SCHOOL OF SOCIAL WORK
UNIVERSITY OF MICHIGAN

Course title:	**Interpersonal Practice with Children and Youth**
Course #/term:	SW 625, sec 1, spring/summer 2019
Time and place:	Monday, 1:00 to 5:00, room 2752
Credit hours:	3
Prerequisites:	SW 521 or permission of instructor
Instructor:	Laura Sanders
Pronouns:	she, her, hers
Contact info:	**Email:** lsanders@umich.edu **Phone:** 734-662-3509
Office:	2760
Office hours:	During lunch hour, at noon on Mon or Tues by appointment

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 in order to formulate and understanding of the child/adolescent's presenting problems and circumstances. (Practice Behaviors 9.IP, 10.b.IP) 6. Implement evidence-based prevention and intervention strategies (e.g. cognitive behavioral interventions, parent management training) that are compatible with child/adolescent and family or caretaker goals, needs, circumstances, culture, and values. (Practice Behaviors 2.IP, 3.IP, 6.IP, 9.IP, 10.c.IP) 7. Develop intervention skills in working with children, adolescents and their families. (Practice Behavior 10.c.IP) 8. Monitor and evaluate interventions with regard to: effectiveness, sensitivity to diversity factors; impact of child/adolescent' and families' social identities on their experience of power and privilege; and appropriateness of the intervention to specific child/adolescent needs resulting from conditions such as maltreatment, deprivation, disability, and substance abuse. (Practice Behaviors 5.IP, 10.d.

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.

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.

Class Requirements

Texts and class materials

Required readings include the three text books below and articles that are posted on Canvas under the "required reading" file. We will relate some of the readings to the interventions explored in class and a thorough inclusion of readings into written assignments is expected.

There are numerous ways to get these books. Students are very creative about getting them from Amazon, Kindle, renting them, etc. My own view (maybe because I am old-fashioned this way) is that I like to have a hard copy in my library, but you can access them any way that works for you. I recommend you buy Ross Green's book on working with explosive children although this is not required. I have put a few chapters of it on Canvas.

Douglas Davies (2011). *Child Development: A Practitioner's Guide, (3rd Edition).* New York: Guilford Press. ISBN-13: 978-1606239094

Heather Forbes and Bryan Post (2007): Beyond Consequences, Logic and Control: A Love-based Approach to Helping Attachment Challenged Children with Severe Behaviors, PPC Books, FL ISBN-13: 978-0977704002

Eliana Gil (2006). *Helping Abused and Traumatized Children.* New York: Guilford Press ISBN-10:1593853343 ISBN- 13:2901593853340

I will also be passing out and/or posting on Canvas number of handouts on developmental and clinical topics.

Recommended Optional Books:

Booth, Phyllis, and Jernberg, Ann (1998): *Theraplay*, Jossey-Bass Publishers, San Francisco.

Brill, S, and Pepper, R (2008), Chapters 1 and 2, *The Transgender Child*, Cleis Press, CA.

Cohen, Judith, et.al., (2006) *Treating Trauma and Traumatic Grief in Children and Adolescents*, Guilford Press, NY, 2006

Friedberg, Robert, D., and McClure, Jessica, M.& Garcia, Jolene Hillwig (2009). *Cognitive Therapy Techniques for Children and Adolescents.* New York: Guilford Press

Gil, Eliana (2006*). Cultural Issues in Play Therapy*, New York: Guilford Press

Gil, Eliana (1996) *Treating Abused Adolescents*, New York: Guilford Press

Green, Ross, The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children (2001) Harper Collins, NY.

Greene, Ross, and Ablon, Stuart (2006) *Treating Explosive Kids: The Collaborative Problem-Solving Approach* (2006) Gilford Press.

Herman, Judith, *Trauma and Recovery (*1992), Basic Books, NY.

Hewitt, Sandra (1999) *Assessing Allegations of Sexual Abuse in Preschool Children and Play Therapy with Abused Preschool Children: Understanding Small Voices*, SAGE Publications

Hughes, Daniel A: *Building the Bonds of Attachment: Awakening Love in the Deeply Troubled Child*, (1998) Jason Aronson, Northvale, NJ.

Pat Ogden (2006) *Trauma and the Body*, W.W. Norton and Company, NY.

Ozonoff, S., Dawson, G. & McPartland, J. (2002). A Parent's Guide to Asperger Syndrome and High Functioning Autism. New York: Guilford.

Swenson, Heggeler,Taylor and Addison (2005*) Mutisystemic Therapy and Neighborhood Partnerships: Reducing Adolescent Violence and Substance Abuse,* The Guilford Press, NY.

