



<b>Course title:</b>	<b>Interpersonal Practice with Children and Youth</b>	
<b>Course #/term:</b>	SW 625, sec 2, spring/summer 2020	
<b>Time and place:</b>	Tuesday, 8:00 to 12:00	
<b>Credit hours:</b>	3	
<b>Prerequisites:</b>	SW 521 or permission of instructor	
<b>Instructor:</b>	Laura Sanders	
<b>Pronouns:</b>	she, her, hers	
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<b>Office hours:</b>	by appointment	

### 1. 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.

### 2. 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.

### **3. Course Objective:**

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.
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.
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.
4. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship.
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.
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.

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

#### **4. 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 through both synchronous and asynchronous activities for remote learning. I will try to balance synchronous (in-vivo class time) with asynchronous activities that you can access throughout the week to prepare for class. I will also give you breaks and hope to post class recordings in case you absolutely must miss a class as full attendance is required. Written assignments will integrate theory, evidence-based research, and case analysis, and when possible, the student's practicum work.

#### **5. Relationship of the Course to Four Curricular Themes:**

- *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.
- *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.
- *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.
- *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.

#### **6. Relationship of the Course to Social Work 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.

### **7. Intensive Focus on Privilege, Oppression, Diversity and Social Justice (PODS):**

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning. (Course Statement Approved By Governing Faculty 11/8/06).

## **Class Requirements**

### **TEXTS and other Readings**

There are numerous ways to get these books. Students are very creative about getting them from Amazon, renting them, kindle, 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. The trickiest one to access is the Forbes book, as she produces it herself, but most popular, large bookstores like Barnes and Nobel, Nicholas, etc. have it because it is a sort of parent-self-help book. You can also go to their website to get it. Even though it is not a requirement and I have put a few chapters on your Canvas, I recommend you buy Ross Green's book on working with explosive children. The three required books are:

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

Eliana Gil (2018). *Posttraumatic Play in Children: What Clinicians Need to Know*. New York: Guilford Press.

Bryan Post, *From Fear to Love* (2010), Post Institutes and Associates, Palmyra, VA  
OR

Heather Forbes, (2008): *Beyond Consequences, Logic and Control: A Love-based Approach to Helping Attachment Challenged Children with Severe Behaviors*, PPC Books, FL

Other required readings are posted on Canvas, files, required readings and appear in alphabetical order by author.

### **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

Dominelli, Lena (2018) *Anti-Racist Social Work, fourth edition*, Red Globe Press, London, UK

Forbes, Heather, *Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom*, Beyond Consequences Institute

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) Guilford 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.

Perry B. and Szalvitz, M. (2017), *The Boy Who Was Raised as a Dog: and Other Stories from a Psychiatrist's Notebook*, Basic Books

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) *Multisystemic 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.

Van Der Kolk (2015), *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, Penguin Books NY, New York.

Wolpow, et. al., *The Heart of Learning: Compassion, Resiliency, and Academic Success*

Published September 2009

**FOUR ASSIGNMENTS: See due dates in the course outline**  
**Upload all assignments onto canvas under assignments**

**Clinical Case Presentation and Summary in Peer Consultation Groups:**

This assignment is an in-class(on-line) 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 present a schedule, and students will sign up to present a case to their small group – one student will present 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. 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.

**The week after your presentation:** Turn in your notes and a 2-page summary reflection, double-spaced. 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, using substantial quotes from the author, 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 20% of your grade, and dates for presentations will be selected during the first few classes.

### **TF-CBT or PCIT online training:**

*There is a \$35 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 <https://tfcbt2.musc.edu/en>. It takes some time, so get started as 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 notice 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 20% 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.

**Paper # 1: 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 rationale 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 (even if you cannot work with the care giver). 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*". List Child goals separate 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 cross-cultural 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 required class readings (different authors) using substantial 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, or choose an alternative. 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, client identifying info, 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 came 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. Consider 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 and their family (even if you can't work with them) 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 rationale for using them with specific readings from the course. In addition, you can 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 and 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 substantial quotes, from at least four different required 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.

