SW 625 / Section 001: Interpersonal Practice with Children and Youth

Instructor: Erin Martinez, LMSW
Preferred Pronouns: she, her, hers
Email: ebooksnie@umich.edu
Phone: 313.550.4742
Class: Monday, 9am-12:pm
Classroom: SW 2752
Office: 2798
Office Hours: Mondays 12:00pm-1:00pm / Wednesdays 12:00-1:00 *** Please schedule ahead of time.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. – Maya Angelou

Life is not what it's supposed to be. It's what it is. The way you cope with it is what makes the difference. - Virginia Satir

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.IP)

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.

Relationship to Four Curricular Themes

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 and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support stigma, 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.

**Teaching Philosophy and Format of Course**

It is a tremendous privilege to teach at the School of Social Work. My goal is to create a challenging and supportive learning environment. The tumultuous social and political landscape of our world requires that we explore the current events that have a direct impact on social policies and the clients and communities students are preparing to serve. I am intentional about modeling values of respect and the exploration of ideas. I utilize the framework of the Multicultural Ground Rules (from The Program on Intergroup Relations, University of Michigan). I bring my passion about Social Work to teaching and work to base every learning experience in the core social justice mission that defines our field. Historically, students have experienced a divide between macro and clinical social work. I enjoy addressing this divide in the classroom and utilizing the social justice mission to bridge the divide. Helping students explore and understand how Clinical Social Work is unique and different from Psychology and other counseling fields of study is an important guiding principle of my philosophy that I work to integrate into the classroom lectures, discussions and assignments.

**University of Michigan Statement On Civility**

The University of Michigan is a leader in education, research, and patient care. To sustain that leadership, we promote a healthy social and emotional work culture. We value all members of our community, and we know that a civil and considerate environment is integral to the health and well-being of students, faculty, and staff. The purpose of this statement is to foster good relationships throughout the University community.

We aspire to treat each other well, by adopting the following attitudes and behaviors: Choose kindness. Always treat each other with consideration and respect, whether in person, on the phone, over email, or on social media. Think the best. Assume we are all trying to do the right thing. Put yourself in the other person’s shoes, and be flexible and patient with others. Act in a supportive way. Encourage each other. Acknowledge each other's contributions, and lend a hand when others need help. Be inclusive and welcoming.
Multicultural Ground Rules (from The Program on Intergroup Relations, University of Michigan)

1. Our primary commitment is to learn from each other, from course materials and from our work. We acknowledge differences amongst us in backgrounds, skills, interests, values, scholarly orientations and experience.

2. We acknowledge that sexism, classism, racism, heterosexism, and other forms of discrimination (religion, age, ability, language, education, size, geographic location etc.) exist and may surface from time to time.

3. We acknowledge that one of the meanings of sexism, classism, racism is that we have been systematically taught misinformation about our own group and members of devalued groups. The same is true about elitism and other forms of prejudice or bias -we are taught misinformation about others and ourselves.

4. We will try not to blame people for the misinformation we have learned. However, we hold each other responsible for not repeating misinformation or offensive behavior after we have learned otherwise.

5. Victims should not be blamed for their oppression.

6. We assume that people are always doing the best they can, both to learn the material and to behave in non-biased and multiculturally productive ways.

7. We will share information about our groups with other members of the class, and will not demean, devalue, or "put down" people for their experiences or lack of experiences.

8. We will actively pursue opportunities to learn about our own groups and those of other groups, yet not enter or invade others' privacy when unwanted.

9. We each have an obligation to actively combat the myths and stereotypes about our own groups and other groups so that we can break down the walls which prohibit individual development, group progress and cooperation and group gain.

10. We want to create a safe atmosphere for open discussion. Members of the class may wish to make a comment verbally or in an assignment that they do not want repeated outside the classroom. Therefore, the instructor and participants will agree not to repeat the remarks outside the session that links a person with his/her identity.

11. We will challenge the idea or the practice, but not the person.

12. We will speak our discomfort.

13. Are there other ground rules that the class would like to add...?

Self-Care and Course Content
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.

Health and Wellness:

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

Safety and Emergency Preparedness:

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

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

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

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

School of Social Work | Room 1748, 734-936-0961
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/.