Taffel, Ron(2005). Breaking Through to Teens, Guilford Press, NY
(Paperback edition, 2010).

Terr, Lenore (1994), *Unchained Memories*, Basic Books.

FOUR ASSIGNMENTS: See due dates in the course outline

Clinical Case Presentation and Summary in Peer Consultation Groups:

This assignment is an in-class clinical case presentation and written case summary reflection. You will be split into groups of four or five students who will provide peer consultation. I will pass around a schedule, and students will sign up to present a case to their group – one each time the group meets. Presentations will be approximately 20 minutes long in full including the clinical case discussion. The purpose of the clinical case presentation is to address, in a concise way, any area where you would like feedback from your peers to gain a greater understanding or new perspective on a case situation. Often times the case presentations will be addressing areas where you as a worker have felt stuck or need additional feedback on a particular process or issue. It is not intended to be a total case review.
The clinical case presentation should follow this format:

Prepare case consultation notes for the day of your presentation. They should include the following and your notes should be no longer than two pages so these are only notes – not a paper:

• Your clinical question or the learning outcome you would like to address in this case presentation. Be specific as this is not a general case consultation. You will begin your presentation with this specific question.
• Provide a brief case review: a description of the client(s), presenting problem/concern, any critical issues, and relevant histories including psychosocial, genetic, familial, social systems, cultural issues. Please remember to protect confidentiality of any case material and alter case information to ensure that clients are not able to be identified. The purpose of this background information is to help us to engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
• Summarize your clinical formulation or impressions. Include your clinical hypothesis. Also discuss any worker/client system diversity factors that may have impacted on your clinical impressions and engagement process.
• Summarize the interventions you have utilized and their efficacy along with the treatment plan. You will only have about 10 minutes to share this information, so prepare to be concise. Your group will then have about 10 minutes to ask you clarifying questions and provide consultation and suggestions.

This assignment is due one week after your class presentation: Turn in your notes and a 2-page summary reflection, double-spaced. You will staple your notes from the previous week to the consultation reflection that you write. This case reflection should integrate what you learned about your clinical question or learning outcomes based on the feedback that you received from the class discussion. It should include:

• A brief overview of the clinical question or learning outcome
• What issues did this clinical question or learning outcome evoke in you? (Reflect on your emotional/cognitive response to what you are finding challenging with this situation.)
• What skills did you identify as critical to resolving this clinical question or meeting the learning outcome?
• What clinical resources, including readings from the course and additional resources did you identify as helpful to you to better understand the clinical question or learning outcome?
Integrate at least two course readings into your reflection and include a reference page
• What did you learn about yourself and your development as a reflective practitioner from this presentation and review?
This assignment is worth 15% of your grade, and dates for presentations will be selected during the first few classes.

TF-CBT or PCIT online training:
There is a $30 charge for the TF-CBT on-line course. The PCIT training is free.

Trauma Focused Cognitive Behavioral Therapy:
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 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. The certificate that proves you completed the course is worth 90% of the grade for this assignment.

This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is www.musc.edc/tfcbt. It takes some time, so get started a soon as you can. Be sure to attach a copy of the certificate to the reflection paper which is worth 10% of the grade.

Another option:

Parent Child Interaction Training for Traumatized Children:
This course is free at this website: https://pcit.ucdavis.edu/pcit-web-course/
Complete this course and turn in your proof of completion with a brief, two-page reflection following the guidelines for the reflection below.

From the website: In 2011, the UCD PCIT Training Center developed the "PCIT for Traumatized Children" Web Course: a free, 10-hour, 11-module web course to provide fundamental information about providing PCIT. This web course was designed to increase access to information about PCIT and to make it easier for more therapists to learn the skills necessary to aid a greater number of families. The web course gives trainees a solid foundation in PCIT and partially fulfills the requirements to be a certified PCIT therapist. The course uses a combination of instruction, video examples, and interactive exercises to educate therapists on the principles of PCIT.

The certificate that proves you completed one of these courses is worth 90% of the grade for this assignment. The reflection is worth 10%

Reflection on the web courses: Worth 10% of your grade for this assignment
In your reflection paper (which is only two, double-spaced pages - be concise)
1) Describe briefly the overall process of the model (like if you had to describe it on an elevator ride to someone).
2) What specific interventions are you most attracted to and why?
3) If you have had the opportunity to use any of them, reflect on this.

4) What personal reactions did you noticed as you work through the certification program? Do you have any critiques of the method?

5) What counter-transferences to the material do you notice? How might these come up in your work with clients?

6) How will you prevent vicarious stress (taking on symptoms and stress from working with people who are traumatized) as you work with clients with this model? How will you practice self-care? Be specific. (" Oh ya, and self-care is important.". .)

