



Interpersonal Practice with Children and Youth

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Tuesdays 8:00-12:00

Course Syllabus (Spr/Sum 18 SW 625-003)

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 Media Policy

Phone, laptops, tablets, etc. are not permitted to be used in class—there is plenty of research to suggest that they are more often a distraction to the user and the people around the user than helpful. Participation is a significant part of your grade in the class. If I find that you are using your cell phone in class and it appears to be a distraction I may not say anything to directly, however it will be reflected in your grade.

If you have a specific learning need please come speak with me and I am more than happy to find an appropriate solution with you. I also understand that emergencies sometimes happen, however please speak with me if you feel you have a reason to be exempted from this policy at any time during the semester.

ALL ASSIGNMENTS SHOULD BE HANDED IN ON PAPER. PLEASE ACCOUNT FOR PRINTING TIME WHEN PREPARING TO TURN AN ASSIGNMENT IN.

Expectations for our classroom community:

We will 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 of 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.

- ❖ We will develop an accessible classroom community that values diversity and accommodates the needs of everyone appropriately.
- ❖ We will develop a community that tolerates others making mistakes and encourages everyone to learn from the experience.

Course Objectives

Upon completion of the course, students will be able to:

- 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.
- 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.
- Identify the healthy ways in which child develop and what and how they are impacted by their surrounds, and the relationships they have.
- Recognize and interpret body language as a form of disclosure for families, and how physical interactions may impact the work that you do with the people in your office.
- Understand the ways in which continuity or disruption in primary care relationships and attachment relationships in general may impact children, adolescents, and the therapeutic relationship.
- Engage in an assessment process that includes gathering information on the risk, protective and promotive factors at the intrapersonal, family, peer group, school and neighborhood levels in order to formulate and understanding of the child/adolescent's presenting problems and circumstances.
- 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.

- Develop intervention skills in working with children, adolescents and their families.
- 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.

Students in Need of Accommodations

If you need or desire an accommodation for a disability, please let me know at your earliest convenience. Many aspects of this course, the assignments, the in-class activities, student performance evaluations (e.g., exams) and the way the course is taught can be modified to facilitate your participation and progress throughout the semester. The earlier you make me aware of your needs the more effectively we will be able to use the resources available to us such as the services for Students with Disabilities, the Adaptive Technology Computing Site, Sweetland Writing Center, and the like. If you do decide to disclose your disability, I will (to the extent permitted by law) treat that information as private and confidential. Also, please notify me of religious observances and conflicts with class.

TRIGGER WARNING:

The material in this class is significantly trauma related. Student who have a history of trauma may be triggered by some of the material. Please take care of yourself when need be. If you need to remove yourself from the class please do. However, you will still be held responsible for the material and it is expected that you will find appropriate resources for yourself to continue with your graduate learning and our class.

Student Mental Health and Wellbeing

University of Michigan is committed to advancing the mental health and wellbeing of its 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 and

<https://caps.umich.edu>

during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult *University Health Services (UHS)* at (734) 764 - 8320 and

<https://www.uhs.umich.edu/mentalhealthsvcs>

or for alcohol or drug concerns see www.uhs.umich.edu/aodresources

For a listing of other mental health resources available on and off campus, visit <http://umich.edu/~mhealth/>

Safety & Emergency Preparedness

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

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

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

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email [ssw - ADAcompliance@umich.edu](mailto:ssw-ADAAcompliance@umich.edu)

Office of Student Services

School of Social Work | Room 1748

Phone: 734 - 936 - 0961

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

Register for UM Emergency Alerts at

[http://www.dpss.umich.edu/emergency - management/alert/](http://www.dpss.umich.edu/emergency-management/alert/)

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.

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.

Intensive Focus on Privilege, Oppression, Diversity and Social Justice (PODS): This course integrates PODS content 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 DESIGN AND FORMAT

The syllabus may change as the needs of the class evolve. Reading assignments will be added as we move forward in the semester.

The class format will include lecture, guest speakers, case analysis, skill development, videos, and experiential learning by both the students and the teacher. As a class we will create a safe environment for everyone to engage the lifelong learner in themselves. Due to the nature of this healthy sense of community it is important that each student attend every class. Unexcused absences will result in a lower grade and a loss of information.

Course Assignments Breakdown

ALL WRITTEN ASSIGNMENTS ARE EXPECTED TO BE SUBMITTED ON PAPER

Participation/Attendance	40
Case Presentation	40
PCIT On-Line Training	20
Clinical Case Assessment and Intervention Paper	80
2 Reflection Papers	20

REQUIRED BOOKS:

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

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

CLASS ATTENDANCE AND PARTICIPATION

Attendance:

Class attendance is a necessary part of this course. I understand that are times when you are unable to attend class, however there is an expectation that you will continue with the reading and ask someone in the class for the note. I am not fond of power point presentations so you can assume you will miss information if you are not there. Please give as much advance notice as possible when planning to miss class. No notice will result in loss of points.