Accommodation for Disability Statement

If you need an accommodation for a disability, please meet with me individually as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. As soon as you make me aware of your needs, we can work with the Office of Services for Students with Disabilities (SSD) to help us determine appropriate academic accommodations. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, 550 S. State Street, phone: (734) 763-3000, email: ssdoffice@umich.edu

Academic Conduct
The conduct of a student enrolled in courses offered by the School of Social Work should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience.

**Academic Misconduct**

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including library materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student’s own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct. Plagiarism – not referencing another’s words or ideas – is a violation of academic integrity and will be grounds for failure on an assignment. In addition, papers that are completed for another course are not acceptable and will be assigned 0 points. Additional resources for discussions of academic conduct and integrity include the School of Social Work and the Center for Research on Learning and Teaching (CRLT). Please refer to the Student Guide to the Master’s in Social Work Degree Program 2007-2008 for further discussion of appropriate academic conduct.

**Writing Assistance**

For assistance with writing, you may go to the Writing Workshop 1139 Angell Hall (734)764-0429.

**Statement on Plagiarism and Academic Integrity:**

It is your responsibility to be familiar with and abide by the School of Social Work’s standards regarding intellectual honesty and plagiarism. These can be found in the MSW Student Handbook. http://www.ssw.umich.edu/studentguide/2007.

Assignments are expected to be handed in on their due dates in the format designated on the syllabus. Assignments will be marked down 5% for every day late. If you are experiencing difficulty with course assignments it is your responsibility to contact the instructor. If you are unable to turn an assignment in by the due date, an email should be sent to your instructor discussing the problem and proposing a solution. It is the discretion of the instructor to determine if accommodations can/will be applied to allow for completion of an assignment past the due date.

The criteria for each grade follows:

- A+ = 100
- A = 96-99
- A- = 92-95
- B+ = 89-91
- B = 85-88
- B- = 81-84
- C+ = 78-80
- C = 74-77
- C- = 70-73
- D = 65-79
Technology should be used responsibly. Please consider how personal use of technology can have a negative impact if misused.

The classroom is a wonderful space to practice managing a variety of emotions while remaining present in the moment. Please consider how personal use of technology can have a negative impact if misused.

Technology should be used for note-taking. Use of technology for personal use, including work outside if

---

**Required Text:**


All readings/viewings listed on the class schedule, excluding the above texts that must be purchased, can be found in the “readings” folder on Canvas.

**Assignments, Evaluation and Grading:**

Class requirements include: class participation, in-class activities, written projects and presentations. Instructions for the assignments will be posted on the CANVAS. Your final grade will be determined by the following components:

**Class Participation**

You are expected to attend every class. One excused absence is allowed without negatively impacting your grade. This excused absence requires your communication with the instructor prior to the absence via email. You are expected to contribute to a positive learning environment in the manner that best fits your learning style. Each of us participates differently, and I will strive to honor that diversity among us. The following evaluation criteria is used when determining your participation grade:

<table>
<thead>
<tr>
<th>Points</th>
<th>Class Participation &amp; Grading Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Regularly makes helpful, relevant contributions and observations to class discussions that challenge/encourage other learners to think about the material in new ways. Actively participates in small-group discussions. Actively attends to lectures and discussions. Attends class regularly and shows up on time. Consistently demonstrates that she/he has read the assigned material.</td>
</tr>
<tr>
<td>25</td>
<td>Often makes helpful, relevant contributions to class discussions. Often participates in small-group discussions. Often pays attention to lectures and discussions. Attends class regularly and shows up on time. Demonstrates that s/he has usually read the assigned material.</td>
</tr>
<tr>
<td>20</td>
<td>Occasionally contributes to class discussions. Participates to some extent in small-group discussions. Is attentive to lectures and discussions. Attends class regularly and shows up on time. Demonstrates that s/he has usually read the assigned material.</td>
</tr>
<tr>
<td>15</td>
<td>Rarely contributes to or is prepared for small-group discussions. Does not attend regularly or is often tardy. Inattentive to lectures and discussions and has not read the assigned material. Directs disrespectful verbal and/or non-verbal behaviors towards others in the classroom.</td>
</tr>
</tbody>
</table>

---

E = less than 65

Social work identity requires a strong understanding and capacity to reflect, engage and collaborate. The classroom is a wonderful space to practice managing a variety of emotions while remaining present in the moment. Please consider how personal use of technology can have a negative impact if misused.
the course, will result in a lower participation grade.

