



<b>Course title:</b>	Interpersonal Practice with Children and Youth
<b>Course #/term:</b>	SW625.003, Spring/Summer 2020
<b>Time and place:</b>	Tuesdays, 1-5pm
<b>Credit hours:</b>	3
<b>Prerequisites:</b>	None
<b>Instructor:</b>	Colleen E Crane MSW, LMSW
<b>Pronouns:</b>	She, Her, Hers
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<b>Office:</b>	SW2740
<b>Office hours:</b>	By appointment

## 1. Course Statement

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### a. 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.

### b. 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.

### **c. Course Objectives and Competencies**

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)

#### **d. Course Design**

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, skills development sessions and viewing of videotapes. Written assignments will integrate theory, evidence-based research, and case analysis, and when possible, the student's practicum work.

#### **e. 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. 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.

## **2. Class Requirements**

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### **a. Text and Class Materials**

**\*\*The following books are optional and not required. However, the chapters assigned will enhance your learning.\*\***

Brent, D.A., Poling, K.D. & Goldstein, T.R. (2011). Treating depressed and suicidal adolescents: a clinician's guide NY: Guilford.

Allen, B. & Kronenberg, M. (2014). Treating traumatized children: a casebook of evidence-based therapies. NY: Guilford.

CANVAS Readings

#### **Optional Readings:**

Maruish, M. E. (2008) Essentials of treatment planning. NY: Wiley.

Friedberg, R.D., McClure, J.M., & Garcia, J. (2009) Cognitive therapy techniques for children and adolescents: tools for enhancing practice. NY: Guilford.

Fristad, M., Arnold, J. & Leffler, J. (2011). Psychotherapy for children with bipolar and depressive disorders. NY: Guilford.

Henggeler, S. Schoenwald, S. et al. (2009). *Multisystemic Therapy for Antisocial Behavior in Children and Adolescents*. NY: Guilford

Jongsma Jr, A. E., Peterson, L. M., McInnis, W. P., & Bruce, T. J. (2014). *The Child Psychotherapy Treatment Planner: Includes DSM-5 Updates*. John Wiley & Sons.

Kendall, P. C., & Hedtke, K. A. (2006a). *Cognitive-behavioral therapy for anxious children: Therapist manual* (3rd ed.). Ardmore, PA: Workbook.

Kendall, P. C., & Hedtke, K. A. (2006b). *Coping cat workbook* (2nd ed.). Ardmore, PA: Workbook.

Stallard, P. (2019). *Think good- feel good: a cognitive behavior therapy workbook for children and young people*. NY: Wiley. Second Edition.

## **b. Class Schedule**

### **Session 1 (May 12, 2020)**

Review of Course Expectations.... Creating the Learning Environment  
Multi-systems Approach to Work with Children, Adolescents and Families  
Development, Attachment, Interactional, and Psychodynamic Theories  
Role of Evidence-Based and Empirically Supported Interventions in Clinical Social Work Practice

### **Readings (pick two of interest each week):**

Kazak, A.E., Hoagwood, K., Weisz, J., Hood, K., Kratochwill, T., Vargas, L.A. & Banez, G. (2010) A Meta-systems approach to evidence-based practice for children and adolescents. *American Psychologist* 65/2, 85-97.

Mitchell, P.F. (2011) Evidence-based practice in real-world services for young people with complex needs: New opportunities suggested by recent implementation science. *Child and Youth Services Review* 33, 207-216.

Southam-Gerow, M.A., Rodriguez, A., Chorpita, B.F. & Daleiden, E.L. (2012) Dissemination and implementation of evidence based treatments for youth: challenges and recommendations. *Professional Psychology: Research and Practice*. Advance online pub. Doi:10.1037/a0029101.

### **Session 2 and Session 3 (May 19 and May 26, 2020)**

Developmental Considerations in Assessment and Intervention Planning  
Influence of Diversity Factors in Accessing Services and Engagement

A look at your own clinical approach to engagement and intervention with children/adolescents and families

Creating a Child-Friendly Therapy Space  
NASW Code of Ethics and Clinical Practice

**Readings (pick two of interest each week):**

Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 48-60.