The completion of this certificate is worth 15% of your grade

Two Papers:

The aim of the papers is to give you a chance to reflect on your clinical work or casework in a concentrated and organized manner, to apply course concepts to your actual work in field ***and to show me you have read for the course.*** Grading will be based on clarity of expression, following the terms of the assignment; quality of understanding of clinical issues, a clear grasp and integration of the course content and thoroughly including the readings. The flow and quality of your writing will also matter. Please see the section on writing and grading before you write your papers.

All students will do Paper #1 because I need to know that you have learned to prepare for assessment. Paper #2 offers several choices, 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 to some degree. If you need to alter or reformulate the assignments to reflect the particular work you are doing, please discuss with me before writing the papers.

To preserve client confidentiality, please disguise your case material, by using pseudonyms for all clients and family members, omitting or changing specific geographical information and avoiding mention of details that identify clients. Do give your subjects names. Please do not refer to the humans you are working with as "client" or "consumer" throughout the paper. It makes me crazy.

Paper # l: Assessment and Goal-setting: 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 we consider risk and protective factors across systems including individual, family, community/institutional, and cultural systems. Also, "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. Critical incidences can be historical, something that happened in the past, or observable in the clinical session. From this understanding, hypotheses are generated, therapeutic goals are developed and interventions are eventually planned. We will practice doing this in the first weeks of class which is why your attendance at class is critical.

For this paper, write up an evaluation of a child or adolescent according to the following outline and use these categories in your paper. Page limits in each category are approximate recommendations. Please do not exceed the 10 page limit.

1) **Context:** (brief paragraph) Provide the context in which you know this client and your role with them. (brief paragraph)
2) **Background Statement:** (2 pages) 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.
3) **Risk and Protective Factors:** (1/2 to 1 page) Include critical risk and protective factors across systems that are relevant in a list or grid.
4) **Critical Incidences:** (3 pages) 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 can be observed directly in the therapy session and even better if there are more. Back up why these incidences are critical from your course readings.
5) **Clinical Hypothesis:** (1 paragraph) State your clinical hypothesis concisely in a few (usually 3) sentences. Review our classwork with the client Jonathan to understand how to develop a concise hypothetical statement. The clinical hypothesis should make an explicit connection between current symptoms and contextual factors, psychosocial history, family situation, developmental factors, and other significant factors which help explain the development of the client's symptoms or difficulties. Be sure to include issues in the closest transactional relationship with child clients, which is usually parents and/or family, in the last sentence. If relevant, you might include factors from other transactional systems, for example, treatment by school personnel or residential treatment staff. This is a problem statement, specifically identifying the issues, but can also recognize strengths.
6) **Rationale for your Hypothesis:** (1/2 to 1 page) Discuss your rational for the hypothesis or formulation derived from thinking about this material. Back it up with reading from the course.
7) **Intervention Plan and Therapeutic Goals**: (1/2- 1 page) List goals for both the child or adolescent and the parent or other caregiver. Goals can also be formulated for system

interactions beyond the family if relevant, for example for staff in schools. In addition to treatment goals, be sure to include a list of recommendations that indicate how other intersecting social systems (i.e. school, psychiatry, community programs, etc.) might get involved to positively impact your client. Goals should be stated concisely in "(name of the client) will. . . ", language. For example, *"Jonathan will show a reduction in aggressive behavior," and "Jonathan's parents will learn relational parenting skills*". Separate Child goals from parent or caretaker goals, and from your recommendations, and they should be listed and numbered. (see the handout on Jonathan)

8) **Cultural considerations:** (approx. 1 page) 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? Are there possible transferences and counter-transferences you might experience with this client? Include a brief analysis of these considerations and include reading that enriches your awareness.
9) **Reflection:** (1 paragraph) End with a brief but thoughtful discussion of what you have learned personally from this assignment.
10) **Readings:** Throughout the paper, integrate ***at least four references to different class readings (different authors) using quotes from readings*** to back-up your assessment, hypothesis rationale, exploration of critical incidences, reflection on your positions and standpoints, etc.. Do a thorough job of integrating readings because this is how I know you have read for the course and can integrate it. Be sure not to take readings out of context. Use quotes that reflect the author's main point. Prepare a list of references you have cited at the end of your paper. My power points and handouts do not count as readings. The books and required reading on canvas do.

Length: 8-10 pages. Double-spaced, Counts 30% of course grade

*Students working with adults can follow the terms of the assignments while writing about their adult clients. However, be sure to 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, 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). If you are concerned, talk to me.