### **Experiential Alternative: Creative Interventions with Youth Experiential Assignment**

Look through the Creative Interventions with Youth Experiential Manual, (under handouts on your canvas) that provides 8 various experiential activities to use with youth in therapy and other social work modalities. I developed it for Seed Week and took students through these exercises individually, in pairs and in groups, in an in-person class. My thought is that if you are at home with children or even other adults, and/or working with clients remotely, you can read and practice performing these activities to the degree that you can as a way to build on the practice-focus of our course. There are 8 exercises for you to try and you will have to adapt some of them if you don't have access to a group of people, or some of the materials, but I trust that you can get creative in adapting these exercises.

The expectation is that you actually try the exercises and write a one page (double-spaced) reflection on each one about what you did and with whom, how it went and how you think you may be able to use it in the future as a social worker. Integrate a quote from one of our required or optional readings in your reflection for each exercise. Use at least four different authors from our required course readings and of course you can include optional readings in addition to support your ideas and experiences with the activities. If you notice, there is a rationale for each exercise that grounds it in theory. This may give you some clues as to what readings to access and integrate.

The blank pages in the Manual are for hand-written reflection and some are not accurately placed in this scan of the manual, so you can ignore those and move through them. Organize your reflections in the order the exercises appear.

The exercises include:

- 1) **Drumming and Rhythm exercise:** You can use any thing that makes noise as a rhythm instrument. This best done in a group, but if you are alone, you can do it as a mindfulness exercise.
- 2) **The Pie Activity:** It is best if you can engage someone else in doing this, but it is OK if you do it with yourself.
- 3) **Theraplay games:** You need other people to do these ones and they are particularly great for young children, but if you don't have others, you can read about Theraplay and imagine how you might use it in the future with families.
- 4) **Pain and Strength Beads:** We are going to try to discuss these in class and you can write a reflection on that (I notice this says "exercise 3" in the manual which is a typo)
- 5) **CBT person:** We tried this in class and I recommend you do it again by engaging another person in this exercise as if you are their therapist, or do it with yourself again with another precipitating event.
- 6) **Animal Assisted Therapy:** Read through all the information on AAT and if you have a pet at home, do the exercise as stated the best that you can. If you don't have an animal at home, go to YouTube and observe a farm animal or group of animals that you don't have much experience with. Adapt the prompts of the exercise to reflect on what you notice and how you feel as you experience this animals or animal group. This is largely a self-awareness exercise.

- 7) **Stirring in Our Stories:** This is also best done in a group, but you could do this with one other person, or by yourself to get the experience. If you don't have a plant, you can do something else creative with the water that is "charged" by your courage.
- 8) **Affirmations String Game:** Again, this is pretty hard to do alone, but you can read about it, find some reading that supports this type of Affirmation exercise and reflect on how you might use it with youth in the future.
- 9) End with a personal reflection on how this assignment went for you, your most important "take-aways", and any further questions you might have about using them with youth.

Do use actual and substantial quotes from authors and provide a reference sheet at the end of the paper. This paper should be no longer than 10 pages and not less than 8 pages.

I hope this is helpful especially for those of you who are at home with kids who you have to educate and entertain.

### **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. It is your responsibility to avoid plagiarism, which can result in severe penalties according to the School of Social Work policies. If writing or editing is difficult for you, please seek help at the Gayle Morris Sweetland Writing Center (764-0429). If writing errors interfere with the flow of your good ideas, I will return the paper to you for further editing and writing assistance.

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.

### **Class time and distractions:**

I am concerned about students getting distracted during our class-time by other devices and media, or other activities happening in your homes. There will be required times that we all need to remotely attend class and be 100% focused on the lecture, discussion, or other content presented. I will try to balance synchronous (in-vivo class time) with asynchronous activities that you can access throughout the week to prepare for class. I will also give you breaks and hope to post class recordings in case you absolutely must miss a class. I ask that when we are meeting that you do not also look at your phone, do email or other social media, etc., and that you stay with the class the entire time. When I or a classmate are sharing, I hope to see you, with your camera on, paying attention to the speaker. This kind of exclusive attention is still so



important to good social work practice even with this remote format from which we are learning and providing services to clients.

**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:**

Class attendance and participation are imperative because lecture, activities and discussion will focus on the details of how to practice, case examples and experiential exercises as much as possible in an on-line format. I expect you to be present and on-time for every class. If you cannot attend a class, please email me at [lsanders@umich.edu](mailto:lsanders@umich.edu) to let me know, and prepare to view the recording of the synchronous portion of the course for the day you were absent as soon as you can. Please let me know if you have a problem that will result in more than one absence from our class so that we can problem-solve if necessary. I will use my discretion to take at least 3 points off from a final grade for attendance problems (missing more than one class), and more if necessary.