Falicov, C. (2014) *MECA: A meeting place for culture and therapy. Latino families in therapy* (2nd ed.) (pp. 17-50) NY: Guilford Publications.

Holmbeck, G.N., Devine, K.A. & Bruno, E.F. (2010) Developmental issues and considerations in research and practice. In Weisz, J.R. & A. E. Kazdin (Eds) *Evidence-based psychotherapies for children and adolescents* (2nd ed) Guilford Press, NY, NY pp. 28-39.

Landy, S. & Bradley, S. (2014). Difficulties and disorders of attachment and social development. Children with multiple mental health challenges: an integrated approach to intervention. (pp. 295-332) NY: Springer Publishers.

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.

Cummings, J. R., Ponce, N. A., & Mays, V. M. (2010). Comparing racial/ethnic differences in mental health service use among high-need subpopulations across clinical and school-based settings. *Journal of Adolescent Health*, 46(6), 603-606.

Lindsey, M.A., Chambers, K., Pohle, C., Beall P. & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced black youth: adolescent and caregiver perspectives. *Journal of Child and Family Studies* 22:107-121.

Mustanski, B., Newcomb, M.E. & Garofalo, R. (2011) Mental health of lesbian, gay and bisexual youths: a developmental resiliency perspective. *Journal of Gay and lesbian Social Services* 23/2, 204-225.

Neblett, E.W., Rivas-Drake, D. & Umana-Taylor, A. (2012). The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child Development Perspectives* 6(3), 295-303.

Page, M.J., Lindahl, K. & Malik, N. (2013). The role of religion and stress in sexual identity and mental health among lesbian, gay and bisexual youth. *Journal of Research on Adolescence* 23(4), 665-677.

Page, T. (2011) *Attachment Theory and Social Work Treatment*. In F.J. Turner *Social work treatment: interlocking theoretical approaches* (5th edition) Oxford University Press, NY, NY pp. 30-47.

Smokowski, P., Evans, C., Cotter, K. & Webber, K. (2013). Ethnic identity and mental health in American Indian youth: examining mediation pathways through self-esteem and future optimism. *Journal of Youth and Adolescence* DOI 10.1007/s10964-013-9992-7.

**Session 4 and 5 (June 2 and June 9, 2020)**

Parent Management Training in Work with Young Families and Youth  
Parent-Child Interaction Therapy and Skills  
Play Therapy

**Readings (pick two of interest each week):**

Allen, B. & Kronenberg, M. (2014). *Treating traumatized children: a casebook of evidence-based therapies*. NY: Guilford. Chapters 9, 10 & 11

Hembree-Kigin, T. L., & McNeil, C. B. (1995). *Parent-child interaction therapy*. New York: Plenum Press. Chap. 3 (pp. 22-47) and Chap. 5 (pp. 71-99).

Kazdin, A. E. (2005). *Parent management training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*. Oxford, UK: Oxford University Press. Chapter 3 (pp. 65-89) and Manual (pp. 249-372)

Eyberg, S. & Members of the Child Study Laboratory (1999). *Parent-Child Interaction Therapy: Integrity Checklists and Session Materials*. PCIT International Version 2.10 Updated February 2010.

Falicov, C. (2014) *MECA: Raising children in culture and context. Latino families in therapy (2nd ed.)* (pp. 355-377) NY: Guilford Publications.

Hoagwood, K.E., Cavaleri, M.A., Olin, S., Burns, B.J., Slaton, E., Gruttadaro, D. & Hughes, R. (2010) Family support in children's mental health: a review and synthesis. *Clinical Child and Family Psychol Review* 13, 1-45.

Kaduson, H., & Schaefer, C. E. (2006). *Short-term play therapy for children*. New York: Guilford Press. Chap. 2 (pp. 22-50) and Chap. 7 (pp. 169-201).

Lenze, S.N., Pautsch, J., & Luby, J. (2011). Parent-child Interaction Therapy Emotion Development: a novel treatment for depression in preschool children. *Depression and Anxiety* 28: 153-159.