Paper #2:

Treatment Implementation and Process:

Choose a child or adolescent (and parents or caretakers) with whom you have begun to work. I would prefer you write about a different client from the first paper. If you need to write about the same client, please discuss this with me. This paper is focused on actual treatment rather than assessment - the methods and interventions you plan to try and have tried so far in working with your client(s), and the relational process and progress that has unfolded between you in the clinical relationship. Focus on how you are attempting to meet the client's and systems' change goals. Write a brief summary of assessment material and a detailed summary of the methods and interventions you have attempted (and/or will attempt) and the, process and progress you have experienced so far. Do not exceed the 10-page (double-spaced limit)

1) **Context**: (brief paragraph) Provide the context in which you know this client and your role with them.
2) **Background information and critical incidences**: (1 page) Provide approximately a page of notes (these can be bullet points - does not have to be a narrative), including: Precipitant for referral, a brief description of the client and family, the presenting problem, important psychosocial/family history, risk or protective factors and cultural issues. Describe any critical incidents that come up during the evaluation process but much more briefly than in the first paper. (You do not have to include readings in this section – I just want basic assessment information)
3) **Observations of child and child-parent interactions**: (1/2 to one page) Include what you have noticed and observed, or if you have not had that opportunity, what you have learned from other sources about this critical relationship.
4) **Clinical Hypothesis and goals**: (1 page) Provide your clinical hypothesis considers developmental, psychodynamic, family/interactional issues and systems impacts if relevant as you did for the first paper. State the hypothesis concisely in about three sentences as we have practiced in class. List and number your therapeutic goals for your client, their family or closest systems in " (name of client) will. . . " language. List your recommendations
5) **Treatment plan and interventions**: (2 and 1/2 pages) Discuss your treatment plan including individual work, family work and system's advocacy. Even if you do not have the opportunity to work with parents or caretakers, I would like to know what you would do with them if you had that option. Describe the approaches you are, or plan to integrate in your clinical work, in detail. What methods and specific therapeutic activities will you or are you already using to address the therapeutic goals? Include as many methods and intervention examples from the course in your plan as you can, from relational to behavioral, and back up your rational for using them with specific readings from the course. You can also mention other methods we have not covered in class, but you must back them up with outside evidence if you do that. Where relevant, describe case management or advocacy in addition to clinical work, such as referral for other services, coordination with other professionals, advocacy 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 and way you will advocate on behalf of your client with these systems and individuals.
6) **Treatment relationship and process**: (2 and 1/2 pages) Describe your relationship with the client(s) from the beginning, to date - both child or adolescent and parents/caregivers. Describe some critical incidents that illustrate the therapeutic relationship as it has developed and discuss any transference and countertransference issues that have emerged between you. 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) based on your own intersections of identity and your social positions of sameness and difference. Include course reading to highlight your awareness of these issues. Assess the family's motivation for treatment by discussing strengths and weaknesses in the client(s) and their circumstances that may promote or impede successful intervention. Back up your ideas with readings from the course.

7) **Prognosis and evaluation:** (1/2 page or so) Describe your assessment or progress so far the prognosis for successful intervention and analyze the reasons for your point of view. How will you evaluate change? Are there standardized tools you might use for evaluation? What qualitative evidence will aid in your evaluation? Do describe them briefly.
8**) Reflection:** (1 paragraph) End with a brief, but thoughtful discussion of what you have learned personally from this assignment.
9) **Resources:** Throughout the paper***, include at least four references, including quotes, from at least four different course readings*** (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and your therapeutic process, and a list of your resources at the end of the paper. Again, do a thorough job of integrating readings and my power points and handouts don't count as readings. This is how I know you have read for the course and can integrate what you are learning.

*NOTE: It is possible to adapt this assignment to direct work with adults if you provide an analysis of childhood history, critical incidences, etc., that are affecting the client now.

Length: 8-10 pages. Double-spaced, Counts 30% of course grade.

Alternative Paper Options: Alternative options are only open to students who are not currently working with clients because if you are working with a client(s), I want the paper to be very practical and for you to use it as an opportunity to thoroughly focus on and examine your actual clinical social work. That being clear, the alternatives are as follows:

Research Alternative: You may also write a research paper on intervention approaches specific or recommended for a particular problem of childhood or adolescence, or a particular therapy method of interest to you that applies to therapeutic work with children. If you plan to do a research paper about a particular population or method, please write me a brief proposal (not more than a page) a few weeks in advance indicating what population or method you are interested in, why, and a few of the sources you will use in your study. The research paper should include:
1) A detailed description of the issues and needs of the population (including general risk and protective factors), or a detailed description of the method of focus,
2) The founders and theoretical background of the method or theoretical information relevant to the population you have chosen,
3) Evidence presented in research articles (as recent as possible) for the method and/or best-practices relevant to the treatment population you have chosen,
4) At least one thorough case study example of how the method is implemented, or an effective intervention with a person from the focus population you have gleaned from your research,
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's cultural sensitivity and inclusiveness regarding race, ethnicity, ability, gender, gender identity sexual orientation, age, religion, etc.
7) At least five sources specific to the population or method, three of which should be peer-reviewed articles to support your findings. ***Also include at least four references to different***

class readings (different authors), using quotes, that indicate you can integrate what you have learned in the class and from the readings in work with this population or method. So at least 9 readings in all should be integrated and listed in reference page at the end of the paper. Be thorough with this piece because this is how I know you read for the course and can integrate the readings. My power points and handouts don't count as course readings.
8) End with a thoughtful statement of what you learned from studying and writing about this method or population.

8-10 pages – double-spaced. Do not exceed the 10 page limit

Jonathan Alternative: Now that you are an expert in child and family treatment from participating in this course (smile), write a paper about how you would approach clinical treatment with Jonathan and his family. This should begin with your re-viewing the video again that is posted on Canvas. Imagine that you will be an outpatient therapist working with both Jonathan and his family in addition to the school-based services he is receiving. Use the notes on risk and protective factors, critical incidences, hypothesis, goal-setting and treatment planning relating to Jonathan from the beginning of the course to address instructions one to four but these notes will not be accepted as integrated readings. This is an 8-10 page, double-spaced paper.

1) **Background Information:** (1 page). After reviewing the video and the notes from class on Jonathan, write a brief background statement of Jonathan and his adoptive family including age, identities, presenting problem and psychosocial/family history and systems issues. Include some of the most important risk and protective factors and critical incidences from our list we reviewed in class.
3) **Observations of Child and Child-parent Interactions:** (1/2 page) Include what you have noticed and observed between Jonathan and his parents, pointing out strengths and clearly stating factors that contribute to Jonathan's difficulties.
4) **Clinical Hypothesis, goals and recommendations:** (1 page) Using the notes on Jonathan from class provide your clinical hypothesis (concise, three-sentence statement) for Jonathan which considers symptoms, developmental, psychodynamic, behavioral, family/interactional issues and systems impacts where relevant. List the goals for Jonathan as an individual and his parents in, "name of the client will. . . ." language, and list recommendations of what systems can do for Jonathan. You can use the exact handouts from class for this if you wish, or you can add to them, but don't leave out important aspects of the hypothesis or goals.
6) **Therapeutic Intervention Plan:** (4 pages) The focus and bulk of the narrative in this paper addresses what you would do with Jonathan, his family and other systems affecting him to address his, and his family's therapeutic goals. What modalities (individual, family, outreach) would you use? What key course concepts and therapeutic methods and activities would you integrate or combine to meet the needs of Jonathan and his family? Integrate at least five types of methods in this discussion from relational to behavioral. Describe the methods and back up your descriptions with a thorough integration of readings from the course including Davies, Gil, Hughes, Greene, Forbes and Post and any other authors that help you to address Jonathan's issues. A dilemma here is that you might have to jump ahead in our readings for the course in some ways to be complete in your description and implementation of methods. As I said at the beginning of the course, by the end of the course, you will know how to work with Jonathan, his

parents and his community, but we are not totally at the end of the course by the time this paper is due.
7) **Cultural and Transference Issues:** (1/2 to 1 page) What cross-cultural, transference or counter transference issues do you anticipate in working with Jonathan and his family? You will need to use what you know about your own intersections of identity and theirs to surmise some of the culturally sensitive issues you might run into, even if some of your social identities match Jonathan's.
8) **Advocacy Issues:** (1/2 page) How will you work with systems to try to fulfill your recommendations?
9) **Prognosis and Evaluation:** (1/2 page) How will you evaluate change outcomes in Jonathan and his parents. Be sure your evaluation is directly related to your therapeutic goals. Are there standardized assessments you might use in addition to qualitative evidence?
10**)** **Reflection:** (1 paragraph) End with a brief, but thoughtful discussion of what you have learned personally from this assignment.
Readings and Resources: Throughout the paper***, include quotes, from at least six different course readings*** (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and a list of your resources at the end of the paper. Again, do a thorough job of integrating readings and my power points and handouts don't count as readings. This is how I know you have read for the course and can integrate what you are learning. Please do not exceed the 10 page limit – double-spaced.

Computers and Electronics:
In the era of iPhones, iPads, laptops and wireless networks, some students may wish to spend class time reading email, texting, surfing the web, or doing work for other classes. Please don't do this. If you need a computer as a resource for note-taking please let me know, but I would prefer that they not be open at all and that cell phones are put away completely. I find that they interfere with discussion and active listening to me and other students. Thanks.