**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](mailto: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](http://caps.umich.edu)

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*

## **COURSE OUTLINE AND READINGS**

### **Class 1: May 12: 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:**

-Davies: Preface, pp.ix-xi; Introduction (Part 1); Chapters 1 and 2, pgs. 3-59

-Gil: Chapters 1 and 2, 3 pgs. 1-52

### **Class 2: May 19: 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: Chapters 3 and 4, Pgs. 61-133

--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.

**Optional Readings:**

- Dominelli, L (2018).,“Antiracist Social Work with Children and Families”, in Anti-Racist Social Work, Red Globe Press, London, UK.
- Yan, M.C.,(2008) “Exploring Cultural Tensions in Cross-Cultural Social Work”, *Social Work*, Vol. 33, no. 4, pgs. 317 328

**Class 3: May 26: 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, Chapter 5, pgs. 74-87
- 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
- Villarosa, L, (2018), Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis: The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America. *New York Times Magazine*, 4/14/2018 (28 pgs).

**Optional Readings: \*see Resources for Specific Methods**

- \*-Becker-Weidman and Hughes, (2008) *Dyadic Developmental Psychotherapy: An Evidence-based Treatment for Children with Complex Trauma and Disorders of Attachment*, *Child and Family Social Work*, 13, pgs. 329-337.
- Munns, Evangeline: *Applications of Family and Group Theraplay*, A book of Theraplay interventions and outcomes.

**Class 4: June 2: Working with Children with Developmental Disorders, and Disabilities and Dysregulation**

The Spectrum of Interventions from behavioral to relational methods for treating Autism  
Treating Autism with Applied Behavioral Analysis,  
Relational approached to Autism and marginalization with severely impaired adolescents and young adults - John McGee – A Gentle Teaching  
The Disability of Dysregulation: Ross Greene- working with Explosive children  
Experiential card game  
Experiential: Student Group Presentation

**Required Reading:**

\*FAT City video: "How Difficult Can this Be?": Exploring learning disabilities, Richard Lavoie, access through You Tube: <https://www.youtube.com/watch?v=Q3UNdbxk3xs&t=257s>

-Davies, chapters. 7 and 8: 193-259

-Gil, chapters. 4 and 5, pgs. 52-87

-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.

**Optional Reading: see Resources for Specific Methods**

-Leaf, Justin B., et.al., (2016) Applied Behavior Analysis is a Science and, Therefore, Progressive, *Journal of Autism and Developmental Disorder* (2016) 46:720

-Lieneman, et. al, (2017) Parent–Child Interaction Therapy: current perspectives, *Psychology Research and Behavior Management*, July 20, 2017

-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.

-McGee: *A Gentle Teaching Primer*

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

-Spreckly, Et. al.,(2009) 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 9, 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: Exploring Pain and Strength

Student Presentations

**Required Readings:**

-Gil, Chapters 6, 7, 8, Ppgs. 87-123

-Kaplin, et.al. (2019) A Review of the Use of Trauma Systems Therapy to Treat Refugee Children, Adolescents, and Families, *Journal of Infant, Child, and Adolescent Psychotherapy*, 18:4, 417-431, DOI: 10.1080/15289168.2019.1687220

**Optional Readings:**

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

-Sori and Schnur, (2014) 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

**Class 6, June 16: Play Therapy, working with young children**

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, 12 pgs. 135-172  
-Farley et.al.(2017) 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

**Optional Reading:**

-Davies (1991). Intervention with Male Toddlers Who Have Witnessed Parental Violence. *Families in Society*, 72, 515-24.  
-Hewitt, (1999)“Therapeutic Management of Preschool Cases of Alleged but Unsubstantiated Sexual Abuse”, Small Voices: Assessment and Play Therapy with Abused Preschool Children

**Class 7, June 23, 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. 335-419  
-Gil, Chapters 13, 14, appendix, pgs. 172-199