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.

Thomas, R. & Zimmer-Gembeck, M. (2011) Accumulating evidence for Parent-Child Interaction Therapy in the prevention of child maltreatment. *Child Development* 82 (1), 177-192.

**Session 6 and Session 7 (June 16 and June 23, 2020)**

Behavioral Management

ADHD

ODD

Dialectical Behavioral Therapy

**Readings (pick two of interest each week):**

Barkley, R.A. (2013) Defiant children (3rd edition): A clinician's manual for assessment and parent training. NY: Guilford.

Barkley, R. A. & Robin, A. (2014) Defiant teens (second edition) A clinician's manual for assessment and family intervention. NY: Guilford.

Friedberg, R.D., McClure, J.M., & Garcia, J.H. (2009). Behavioral Interventions. In Cognitive Therapy Techniques for Children and Adolescents: Tools for enhancing practice. NY: Guilford Press. (pp. 79-120).

Substance Abuse and Mental Health Services Administration. Interventions for disruptive behavior disorders: evidence-based and promising practices. HHS Pub. No. SMA 11-4634. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Midouhas, E., Yogaratnam, A., Flouri, E. & Charman, T. (2013). Psychopathology trajectories of children with autism spectrum disorder: the role of family poverty and parenting. Journal of the American Academy of Child and Adolescent Psychiatry. 52 (10), 1057-1065.e1

Miller, A. L., Rathus, J. H., Linehan, M., & Ebrary, I. (2007). Dialectical behavior therapy with suicidal adolescents. New York: Guilford Press. Chap. 3 (pp. 38-70), Chap. 4 (pp. 71-95) and Chap. 10 (pp. 210-244)

Groves, S., Backer, H., van den Bosch, W. & Miller, A. (2012). Review: Dialectical behavior therapy with adolescents. Child and Adolescent Mental Health 17(2), 65-75/

Geller, B., & DelBello, M. P. (2003). Bipolar disorder in childhood and early adolescence. New York: Guilford Press. Chaps. 12-14 (pp. 255-313).

Katz, L., Fotti, S., & Postl, L. (2009). Cognitive-behavioral therapy and dialectical behavior therapy: Adaptations required to treat adolescents. The Psychiatric Clinics of North America, 32(1), 95-109.

**Session 8 and Session 9 (June 30 and July 7, 2020)**

Creative Cognitive Behavioral Interventions for Depression and Anxiety Disorders

**Readings (pick two of interest each week):**

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 2: Assessment and Treatment of Suicidal Ideation and Behavior

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 4: Getting Started

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 5: Chain Analysis and Treatment Planning

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 6: Behavioral Activation and Emotion Regulation

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 7: Cognitive Restructuring, Problem-Solving and Interpersonal Effectiveness

Beidas, R., Benjamin, C.L., Puleo, C.M., Edmunds, J.M. & Kendall, P.C. (2010). Flexible applications of the Coping Cat Program for anxious youth. *Cognitive and Behavioral Practice*, (17), 142-153.

Clarke, GN, Lewinsohn, PM, & Hops H. (2001). Instructor's manual for Adolescents Coping with Depression course. Retrieved from Kaiser Permanente Center for Health Research website: [www.kpchr.org/public/acwd/acwd.html](http://www.kpchr.org/public/acwd/acwd.html)

Clarke, GN & Debar, LL. (2010). Group cognitive-behavioral treatment for adolescent depression. In JR

Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 110-125).

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.

Marshal, M., Dietz, L., Friedman, M., Stall, R., Smith, H. et al. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta analytic review. *Journal of Adolescent Health* 49, 115-123.

Podell, J., Mychailyszyn, M., Edmunds, J., Puleo, C., & Kendall, P. (2010). The coping cat program for anxious youth: The fear plan comes to life. *Cognitive and Behavioral Practice*,

SAMHSA (2012) *Preventing suicide: a toolkit for high schools*. HHS Publication No SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Saulsberry, A., Corden, M., Taylor-Crawford, K., Crawford, T., Johnson, M., Froemel, J., Walls, A., Fogel,

J., Marko-Holgan, M. & Van Voorhees, B. (2013). Chicago urban resiliency building (CURB): an internet based depression-prevention intervention for urban African American and Latino adolescents. *Journal of Child and Family Studies* 22: 150-160.