Accommodations:
If you need or desire an accommodation for a disability, please let me know soon. The earlier that you make me aware of your needs the more effectively we will be able to use the resources available to us, such as the services for Students with Disabilities, the Adaptive Technology Computing Site and the like. If you do decide to disclose your disability, I will treat that information as private and confidential. Also, please notify me if religious observances conflict with class attendance or due dates for assignments so we can make appropriate arrangements. Also, all preferred name and gender pronoun uses will be honored.

Trigger Warning:
This course is heavily trauma-informed and focused. For any student who has experienced difficulty in childhood or trauma it will likely bring up painful material. Students may experience a range of emotions throughout the course and may feel vulnerable. All feelings are acceptable, but students will be expected to be able to manage them. There will not be sufficient follow up for processing painful memories or severe anxiety that might get triggered by the

course content. In general, it is important that students who expect to struggle seek support or therapeutic assistance to work through their own recovery during their graduate education in order to be present and effective in working with wounded clients. Wounded healers who have worked toward resilience make some of the best therapists. See resources for this below. Please see information on mental health and well-being from the SSW web page.

Attendance and Participation:
All these are expected. Class attendance is imperative because lecture, activities and discussion will focus on the details of how to practice, case examples and experiential exercises. You are allowed one absence. I do not excuse absences. I suggest you save this absence for illness. More than one absence will result in a reduction of points (at least 3 points per missed class off your final points) and could lower your final grade for the course. If you are unable to attend class, please call or e-mail me. Participation is factored in as 10% of the course grade. Active participation is required and there are many ways to participate in partner work, small group, experiential exercises and large group discussions.

Computers and Electronics:
In the era of iPhones, iPads, laptops and wireless networks, some students may wish to spend class time reading email, texting, surfing the web, or doing work for other classes. Please don't do this. If you need a computer as a resource for note-taking please let me know, but I would prefer that they not be open at all and that cell phones are put away completely. I find that they interfere with discussion and active listening to me and other students. Thanks.

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COURSE OUTLINE AND READINGS

Class 1: May 13: Introduction to the course and each other

Introduction Power Point
Frames of Reference for Work with Children and Adolescents: Developmental, and Transactional Theories. Various methods highlighted in the course.
Student Background forms

Required Readings:

-Get started on reading for week 2 – especially the Davies book

Class 2: May 20: Assessment Process: Risk and Protective Factors, Critical Incidences, Cultural factors, Hypothesis, Goals

Consultation group assignments
Experiential assessment in the case of Johnathan
Assessment Power Point

Required Readings:

-Davies: Preface, pp.ix-xi; Introduction (Part 1); Chapters 1, 2, 3 and (Part II) Chapter, 4 pgs 3-133

--Hardy, Kenneth, (2015) The View from Black America, Listening to Untold Stories, The Psychotherapy Networker, Nov/Dec 2015.

-Maiter, S. (2009). Using an anti-racist framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds. Clinical Social Work Journal, 37(4), 267-

-Yan, M.C. & Wong, Y.R. (2005). "Rethinking Self Awareness in Cultural Competence: Toward a Dialogic Self in Cross Cultural Social Work." *Families in Society* 86(2), 181-188.

May 27: Memorial Day, No class

Class 3: June 3: Understanding Attachment; Attachment Theory; Modeling secure Attachment in the Therapeutic Relationship

Treatment through the Lens of Attachment; Working with Parents and Types of Parent Work; Attachment-Oriented and Relational Therapies (Hughes-PLACE, Theraplay, Post)
Paper wad or balloon game in consultation groups
The Case of Jordan and group class assessment exercise

Required Readings:

-Davies, Part II, Introduction, Chapters 5 and 6, pgs. 133-191

-Gil: Chapters 1 and 2, pgs. 1-52

-Hughes, Daniel, Introduction: "When Attachment Fails to Develop: Introducing Katie" and Chapter 1: "The Spiral Begins: The Abuse and Neglect of Katie", Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children, Jason and Aronson Inc., NJ, 1998. Pgs. 3-23

-Hughes, Daniel, Dyadic Developmental Psychotherapy, pgs. 1-33

Optional Reading:

-John McGee: A Gentle Teaching Primer

John McGee: Attachment Self –Assessment for Parents, Teachers and Other Helping Professionals

Class 4: June 10: Working with Children with Developmental Disorders, Disabilities and Dysregulation