Participation:

Participation is how everyone learns. I will do my best to create a safe and welcoming atmosphere in our classroom. My expectation is that you will participate to the best of your capabilities. At times I will ask the class to discuss difficult and at time upsetting topics, PLEASE always be kind to yourself as well as others. If you need to leave the room, please do so, however you will need to contact me within 24 hours so that I know you are alright. You are always welcome to ask to speak with me in private.

In-Class Case Presentation and Reflection (25+15 points) **SUBMIT ON PAPER**

Students will give a clinical presentation on a *case* that they are or have in the past struggled with. The hope is to gain some understanding and perspective on the case from other students in the classroom. Each student will signup for a specific date to give a 15-20 minute presentation on your case (please remember to protect the client's confidentiality).

The presenter should follow this format:

- A. Share the significant information about the case with the class. This would include but is not limited to: relevant history, SES, critical events, medical history, family history, current status, and other information that seems important to the case consultation. Changing names and any identifying characteristics, as appropriate to keep confidentiality. Explain what parts of the case you understand and where you are struggling.
- B. Have at least 3 but no more than 5 questions you would like to discuss with the class. These are questions that you have around the case that you are either unsure about, are confused by, or do not know how to get the answers to. PLEASE REMEMBER WE ARE ALL LEARNERS AND THERE REALLY ARE NO DUMB QUESTIONS!!
- C. Create a hypothesis and summarize how you developed your original hypothesis and what your original treatment plan was. What evidence based practices did you use? Were they successful, or unsuccessful? Why did they turn out the way they did? What would you do differently next time (if anything)?
- D. Where did you take a risk? What was the risk? What happened?

Self-Reflection SUBMIT ON PAPER

Please give a short synopsis of the case (no more than 1 page) and then describe what you learned from presenting your case, both from the perspective what to do next with the case, and how you will do things differently in the future. Also from the class, and what that helped or did not help you to recognize. The reflection should include an analysis of what it physically felt like in your body to be with the case during the presentation. How did these sensations change as you heard other people talk about the information you presented. How did those sensations match or not match the sensations at the time you were with your client. Explore the emotions that your case evoked did you notice any transference or counter transference after you thought about your case. The summary should be 4-6 pages.

Parent Child Interaction Therapy Course PCIT (20 Points):

This is a 10 hour course that you may go through at your own pace. There is no cost to register or complete the course. A certificate is given at the end that will be helpful to put on your resume. Please email me a copy of the certificate on or before the due date.

Please find the link below:

<https://pcit.ucdavis.edu/pcit-web-course/>

Final Paper #1 (80 Points): SUBMIT ON PAPER

Everyone will write this paper unless you do not have a suitable client*:

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 you observe in your office, 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 difficulty 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. Often these critical incidents stick with you longer than the rest of the session. From this understanding, hypotheses can be generated and interventions can be planned.

The subject of this paper will be the use of observation and information gathering to develop a clinical hypotheses and treatment plan with interventions for children and adolescents and their parents or caregivers.

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

Please use these headings in your paper

- 1) **Context:** Provide the context in which you know this client and your role with them.
- 2) **Background Statement:** Give a brief background statement which includes the age and demographic information of the child and family, presenting problem, family circumstances, psychosocial history and relevant developmental and cultural information including age, ethnicity, race, gender/gender identity, language, religion, sexual orientation, and/or any other relevant material. Include critical risk and protective factors across systems that are relevant.
- 3) **Critical Incidences:** Describe at least two critical incidents which enabled you to come to a clearer understanding of the case. Be concrete, specific and detailed in your presentation of the clinical material. (Selecting material from process notes 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 and even better if there are more.
- 4) **Clinical Hypothesis:** State your hypothesis concisely in a few (usually 3) sentences. Review our classwork to understand how to develop a concise hypothetical statement. Discuss the rationale for the hypothesis 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. Provide a brief rationale for your hypothesis backing it up with reading from the course.
- 5) **Intervention Plan and Therapeutic Goals:** Discuss the intervention plan that emerged from this process, including goals for both the child or adolescent and the parent or other

caregiver. Goals can also be formulated for systems interactions beyond the family if relevant. In addition to treatment goals or objectives, be sure to include a list of recommendations, which we will discuss more in class but generally indicates how other intersecting social systems (i.e. school, psychiatry, etc.) might get involved to positively impact your client. These recommendations may not be plausible due to the nature of the situation, however they should be included. Then briefly review the treatment methods you are considering using to achieve goals, integrating key concepts from the course so far. Goals should be stated concisely and directly. Stating the client's name the objective of the goal and the intervention when appropriate.