**Session 10 (July 14, 2020)**

Multisystemic Therapy and Motivational Enhancement Work with Adolescents  
Bipolar Disorder and Substance Abuse

**Readings (pick two of interest each week):**

Foster, S., Cunningham, P., Warner, S., McCoy, D., Barr, T., & Henggeler, S. (2009). Therapist behavior as a predictor of black and white caregiver responsiveness in multisystemic therapy. *Journal of Family Psychology*, 23(5), 626-635.

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.

Ogden, T., & Hagen, K. (2009). What works for whom? gender differences in intake characteristics and treatment outcomes following multisystemic therapy. *Journal of Adolescence*, 32(6), 1425-1435.

Ryan, S., Cunningham, P., Foster, S., Brennan, P., Brock, R. & Whitmore, E. (2013) Predictors of therapist adherence and emotional bond in multisystemic therapy: testing ethnicity as a moderator. *Journal of Child and Family Studies* 22: 122-136.

Naar-King, s. & Suarez, M. (2011). The spirit of motivational interviewing. *Motivational interviewing with adolescents and young adults*. (pp. 16-180) NY: Guilford.

Hernandez, L., Barnett, N. et al. (2011). Alcohol problems. In S. Naar-King & M. Suarez (Eds.) *Motivational interviewing with adolescents and young adults*. (pp. 85-91) NY: Guilford.

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).

Curtis, N., Ronan, K., Heiblum, N., & Crellin, K. (2009). Dissemination and effectiveness of multisystemic treatment in New Zealand: A benchmarking study. *Journal of Family Psychology*, 23(2), 119-129.

Hogue, A., Henderson, C., Dauber, S., Barajas, P., Fried, A. & Liddle, H. (2008). Treatment adherence, competence, and outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology*, 76(4), 544-555.

Letourneau, E., Ellis, D., Naar-King, S., Cunningham, P., & Fowler, S. (2010). Case study: Multisystemic therapy for adolescents who engage in HIV transmission risk behaviors. *Journal of Pediatric Psychology*, 35(2), 120-127.

### **Session 11 (July 21, 2020)**

Interventions to Address Trauma, Terrorism and Disasters

Trauma-Focused Cognitive-Behavior Therapy

### **Readings (pick two of interest each week):**

Allen, B. & Kronenberg, M. (2014). *Treating traumatized children: a casebook of evidence-based therapies*. NY: Guilford. Chapters 1, 2, 3, 4, 5

Cohen, J., Mannarino, A., Kliethermes, M. & Murray, L. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse and Neglect* 36, 528-541.

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.

Cohen, J., Berliner, L., & Mannarino, A. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse Neglect*, 34(4), 215-224.

Cohen, J., & Mannarino, A. (2008). Trauma-focused cognitive behavioural therapy for children and parents. *Child and Adolescent Mental Health*, 13(4), 158-162.

Cohen, J. & Mannarino, A. (2011). Trauma-Focused CBT for traumatic grief in military children. *Journal of Contemporary Psychotherapy* 41, 219-227.

Jaycox, L., Cohen, J., Mannarino, A., Walker, D., Langley, A., Gegenheimer, K., et al. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress*, 23(2), 223-231.

La Greca, A. & Silverman, W. (2012) *Interventions for youth following disasters and acts of terrorism*. University of Miami. (2003). *Helping Children Cope with the Challenges of War and Terrorism: A Guide for Caring Adults and Children*. [http://www.7-dippity.com/other/UWA\\_war\\_book.pdf](http://www.7-dippity.com/other/UWA_war_book.pdf)

## c. Assignments

### **1) Building Resources. On-going (Completed assignment needs to be submitted on CANVAS by July 20, 2020). 15 points.**

The purpose of this assignment is for us as clinicians to help each other build a knowledge base of resources that we can utilize in our future careers as social workers. Your job will be to participate in discussions regarding a particular area of interest in treating children and youth. You will need to send me an email to get approval of your identified area of interest by **May 19th**.

