clinical case presentation is to address, in a concise way, any area where you would like feedback from your group to gain a greater understanding or new perspective on a case situation. Often the case presentations will be addressing areas where you as a worker have felt stuck or need additional feedback on a process or issue. The clinical case presentation should follow this format:

   **Turn in your case consultation preparation notes on the day of your presentation after you present to your group.** Your notes should include the following and should be no longer than two, double-spaced pages (bulleted information is fine):

   • What is the clinical question that you would like to address in this case presentation? Be specific.

     • Provide a brief case review:

       o Describe the client(s)
       o What is the presenting problem/concern?
       o Snapshot of relevant biological, psychological, social, cultural and other factors
       o Please remember to protect confidentiality of any case material and alter case information to ensure that clients are not able to be identified.
       o 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.

     • 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.
Reflection

Within one week after your presentation, turn in a case summary reflection. The reflection should be 2- pages (double- spaced), integrating what you learned about your clinical question based on the feedback that you received from your group discussion and the experience you had soliciting feedback about your question. It should include:

• A brief overview of the clinical question
• What issues did this clinical question evoke in you?
  o 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?
• What clinical resources, i.e., readings from the course or other information, did you and/or your peers identify as helpful to you to better understand the clinical question or learning outcome?
• What were your “take aways” from your group interaction and what did you learn about your development as a reflective practitioner from this presentation and review?
• What was it like to receive feedback from your peers?

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

3. **UMS Performance Reflection**: Please submit no more than 1-2 pages that include your experience of the performance *Us/Them*.
   • What was your reaction to this performance?
   • In your opinion, how do well think this medium portrayed the experience of children in a traumatic situation?
   • Did anything that you observed in this performance impact how you might work with children or families who have been traumatized?
   • If you went to a performance with a discussion component, what was your experience of this? Did this component change your thoughts about the performance? If so, how?
   • Other thoughts? Questions? Reactions?

4. **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.
   • This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is www.musc.edc/tfcbt. The completion of this certificate is worth 15% of your grade

   In your reflection paper briefly describe the overall process of TF-CBT and reflect on the some of the following:
• 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?
• Feel free to make connections to the performance Us/Them
• How will you prevent vicarious stress in working with clients with this model and in general?

5. **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, quality of understanding of clinical issues, a clear grasp and integration of the course content. Grammar and the quality of your writing will also be graded; please use a formal writing style. See the syllabus sections on writing and grading and the grading rubrics on Canvas before writing 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 specific 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. Discuss the rational 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, and goals or recommendations for changes in systems that affect the client. 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 Humility: 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, by different authors, using quotes from readings to back-up your assessment, hypothesis, exploration of critical incidences, reflection on your positions and standpoints, and choice of interventions and treatment methods for the case and a list of your resources at the end of the paper. My power points are not considered course readings. Integration of the course readings is important and is one of the only ways I can assess that you have read for the course and can integrate the material. Length: 8-10 pages. Counts 25% 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. You should choose a different client from the first paper. 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 considers 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 as 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 readings and/or other sources. The relationship between the assessment, 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 or adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss any transference and countertransference issues that have emerged. Describe any racial/ethnic/class/religious/gender/sexual orientation/age/ability or other cultural issues that may influence your client's life experiences and your relationship with your client(s) bases on your own intersections of identity and your social positions. Assess the family’s motivation for treatment by discussing strengths and weaknesses in the clients and their circumstances that may promote or impede successful intervention. If you are in a second term of your placement and further along in the treatment, give a descriptive account of the treatment process, including critical incidents in treatment that have promoted change, and an assessment of the client's progress in terms of the goals of the treatment plan. Has the treatment plan
changed? If so how? Why? Include discussion of the relationship(s) and work with caregiver(s).

6) Prognosis and evaluation: Describe your assessment regarding the prognosis for successful intervention and analyze the reasons for your point of view. How will you evaluate change?

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

8) Resources: Throughout the paper, include at least four references, including quotes, from at least four different course readings and different authors. More integration of readings is certainly invited to back-up your assessment, hypothesis and choice of treatment methods for the case. My power-points are not considered course readings. Again, this piece is important because it is how I know you read for the course. List of your resources at the end of the paper. Length: 8-10 pages. Counts 25% of course grade.