**Written Assignment: Treatment Paper: Assessment & Goal Setting** (80pts)

**Due:** 2/17/20

**Submission:** Upload to Canvas

**Assignment Description:**

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. In the assessment 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. 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.

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.

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 to the child’s life.
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. Support your understanding of why these are critical incidences based on readings from the course.
5. **Clinical Hypothesis:** (1 paragraph) State your clinical hypothesis concisely in a few sentences. 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. * Reference in-class example to assist you in completing this section

6. Rationale for your Hypothesis: (1/2 to 1 page) Discuss your rational for the hypothesis or formulation derived from thinking about this material. The rationale should be supported by theory/research and can be taken directly from readings for this 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 should describe the outcome behavior, event, change that will exist as a result of treatment. Provide at least 4 goals, making sure to include at least 1 for parent/guardian/caregiver. Each goal should be supported with at least 2 objectives. Objectives describe what will occur to deliver change related to the goal. Objectives can be formulated for system interactions beyond the family if relevant, for example for staff in schools. * See notes from class examples to support your development of goals and objectives

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. Supporting Theory: utilize at least 4 references to course readings to support 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. List readings utilized in reference page at the end of the paper.

Recommended Length: 8-10 pages. Double-spaced

Mask Making: Reflection & Application __________________________ (40pts)

Due: 3/23/20

Submission: Upload to Canvas / Part 1 and Part 2 can be submitted as one paper

Part 1: Reflection

During our course section on intervention you will have the opportunity to complete an art therapy activity. During this experience you will be guided in an art therapy exercise to create your own therapeutic mask. You will have the opportunity to consider the insights gained through the experience, as well as challenge and empowerment that occurred through the exercise.

The following content should be addressed in your reflection about the experience:

Insights

What new insights about yourself occurred as part of this process?
What connections did you make regarding past/present self or experiences?

Process

What was particularly challenging about the experience?
What collaborative aspects in preparation, facilitation or processing existed that supported your experience?

**Application**

How will your own mask-making experience influence your use of expressive therapy with children?

Suggested pages: 3-4 double-spaced

**Part 2:**

**Design & Facilitation**

Select a client you are currently worked with or have worked with in the recent past. Discuss the following:

- Describe the presenting problem facing the child.
- What would make mask making especially applicable intervention for this child/this problem?
- What preparation work would you need to include to make this therapy useful for the client?
- What issues would you seek to explore through the mask making (e.g. the person before a loss of a loved one and after, the part of the child that is often hidden)
- How would you incorporate family into the work?
- How would you evaluate success in this activity?
- What are unintended consequences that might occur as a result of this therapy with this child?

Suggested pages: 3-4 double-spaced

**Imagination Discussion** (30pts)

Due: 4/10/20 (allows time for all postings to be viewed by classmates)

Submission: Post reflection to Canvas Discussion Section

In the Assignments Section of Canvas you will find two photographs depicting a real scene of interpersonal violence in a family setting. This assignment includes viewing those photos, giving space for your own reflection and the posting a reflection in the Discussion Section of Canvas. Your posted reflection should include

- What was your immediate reaction (physiologically, emotionally, intellectually)?
- Where does your eye go when viewing the photographs and where did you have to look closer in order to take in the full picture?
- Who do you align with?
- What cultural assumptions or experiences inform your reaction?
- Then begin to sort through - what do you imagine each of the "players" might be thinking, feeling or experiencing? What might you imagine their history to be?
- Finally, what - specifically - do you think is needed? What issues might need to be addressed?
- Take time to read through the posting of other classmates before class on 4/13/20
This is intended to be less formal in writing style while remaining in a professional social work lens. The aim in this assignment is to increase your collective understanding of the various ways we can understand the meaning of experiences and how to respond. As social workers, we can observe the same event and come to many different conclusions, based on our own lenses, biases, knowledge, experiences and exposure to socio-political influences. This exercise will, hopefully, illuminate that!