Each week, for 8 weeks, you will post in a discussion on our CANVAS site a summarization (annotation) of two research/evaluation articles that you have found regarding your topic of interest. Your articles need to be posted by **Friday of each week by midnight (11:59PM)**.

In addition to posting a summarization and link to your articles you will also "review" (read) one other student's summarization of their articles and make a comment giving them some feedback or maybe a suggestion of where else to explore finding resources if you have some experience in their area of interest. You need to comment on a post each week by **Monday at midnight (11:59PM)**.

At the end of the 8 weeks you will submit a completed works cited as well as a 1-2 page review of what you learned and what you think will be helpful for others in the area in which you researched in providing treatment. You will also do a short 3-5 minute presentation (informal) to the rest of the class regarding your research, this will happen on the last day of class.

### **2) Completion of the PCIT Training. Due June 7, 2020 by 11:59pm. 15 points.**

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.

<http://pcit.ucdavis.edu/pcit-web-course/> (Links to an external site.)

Once you have completed the training, please write a brief 1-2 page summary concerning the training. Please unload your certificate of completion at the end of your reflection.

1. A brief description of the training in your own words.
2. What will you take from completing this course that will help you guide your future practice or involvement with children and families?

### **3) Completion of the TF-CBT Training. Due June 28, 2020 by 11:59pm. 15 points**

\*\*This assignment requires me to register your email address, so I can pay for your training.\*\*

Complete the internet course on the use of Trauma-Focused Cognitive Behavioral Therapy, by Cohen, Mannarina and Debringer, and turn in your certificate of completion with a short 1-2 page reflection paper. The course takes about 11 hours and will be completed at your own pace outside of class. You will earn 11 continuing education hours for taking this course and a certificate of completion that can be reflected in your resume.

Once you have completed the training, please write a brief 1-2 page summary concerning the training. Please unload your certificate of completion at the end of your reflection.

1. A brief description of the training in your own words.
2. What will you take from completing this course that will help you guide your future practice or involvement with children and families?

#### **4) Clinical Assessment Paper. Due July 5, 2020 by 11:59pm. 20 points.**

**This assignment should be 6-9 pages in length (not including works cited). 1.5 spacing.**

Please use the following guideline to complete the assignment.

Remember, when completing this assignment to alter case information as needed to protect client confidentiality. Use only initials or new names to identify the youth or family members.

*If you are not actively engaged in working with a youth, you can select a volunteer experience where you worked with youth or previous work situation where you had an opportunity to engage youth in change, or a supervisor's case if you are working in a child or youth setting, or a clinical demonstration/training video/DVD to address the components of this assignment. Please meet with the instructor for additional clarification on how to complete this assignment when you are not working directly with youth.*

#### **Bio-psychosocial Assessment**

Provide a description of the setting in which you are working with the youth, the reason for referral for services, summarize the youth's presenting problems/issues and any biopsychosocial assessment information you collected as part of the assessment of the youth. Prepare this segment of the assignment as a professional document that could be entered into the youth's record.

Include in the bio-psychosocial assessment the following information that may be obtained from the youth and parent(s)/caregivers depending on your setting **(Please use the following subheadings):**

Description of the Presenting Issues and Referral Source;  
Family background and situation;  
Physical functioning and health of youth;  
Educational background and school performance;  
Cognitive functioning;  
Psychological and emotional functioning;  
Interpersonal and social relationships;  
Ethnicity;  
Religion and spirituality of youth/family;

Gender (including Gender Identity and Gender Expression);  
Strengths and problem-solving capacity of youth and family;  
Family income and use of community resources;  
Potential barriers to treatment;

Clinical Impressions/Case Formulation:

*In general, a case formulation usually involves the following steps: developing a comprehensive problem list, determining the nature of each problem, identifying patterns among the problems, developing a hypothesis to explain the problems, validate and refine hypothesis and test hypothesis (Maruish 2002, p. 117). This is an important part of the assessment summary and should be at least half a page in the write-up.*

**Building the Therapeutic Alliance:** Discuss what steps you took to form a therapeutic alliance with the youth, with what result. Reflect on the following:

How did you engage and build a relationship with the youth?