Alternative Paper Topics: 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.) Also, apply what you have learned in class and at least four different course readings by different authors 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 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 special 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 by various authors. My power-points are not considered course readings. Please attend to this piece as this is how I know you read for the course. Be sure to include a reference page at the end. 8) End with a thoughtful statement of what you learned from studying and writing about this method or population. Length: 8-10 pages. Counts 25% of course grade.

GRADES
I try to provide clear, thoughtful feedback that helps you to deepen your awareness of several points - the process of working with others, who you are in the work (i.e. what appear to be
strengths and challenges for you), themes that arise in IP work, writing and communication skills, etc. *If I write or say something that confuses or upsets you, please make an appointment so we can discuss it!* If I help you deepen your understanding of something that is helpful for me to know too. Grading Rubrics in Canvas will be used for most assignments.

I will take off up to the equivalent of a half a grade for every day an assignment is turned in late without prior arrangement.

**GRADING SCALE**
The criteria for each grade are as follows:

**100 - A+** Brilliant mastery of subject content; demonstrates exceptional skill, insight, reflection, understanding of self and others; exceptional mastery of core concepts

**95 - 99 A** Strong mastery of subject content, demonstration of insight, clinical astuteness, creativity and/or complexity in completion of assignment; strong capacity for self-reflection

**90 - 94 A-** The difference between A and A- is based on the degree to which the above described skills are demonstrated

**88 - 89 B+** Mastery of subject content beyond expected competency; is growing in insight, clinical acuity, and self-reflection and in mastery of core concepts

**85 - 87 B** Mastery of subject content at level of expected competency – meets course expectations

**80 - 84 B**, **83-78 C+** Less than adequate competency, but demonstrates student learning and potential for mastery of subject content

**70 - 79 C & C-** Demonstrates a minimal understanding of core content, and of self and others. Significant areas need improvement to meet course requirements.

**69 and below** Student has failed to demonstrate minimal understanding of subject content. No credit given.

**GRADING:**

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<th>Category</th>
<th>Points</th>
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<td>Attendance and Participation</td>
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<td>Reflection about Performance or Alternative</td>
<td>10</td>
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<td>Peer Consultation</td>
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<td><strong>Total Points</strong></td>
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ADDITIONAL COURSE INFORMATION AND RESOURCES

Teaching evaluations
Feedback is encouraged and will be formally requested at various times throughout the semester. Students are strongly encouraged to complete teaching evaluations at the end of each term. Teaching evaluations are administered via Canvas and will be emailed to students during the last week of classes. Student identity is completely anonymous, and instructors cannot view evaluation reports until after grades are submitted.

Proper use of names and pronouns
All students will be referred to by the names and pronouns they use (e.g. she, they, ze, he). If you have a name that differs from the one that appears on the roster, please inform the instructor before the second class period so that they use your correct name and pronouns. Students can designate their personal pronouns on the class roster via Wolverine Access: Student Business > Campus Personal Information > Gender Identity.

There are two inclusive restrooms in the SSW building: room 1784 (1st floor, near Registrar’s Office) and B833T (Lower Level). Click here for the Spectrum Center’s map of gender inclusive restrooms on campus.

Accommodations for students with disabilities
If you need an accommodation for a disability, please let me know at your earliest convenience. Any information you provide is private and confidential and will be treated as such. Additional information about accommodations for students with disabilities, as well as a list of appropriate accommodation forms, is available here. Please present the appropriate paperwork at least two weeks prior to the need for the accommodation (test, project, etc).

For more information, contact:
Services for Students with Disabilities
G-664 Haven Hall | 505 South State St.
(734) 763-3000 | ssdoffice@umich.edu

Religious/spiritual observances
An overview of the process for students who have conflicts with religious observances:

- Students are responsible for work acquired during their absence
- Students will have a reasonable alternative opportunity to complete any academic work
- Reasonable notice must be given to faculty before drop/add deadline of term
- Any concerns or conflicts should be brought to the Dean or Ombudsperson

Please click here to find more information about the University's policy concerning religious holidays as well as a non-exhaustive list of religious holidays.

Military deployment
Please click here for more information and resources for students called to Active Duty status while enrolled at the University of Michigan.

Writing skills and expectations
Strong writing and communication skills are essential to students’ academic success and professional career. The Writing Coordinator for the School of Social Work is open to meeting with students during any phase of the writing process. The Writing Coordinator’s office is housed within
the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication.