Working with Parents and Families; Intervening on explosive behavior and aggression, low frustration tolerance and chronic inflexibility
Collaborative Problem-solving: Ross Greene
Multisystemic approaches for older and severe disabilities of dysregulation
Experiential: Card game
Applied Behavioral Analysis
A Gentle Teaching: John McGee – severely impaired youth and young adults
Experiential: Student Group Presentation

Required Readings:

-Gil, Chapters 3 and 4 , pgs. 52-98
-Greene, Ross, Chapter.1: "The Waffle Episode", Chapter. 2: "Children Do Well if They Can", Chapter 5: "The Truth About Consequences" and Chapter 6: "Plan B", from The Explosive Child, Harper Collins Publisher, NY, 2005 pp. 1-23.
-Henggeler, S., Letourneau, E., Chapman, J., Borduin, C., Schewe, P., & McCart, M. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. Journal of Consulting and Clinical Psychology, 77(3), 451-62.
-Watch the FAT City Video on Learning Disability

Optional Readings:

-Leaf, Justin B., et.al., Applied Behavior Analysis is a Science and, Therefore, Progressive, J Autism Developmental Disorder (2016) 46:720
-McCabe, K., & Yeh, M. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. Behavior Therapy 43, 606-618.
-Spreckly, Et. al., Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language, and Adaptive Behavior: A Systematic Review and Meta-analysis, The Journal of Pediatrics • March 2009

Class 5, June 17 *Paper #1 is due*, Trauma

The Conditions that Create Trauma; The Neurobiology of Trauma, PTSD; Modeling Mutuality and Equality in the Therapeutic Relationship, Sensorimotor Concepts
Experiential Exercise: Stand by Me
Experiential: Make Pain and Strength Beads
Student Presentations

Required Readings:

-Davies: Chapter 7 and 8 , pgs. 193-259
-Gil, Chapters 5, 6, and 7, pgs. 99-174
-Sori and Schnur Integrating a Neurosequential Approach in the Treatment of Traumatized Children: An Interview With Eliana Gil, Part II, The Family Journal: Counseling and

Therapy for Couples and Families, 2014, Vol. 22(2) 251-257

Optional Readings:

Herman, Judith; Chapter 1: Forgotten History, Chapter 2: Terror, from Trauma and Recovery, Basic Books, 1992, pp7-32. (An excellent read)

Class 6, June 24: Play Therapy

Traumatic Play in Children
The play room and toys
Non-directive, directive and focused (integrated) play therapy methods - examples
Trauma Treatment and Memory in Young Children – Toddlers and Preschoolers
The Use of Representational Play
Re-scripting with Very Young Children: Case of Little Tess
Case Presentation: Ginny (involving parents in play therapy), Demonstration

Required Readings:

-Davies: Chapters 9 and 10, pgs. 259-335
-Gil, Chapters 10 and 11, pgs 207-233
-Farley et.al., Expanding Infant Mental Health Treatment Services to At-risk Preschoolers and their Families through the Integration of Relational Play Therapy, Infant Mental Health Journal, vol. 38(5), 669–679 (2017)

Optional Readings:

-Hewitt, "Therapeutic Management of Preschool Cases of Alleged but Unsubstantiated Sexual Abuse", Small Voices: Assessment and Play Therapy with Abused Preschool Children.

-Davies (1991). Intervention with Male Toddlers Who Have Witnessed Parental Violence. *Families in Society, 72,* 515-24.

Class 7, July 1, *Trauma- Focused CBT Certification is due*, CBT and Trauma Narrative

The phases of trauma treatment – slide presentation
Working through trauma and loss with school aged children
Cognitive-Behavioral Approaches
CBT Experiential
Approaches to trauma narrative: Case of Katie, Case of Jimmy
Student Case Presentations

Required Readings:

-Davies: Chapters 11 & 12, pgs. 259-335
Gil, Chapters 8 and 9, pgs. 175-207
-Walker, D., Reese, J., Hughes, J., & Troskie, M. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. Professional Psychology, Research and Practice, 41(2), 174-180.

Class 8, July 8: Trauma Treatment with Adolescents

Trauma Treatment with Adolescents: Normal Adolescent Development
Identifying and Honoring Survival Skills – skill boxes
Disclosure with Adolescents; Creating Narrative

Use of Art, Symbol and Ritual in Trauma Resolution
The case Miss Prissy – use of the non-dominant hand
Experiential: Discuss pain and strength beads using our best relational skills
Student Case Presentations

Required Readings:

-Davies: Chapter 13, 419-425
-Armstrong, Courtney, Hiding in Plain Sight: Client's Symptoms Offer Clues to Their Strengths, Psychotherapy Networker, Sept/Oct, 2016. (8 pgs.)
-Gil, Eliana (1996), A Structured Processing of Trauma, from Treating Abused Adolescents, Guilford Press, NY, pgs. 120-154

Optional Readings:

-Brayman, Ruby, The Effectiveness of Theraplay as Treatment for Older Children with Attachment Difficulties MSW Clinical Research Paper Presented to the Faculty of the School of Social Work, St. Catherine University and University of St. Thomas St. Paul, Minnesota. Pgs. 2-39.