6) **Cultural considerations:** Consider your similarities and differences based on your social identities, your positions of privilege or oppression and standpoints in relation to the client. How do you see these affecting the work? Include a brief analysis of these considerations and include readings that enriches your awareness. These are often difficult topics to focus on, remember that you are a learning and this is the very place you can explore all of these aspects of yourself.

6) **Reflection:** End write a brief but thoughtful discussion of what you have learned personally from this assignment. How do you connect with the work both personally and as it relates to what kind of social worker you hope to be in the future.

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

***PAPER #2:**

ONLY Students who do not have child clients can do this version of the paper

Students working with adult clients 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, attachment style and ways of relating. However, I want the papers to reflect the work you're actually doing. Do not change your evaluation/treatment approach to fit the assignment (such as taking an extensive history of the client's childhood experience when you would not otherwise do that). Please talk with me if you are concerned about this assignment.

Length: 10-12 pages

Reflection Paper #1 (Pass or Fail 10 points) SUBMIT ON PAPER

Each student is required to write a 3-4 page paper and answer the following questions:

What have I learned about myself in the past 5 weeks? What will I take with me as a positive part of who I am? How can I hold on to the positive nature of this part and what can I do to keep it as a resource for myself in the future.

Reflection Paper #2 (Pass or Fail 10 points) SUBMIT ON PAPER

Each student is required to write a 3-4 page paper and answer the following questions:

How do you feel the semester went? What did you enjoy, what did your not like. Was there a particular moment that stood out for you? What was the most helpful thing you learned and what do you think was the least?

WEEKLY BREAK DOWN AND READING ASSIGNMENTS:

PLEASE DO THE READING PRIOR TO CLASS

OTHER READING WILL BE ASSIGNED AS WE GO!!

WEEK	TITLE	READING	CLASSWORK	ASSINGMEN TS
CLASS 1 May 8, 2018	Prenatal Events Brain Developme nt	Pregnancy and Brain Changes Dan Siegel Article Interview with Dr. Perry	Introductions; Class Rules Activity Focus on brain development, both in newborn and mother.	
CLASS 2 May 15, 2018 Presentati on 1 PP	Risk and Protective Factors Poly Vagal Theory	Davies Chap 3 & 4 Martina Ardizzi Article Stephen Porges Article	Discuss Risk and Protective factors, Hypothesis making, transference and countertransfere nce	

CLASS 3 May 22, 2018	Attachment Patterns Reflective Functionin g Attachment Neglect	Teicher, M. (2002) Scars that Won't Heal: The Neurobiology of Abuse. <i>Scientific American.</i> Davies Introduction and Chap 1 Gil Chapter 1		
CLASS 4 May 29, 2018	Working with Infants and Parents	Davies Intro to Part II Chapter 6 Gil Chapter 3&6 Creating Culturally Responsive Family Therapy Models and Research: Introducing the Use of Responsive Evaluation as a Method	Video of Baby Development PP Infants	Reflection #1 Due
CLASS 5 June 5, 2018	Working with Pre- Schoolers and Toddlers	Davies Chapter 7,8,9 &10	PP Toddlers	
CLASS 6 June 12, 2018	Working with Middle Childhood	Dan Siegel Articles Davies Chapter 11&12		
June 19, 2018	Assessmen t	Gil Chapter 2 Davies Chapter 13		Complete PCIT Certificate Reflection for PCIT
CLASS 7 June 26, 2018	Working with Adolescent s	Implementation of an Evidence-Based Depression Treatment Into Social Service Settings: The Relative Importance of Acceptability and Contextual Factors Medeiros, D.M., (2004). Providing mental health services to LGBT teens in a community adolescent health clinic.	Dan Siegel Adolescent Video	

		https://www.ncbi.nlm.nih.gov.proxy.lib.umich.edu/pmc/articles/PMC5485462/ Gil Chapter 5		
CLASS July 3, 2018	Working with Traumatized Children	Bruce Perry Book Chapter Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes	Bromfield Chapter 11&12	
CLASS 9 July 10, 2018 PP Middle	Working with Special Needs Children	<i>Weatherston, D.(2002). Becoming Whole: Combining infant mental health and occupational therapy on behalf of a toddler with sensory integration difficulties, and his family</i> In Search of Culturally Appropriate Autism Interventions: Perspectives of Latino Caregivers		Reflection #2 Due
CLASS 10 July 17, 2018 Last Class	Termination with Children and Families			Final Paper Assignment Due
CLASS 11 July 24, 2018		TBD		