What diversity factors might have influenced the ways that you choose to engage with the youth (e.g., age of the youth, race of the youth, gender identity of the youth, cognitive abilities, emotional and behavioral challenges, cultural or language issues, and worker diversity factors)? *(This should be about one page, 1.5 spaced)*

**DSM-5 Diagnosis.** If you had to classify the emotional and behavioral health challenges faced by the youth, identify the DSM-5 diagnosis you would use and give a rationale for the selection of that diagnosis. *(This should be about half a page, 1.5 spaced)*

**5. Clinical Intervention. Due July 26, 2020 by 11:59pm. 25 points.**

**This assignment should be between 6-9 pages, 1.5 spacing. Works cited page also needs to be included.**

Please use the following guideline to complete the clinical intervention paper. This paper should build from work you did in the Clinical Assessment paper. Remember, when completing this assignment to alter case information as needed to protect client confidentiality. (Review the *Essentials of Treatment Planning (Maruish)* to guide your work.)

1. Select 2 areas you identified in the clinical assessment paper (from your case formulation section) to focus on in more detail in this intervention paper.
2. For each area identified (2 are required for this assignment):
  - Develop a goal for the youth situation,
  - Discuss techniques and strategies you might use in your work with the youth and family. (What are the theories or empirically supported interventions that you are using to guide your work?).
  - Identify the smaller steps involved in working toward the goal (How do you build a therapeutic alliance with this child or family?).
  - Highlight how you will incorporate the youth and family feedback related to addressing the goal (Potential roadblocks? How might you address them?).

3. Create a treatment/intervention chart for each goal. The chart should include (example on CANVAS):
  - A column that identifies each problem,
  - The goal for each problem,
  - Key objectives, the strategies/techniques to be used,
  - Who will be involved in carrying out the strategies/techniques,
  - A proposed timeline,
  - Strengths and barriers.

Prepare this segment of the paper as a professional document that could be added to a youth’s case file.

4. Identify at least one standardized measure that you use or will use to monitor change over time with each problem area. Discuss how you might use the measures selected and the benefits of using this measure as it relates to change efforts. Be sure to include the source for the measure and when possible the actual measure. <http://guides.lib.umich.edu/tests>
5. Discuss how clinical social work values informed your work with this youth in the development of this intervention plan. Refer to the NASW Code of Ethics as a guide for your response in this section. Discuss at a minimum two values or ethical principles relevant to your case situation. <http://www.socialworkers.org/pubs/code/code.asp>
6. Reflect on your learning: What are you taking from this paper that will help you guide your future clinical practice with children, youth and families that you may work with? What skills have you gained or enhanced through the development of this paper?
7. Use at least 5 individual peer reviewed resources from in class references or references you have obtained on your own. Create a works cited page.

Assignment	Points	Due Date
Building Resources	15	7/20/20
PCIT	15	6/7/20
TF-CBT	15	6/28/20
Clinical Assessment	20	7/5/20
Clinical Intervention	25	7/26/20
Participation	10	On-going

**d. Attendance and Class Participation**

**Attendance: Attendance is necessary for participation to occur but attendance alone is not enough –you have to actively engage – ask and answer questions, make comments. Participation counts for 10% of your overall grade. If you are to miss more than 1 class during the semester, you will need to speak with me, as an additional writing assignment will be required of you.**

Typically each week we'll have some combination of lecture, small group discussion and full class discussion. Lecture outline will be posted on CANVAS before the night of the lecture. Each week there will be assigned readings. As we progress through the semester, I will begin to highlight readings based on our class discussions. Each week, in discussion you will be asked about the core concepts and relevant implications of these concepts. Core concepts should link from one week to the next in the sense that you should be asking yourself (and me) how the current week's content relates to what we already learned. The goal of the discussions is to create an active learning context in which each week's content is actively linked to prior content so that by the end of the semester, students will have a linked memory structure, facilitating later recall and use of the material in class and in the field.