For more information or to schedule an appointment, contact:

SSW Writing Assistance  
Career Services (Room 1696; (734) 763-6259; ssw-cso@umich.edu)

APA formatting: Any social work assignments presented as professional papers or presentations should utilize APA formatting. Review the MLibrary APA Citation Guide as needed. The Purdue Owl website is another helpful resource for assistance with APA formatting.

Academic integrity and plagiarism: Plagiarism is prohibited in any academic writing at the University of Michigan. More information on academic integrity policies can be found in the MSW Student Guide.

SAFETY & EMERGENCY PREPAREDNESS
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)764-7793 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 two emergency exits nearest the classroom.

Each SSW classroom is equipped with door locks. Pressing the button (located on the door handle) to lock the door from within the room.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services (Room 1748) at (734) 936-0961 or via email at ssw-ADA compliance@umich.edu.

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. Click here to read more about the School of Social Work’s emergency policies and procedures.

Additional resources:

- Report a hate crime or bias-related incident
- Register for UM Emergency Alerts
- View the annual Campus Safety Statement

Health and Wellness
The University of Michigan is committed to advancing the mental health and wellbeing of all students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact:

- Counseling and Psychological Services (CAPS) at (734) 764-8312
The SSW embedded CAPS Counselor is Meghan Shaughnessy-Magill, LLMSW. She is dedicated to supporting the wellbeing of social work students and the SSW community and offers short-term, solution-focused individual therapy. All services are free and confidential. Contact her at (734) 763-7894 or via email at mshaughm@umich.edu.

- University Health Service (UHS) at (734) 764-8320
- Additional campus health and wellness resources

The Office of Student Services’ Health and Wellness Program provides supportive services to MSW students which promote wellness, self-care and maintenance of a healthy academic and mental health balance, as well as to increase disability awareness.

- SSW Health and Wellness Guide
- Contact the Health and Wellness Program at ssw.wellness@umich.edu

### Weekly Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
<th>Assignment due dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>Introductions, Review Course, Ground Rules, Review Syllabus &amp; assignments</td>
<td>Get started on Week 2 Readings</td>
<td>Please complete Background Survey prior to the first day of class</td>
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<tr>
<td>1/3/2018</td>
<td></td>
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<tr>
<td>Instructor Absent</td>
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<tr>
<td>1/10/2018</td>
<td></td>
<td></td>
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<tr>
<td>1/17</td>
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<tr>
<td>Class 4</td>
<td>Shannon Fitzsimmons, UMS- Talk about performance</td>
<td>Articles on Breslen school siege</td>
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<tr>
<td>1/24</td>
<td></td>
<td>Davies, Chapter 10</td>
<td></td>
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</tbody>
</table>

- **Role of Evidence-Based and Empirically Supported Interventions in Clinical Social Work Practice**
- **Influence of Diversity Factors in Accessing Services and Engagement**


Walker & Rosen, Chapter 9

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td><strong>2/7</strong></td>
<td>My Voices Panel – Spectrum Center</td>
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<tr>
<td></td>
<td>Working with Parents</td>
<td>Siegel &amp; Payne Bryson, No Drama Discipline, Chapter 1</td>
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<td></td>
<td>Parent Management Training in Work with Young Families</td>
<td>Davies, Chapter 12</td>
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<tr>
<td></td>
<td></td>
<td>Substance Abuse and Mental Health Services Administration. Interventions for disruptive behavior disorders: evidence-based and promising practices. HHS Pub. No. SMA 11-</td>
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<tr>
<td><strong>2/23</strong></td>
<td>TF- CBT Certificate &amp; Reflection Due</td>
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<tr>
<td>Date</td>
<td>Topic</td>
<td>Reading</td>
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<tr>
<td>------------</td>
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<tr>
<td>Class 11</td>
<td>3/28</td>
<td>Trauma informed intervention- Guest Speaker- TBD</td>
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<tr>
<td>Class 13</td>
<td>4/11</td>
<td>Termination and Endings Class Closure</td>
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# SW 625 ASSIGNMENTS at a Glance

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Background Survey</td>
<td>Prior to class on January 10th</td>
</tr>
<tr>
<td>Reflection about UMS Performance</td>
<td>February 2, 2018</td>
</tr>
<tr>
<td>Peer Consultation Summary</td>
<td>Within one week from your presentation</td>
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<tr>
<td>TF- CBT Certificate and Reflection</td>
<td>February 23, 2018</td>
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<tr>
<td>Paper #1</td>
<td>March 9, 2018</td>
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<tr>
<td>Paper #2</td>
<td>April 6, 2018</td>
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