**Optional Readings: see Resources for specific methods**

-Urquiza and Timmer: Chap. 8, “Parent-Child Interaction Therapy, for Maltreated Children”.  
-Deblinger, et. al.: Trauma-focused cognitive behavioral Therapy for children: Impact of the Trauma Narrative and Treatment Length  
-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, June 30: 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 – Parts of Self Trauma Intervention  
Experiential: Discuss pain and strength beads using our best relational skills  
Student Case Presentations

**Required Readings:**

- Davies: Chapter 13, pgs. 419-425
- Start reading Forbes, 1-47, OR, Post, From Fear to Love, 1-43
- Armstrong, Courtney, (2016) Hiding in Plain Sight: Client’s Symptoms Offer Clues to Their Strengths, Psychotherapy Networker, Sep/Oct, 2016.
- Mavranouzouli Research Review: Psychological and Psychosocial Treatments for Children and Young People with Post-traumatic Stress Disorder: a network meta-analysis, Journal of Child Psychology and Psychiatry 61:1 (2020), pp 18–29.

**Optional Reading: \*See Resources for Specific Methods**

- \*-Brayman, (2016) 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.
- Gil, Eliana (1996), A Structured Processing of Trauma, from Treating Abused Adolescents, Guilford Press, NY (see optional readings)

**Class 9, July 7: Stopping Lying and Stealing Paper #2 due,**

Integration of relational and behavioral methods  
The cases of Good Fisher Women and Little Duckie

**Required Readings:**

- Forbes, Heather: Part II, pgs. 47-146, in Beyond Consequences, Logic and Control: A Love-based Approach to Helping Children with Severe Behaviors, Beyond Consequences Institute, or
- Bryan Post: pgs. 43-83
- Professional Quality of Life Scale (under handouts on canvas)
- Johnides, et.al., (2017) Effects of Multisystemic Therapy on Caregivers of Serious Juvenile Offenders: A 20-Year Follow-Up to a Randomized Clinical Trial, Journal of Consulting and Clinical Psychology © 2017 American Psychological Association, 2017, Vol. 85, No. 4, 323–334 0022-006X/17/\$12.00 <http://dx.doi.org/10.1037/ccp0000199>

**Class 10, July 14: Multi -Systemic Therapy and Advocacy with Adolescents, Affirmative Practice with LGBTQ Youth**

MST with challenging youth and families  
LGBTQ Youth issues  
Advocacy and Empowerment Methods,  
Practice Experience with Youth: Role play  
Termination

**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.
- 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.
- Malpas, Jean, (2016) The Transgender Journey: What Role Should Therapists Play? *Psychotherapy Networker*, March/April 2016 (7 pgs)
- Moore, et. al. (2016) “Hands up—Don’t shoot: Police shooting of Young Black males: Implications for Social Work and Human Services”, *Journal of Human Behavior in the Social Environment*, 26:3-4, 254-266, DOI: 10.1080/10911359.2015.112520
- Ryan, Caitlin, et.al.,(2010) Family Acceptance in Adolescence and the Health of LGBT Young Adults, *JCAPN* Volume 23, Number 4, November, 2010
- Sandmaier, Marian, (2016) It Takes a Tribe: What It’s Like to Raise (or Be) a Transgender Child, *Psychotherapy Networker*, March/April, 2016

**Optional Readings: See Resources: LGBTQ**

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

**Class 11, July 21: Group Work with Adolescents; Integrative Creative Interventions; The Use of Myth, Story and Ritual, Self-Care**

Self-evaluation of attendance, promptness and participation

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

**Required Readings:**

- Professional Quality of Life Scale (under handouts on canvas)
- Jennings, et.al, (2006) Toward a Critical Social Theory of Youth Empowerment, *Journal of Community Practice*, DOI: 10300/J125v14n01\_03
- McKenzie-Mohr, et.,al. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention, [Volume 34, Issue 1](#), January 2012
- Moore, et. al. (2016) “Hands up—Don’t shoot: Police shooting of Young Black males: Implications for Social Work and Human Services”, *Journal of Human Behavior in the Social Environment*, 26:3-4, 254-266, DOI: 10.1080/10911359.2015.1125202

**Optional Readings:**

- 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).
- Khawaja, et. al. (2019) Building Resilience in Transcultural Adolescents: an Evaluation of a Group Program *Journal of Child and Family Studies* (2019) 28:2977–2987  
<https://doi.org/10.1007/s10826-019-01473-x> ORIGINAL PAPER

-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).