Class 9, July 15: A Young Survivor Speaks: or Stopping Lying and Stealing *Paper #2 due*,

A young adult shares their trauma narrative through poetry

Required Readings:

-Forbes, Heather and Post, Bryan (2006), Part 1 and Part II, Chapters 1-11, pp.1-90 in Beyond Consequences, Logic and Control: A Love-based Approach to Helping Children with Severe Behaviors, Beyond Consequences Institute.

Class 10, July 22: Affirmative Practice with LGBTQ Youth and Self Care

LGBTQ Youth issues
Advocacy and Empowerment Methods,
Practice Experience with Youth: Role play
Termination
Discussion of self-care

Required Readings:

-Hong, J., Espelage, D. & Kral, M. (2011). Understanding suicide among sexual minority youth in America: an ecological systems analysis. Journal of Adolescence 34, 885-894.
-Jennings, et.al, Toward a Critical Social Theory of Youth Empowerment, Journal of Community Practice, DOI: 10300/J125v14n01_03, pgs. 885-894
-Malpas, Jean, The Transgender Journey: What Role Should Therapists Play? Psychotherapy Networker, March/April 2016 (7 pgs)
-McKenzie-Mohr, et., al. article. Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention, Volume 34, Issue 1, January 2012, Pages 136–143
-Ryan, Caitlin, et.al., Family Acceptance in Adolescence and the Health of LGBT Young Adults, JCAPN Volume 23, Number 4, November, 2010, pgs. 205-213
-Professional Quality of Life Scale.

Optional Readings:

Brill, S, and Pepper, R (2008), Chapters 1 and 2, The Transgender Child, Cleis Press, CA.

Class 11, July 29: **Group Work with Adolescents; Integrative Creative Interventions; The Use of Myth, Story and Ritual**

Self-evaluation of attendance, promptness and participation

The Psyche and Cupid Myth with Adolescent Female-identified youth: Experiential Story and Play

Required Readings:

-Henggeler, S., Letourneau, E., Chapman, J., Borduin, C., Schewe, P., & McCart, M. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. Journal of Consulting and Clinical Psychology, 77(3), 451-62.

-Fischer, D.J., Himle, JA & Thyer, B.A. (2005). Using multiple evaluation methods to assess client progress: A female adolescent with obsessive-compulsive disorder. In C.W LeCroy and --J.M. Daley (Eds) Child, Adolescent and Family Treatment. Brooks/Cole, (pp.254-265).

-Webb, C., Scudder, M., Kaminer, Y., and Kadden, R. The motivational enhancement therapy and cognitive-behavioral therapy supplement: 7 sessions of cognitive behavioral therapy for adolescent cannabis users, Cannabis Youth Treatment Series, Vol. 2. HHS Publication No. (SMA) 08-3954. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2002).

WRITING AND GRADING:

All written assignments are expected to be typed, ***double-spaced***, using 12-point font, with 1" margins on each side, using APA style. All assignments will be turned in to me in class, hard copy. I am often in the field without access to a computer and prefer to write feedback directly on the paper. It is your responsibility to avoid plagiarism, which can result in severe penalties according to the School of Social Work policies. You are expected to write concisely with good grammar. If writing or editing is difficult for you, please seek help at the Gayle Morris Sweetland Writing Center (764-0429).

If you are having trouble meeting an assignment dead line, contact me in advance of the due date in order to get an extension. If you have not made an arrangement for an extension, there will be a 5- point reduction from the final grade for an assignment that is within a week late. I reserve discretion

The grading scale is:

A = 100% - 95%	B+ = 89% - 86%	C+ = 79% -76%
A- = 94% - 90%	B = 85% - 83%	C = 75% -73%
	B- = 82% - 80%	C- = 72% - 70%

I reserve the option to give an A+ for students who meet a 100%, have excellent attendance and participate in class.

Additional School and University policies, information and resources are available here: https://ssw.umich.edu/standard-policies-information-resources. They include:

- *Safety and emergency preparedness*
- *Mental health and well-being*
- *Teaching evaluations*
- *Proper use of names and pronouns*
- *Accommodations for students with disabilities*
- *Religious/spiritual observances*
- *Military deployment*
- *Writing skills and expectations*
- *Academic integrity and plagiarism*