Please refer to the MSW Student Guide for policies related to attendance and class participation found here: <https://ssw.umich.edu/msw-student-guide/section/1.08.00/17/policy-on-class-attendance>

### **e. Grading**

**The Grading Scale is:**

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

**A+ is reserved for exceptional work.**

Please refer to the MSW Student Guide for additional questions on grading and grading for special circumstances:

<https://ssw.umich.edu/msw-student-guide/section/1.07.00/14/grades-in-academic-courses-and-in-field-instruction>.

<https://ssw.umich.edu/msw-student-guide/section/1.07.01/15/grades-for-special-circumstances>.

**Due dates: Assignments are to be submitted on CANVAS by 11:59pm on the assigned due date. After the due date, 1 point will be deducted per day each day late from your grade on the assignment, with a maximum of 5 points deducted for a late submission.**

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**f. Additional School and University policies, information and resources are available here:**

**<https://ssw.umich.edu/standard-policies-information-resources>. They include:**

**Safety & Emergency Preparedness:**

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

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of

possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB (7793) for up-to-date School closure information.

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

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

### **Mental Health and Well-being:**

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact Counseling and Psychological Services (CAPS) at (734) 764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at (734) 764- 8320 and <https://www.uhs.umich.edu/mentalhealthsvcs>, or for alcohol or drug concerns, see [www.uhs.umich.edu/aodresources](http://www.uhs.umich.edu/aodresources).

### **Teaching Evaluations:**

In general, teaching evaluations can help faculty improve their classroom performance and provide important information for decisions about re-appointment, promotion, tenure, salary, and awards. All of the schools and colleges have teaching evaluation tools to meet these objectives. Students are strongly encouraged to complete teaching evaluations at the end of each term. Teaching evaluations are administered via Canvas and will be emailed to students during the last week of classes. Student identity is completely anonymous, and instructors cannot view evaluation reports until after grades are submitted.

### **Proper use of Names and Pronouns:**

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

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

**Accommodations for Students with Disabilities:**

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

**For more information, contact:**

Services for Students with Disabilities  
G-664 Haven Hall  
505 South State St.  
Phone: (734) 763-3000  
Email: [ssdoffice@umich.edu](mailto:ssdoffice@umich.edu)

**Religious/Spiritual Observances:**

Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University's policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent. Such notice must be given by the drop/add deadline of the given term. Students who are absent on days of examinations or class assignments shall be offered an opportunity to make up the work, without penalty, unless it can be demonstrated that a make-up opportunity would interfere unreasonably with the delivery of the course. Should disagreement arise over any aspect of this policy, the parties involved should contact the Department Chair, the Dean of the School, or the Ombudsperson. Final appeals will be resolved by the Provost.

**Military Deployment:**

Please refer to the following University website, if you are to be deployed at any point during the semester: <http://vets.umich.edu/life-at-michigan/military-deployment/>

**Writing Skills and Expectations:**

Strong writing and communication skills are essential to students' academic success and professional career. The Writing Coordinator for the School of Social Work is open to meeting with students during

any phase of the writing process. The Writing Coordinator's office is housed within the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication.

**For more information or to schedule an appointment, contact:**

SSW Writing Assistance  
Career Services (Room 1696)  
1080 S University Ave.  
Phone: (734) 763-6259  
Email: [ssw-cso@umich.edu](mailto:ssw-cso@umich.edu)

**APA formatting:**

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

**Academic Integrity and Plagiarism:**

Please consult the Student Guide <http://www.ssw.umich.edu/studentGuide/> [Student Code of Academic and Professional Conduct] to make sure you are not committing plagiarism in your written reports, assessments or assignments. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. If you are in doubt cite! Plagiarism can be grounds for expulsion from the School. A useful web resource on academic integrity can be found at: <http://www.lib.umich.edu/acadintegrity/>