**Written Assignment: Treatment Paper: Intervention & Evaluation** (80pts)

Due: 4/20/20
Submission: Upload to Canvas

Assignment Description:
Choose a child or adolescent (and parents or caretakers) with whom you have begun to work. 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.

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.
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) Summarize your clinical hypothesis. List and number your therapeutic goals and objectives for your client, their family or closest systems. Note specific intervention by title that are used to deliver specific objectives (e.g. Expressive Art Therapy or TF-CBT).
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.

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?

8) Resources: Throughout the paper, include at least four references, from at least four different course readings to support your choice of treatment methods and your therapeutic process. List the resources in a reference page at the end of the paper and a list of your resources at the end of the paper.

Suggested Length: 8-10 pages, double-spaced

Clinical Case Presentation & Summary (40 pts)
Due: Sign up will be provided on the first day of class
Submission: hard copy (presentation notes and summary reflection)
Assignment Description:
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. You will select your case presentation on a schedule distributed the first day of class. Presentations will be approximately 20 minutes long 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 have felt stuck or need additional feedback on a particular process or issue. 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.

• 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.

**The week after your 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 resources or feedback were provided that benefited you in developing the case
- What did you learn about yourself and your development as a reflective practitioner from this presentation and review?

**Course Schedule and Assigned Readings:**
This is a proposed outline for our course that is subject to change by the instructor based on the learning needs of the classroom.

**Week 1- 1/13/20: Course Introduction**
Introduction to the course
Review of syllabus
Introduction to one another
Personal goal setting for the course

Readings:
Davies, Preface, Introduction (Part 1): Ch. 1, Ch. 2
Gil: Ch. 1, Ch 2

**Week 2- 1/27/20: Use of Self, Joining & Collaboration**


**Week 3- 2/3/20: Assessment**
Assessing risk and protective factors, critical incidences
Case Study: Tray
Readings:
Davies: Ch. 3, Ch. 4

**Week 4 – 2/10/20: Integrated Assessment and Attachment Theory**
Peer Case Consultations
Constructing a Clinical Hypothesis (Case Study: Tray)
Attachment Theory

Readings:
Davies (Part II): Ch. 5, Ch. 6

**Week 5 – 2/17/20: Trauma**
Peer Case Consultations
Constructing a Clinical Hypothesis / Identifying Symptoms & Presenting Problem
Case Study: Stephen
PTSD and Complex Trauma

Readings:
Gil, Ch. 5, Ch. 6, Ch. 7

**Week 6 – 2/24/20: Trauma & Families**
Peer Consultations
The Healing Relationship: Safety and Choice
Grief and Loss of What Wasn’t – Memory Boxes
Case Study: Veronica & Kids / Joe


3/2/20: No Class

**Week 7 – 3/9/20: Intervention: Expressive Therapy**
Expressive Therapy: Masking Making Experience
Case Study: Dee
Play Therapy
Theater Therapy

Readings:
Davies, Ch. 9, Ch. 10
Gil, Ch. 10, Ch. 11

**Week 8 – 3/16/20: Intervention: Dysregulation**
Control and The Body
Aggression and Acting Out: Behavior Cycles
Case Study: Hailey
Video: Check It – Part 1

Readings:

**Week 9 – 3/23/20: Intervention**
Peer Consultations
Creating Intervention Plans: Goals/Objectives/Interventions
Case Study:
Check It – Part 2

Readings:

**Week 10 – 3/30/19: Intervention: Family and Interpersonal Relationships**
Strengthening Roles In The Family System
Working In The Family: Joining, Enactments & Sculpting
Case Study: Susan and The Pot of Coffee

Readings:


**Week 11 – 4/6/20: Mandated Clients, Resistance and Collaboration**
Acknowledging Power, Honoring Resistance and Discovering the Hidden Goals
Case Study: Ellen and Finding A Place To Meet

Readings:
Frontline: Failure to Protect, An Interview with Martin Guggenheim

Week 12 – 4/13/20: Treatment & Response / Life Threatening Problems
Safety Planning, Subjective Risk Assessment
Case Study: Tia & Family

Readings:

Week 13 – 4/20/20: Youth, Choice and Caregiver Guidance

Readings:
WPATH Standards of Care