



<b>Course title:</b>	Interpersonal Practice Interventions in Integrated Health, Mental Health, and Substance Abuse (Children, Youth, Transitional Youth, and Families)	
<b>Course #/term:</b>	603, sec 1, Fall, 2020	
<b>Time and place:</b>	Wednesday, 9:00-12:00, room 1840 and zoom	
<b>Credit hours:</b>	3	
<b>Prerequisites:</b>	[Course Number] or permission of instructor	
<b>Instructor:</b>	Laura Sanders	
<b>Pronouns:</b>	She/her, they (is fine too)	
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<b>Office hours:</b>	After class by appointment	

## 1. Course Statement

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### a. Course description

This course will build on intervention approaches introduced in the essential courses by promoting advanced and skill building for behavioral health providers (e.g. engagement, contracting, problem-solving, emotional regulation, behavioral activation, cognitive restructuring, etc.) using a specific brief, evidence-based and/or evidence-informed interventions including prevention, treatment and recovery as well as longer-term treatment and support for children and youth as appropriate. Particular focus will be on Cognitive Behavioral Therapy as a model of evidence-informed approaches in advancing clinical competency development regarding: 1. Psychoeducation, 2. Mindfulness, 3. Cognitive coping, 3. Behavioral Activation, 4. Exposure, 5. Problem solving and 7. Distress Tolerance. An overview of crisis and suicide intervention,

solution focused, motivational interviewing interventions and family interventions will be provided. A specific intervention strategy will be analyzed in the context of delivering interventions as trauma-informed and culturally responsive. Special attention will be given to issues of diversity as it relates to building therapeutic relationships and intervening with children, youth, transitional age youth and their families.

**b. Course objectives and competencies**

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

1. Demonstrate engagement strategies that are relevant to the practice setting (EPAS Competency 1,6)
2. Utilize evidence-informed assessment procedures to identify appropriate intervention strategies
3. Develop person-centered treatment goals, objectives, and interventions. (EPAS Competency 1, 7, 8)
4. 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. (EPAS Competency 1, 8, 2)
5. Develop trauma-informed intervention skills in working with children, adolescents and their families that are grounded in practice and research informed for effectiveness. (EPAS Competency 1, 2, 3k 4, 8)
6. 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 (EPAS Competency 1, 2, 8, 9)

**c. Course design**

Class format will include lecture, discussion, case analysis, and peer-reviewed skill practice. Reflection and recorded assignments to evaluate students' ability to integrate knowledge into practice will be utilized.

**d. Intensive focus on 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.

Actively practice to enhance social justice:

Adapt social justice vision for interpersonal practice utilizing person-centered and recovery-oriented practice methods. Intervention strategies used and skills developed will address cultural sensitivity and promote cultural humility.

**Critical Contextual Thinking:**

Students during the engagement, assessment, intervention and evaluation phases of work, how privilege, oppression, diversity and social justice impacts the processes in each phase of interpersonal practice based on the social and personal identities of themselves and clients. Selection Implementation of interventions and processes of change in work with children, youth, transitional age youth and families with complex needs will be analyzed using a social justice lens, especially as it relates to the pathways to care (e.g. access, resources) for this population.

**Conflict, Dialogue and Community:**

Students will utilize case consultation and review of potential strategies to develop an ability to critically dissect the advantages and disadvantages of practice methods and strategies relevant to the social and personal identities that are impacted by social justice goals. Develop strategies to engage in interprofessional teams with conflicting roles, responsibilities and ideas.

**Critical Awareness, use of self, and strengthening strategies for resilience and generativity:**

Personal reflection and personal evaluation of growth and areas to enhance relevant to the professional role in the prevention, intervention and termination processes.

## **2. Class Requirements**

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### **Required text book and other readings**

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To fully engage in the course topic and become a competent and skilled social work practitioner, it is expected that students will complete all required readings and independent assignments to demonstrate integration into practice.

Text book: Delahooke, Mona, PhD, (2019) [Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges.](#) PESI Publishing and Media, WI, ISBN: 9781683731191

We will use parts of this Manual and you can use it as a reference:

Cully, J.A., & Teten, A.L. 2008. A Therapist's Guide to Brief Cognitive Behavioral Therapy. Department of Veterans Affairs South Central MIRECC, Houston.

[https://depts.washington.edu/dbpeds/therapists\\_guide\\_to\\_brief\\_cbtmanual.pdf](https://depts.washington.edu/dbpeds/therapists_guide_to_brief_cbtmanual.pdf)

- All required articles and resources will be posted on canvas or accessible through the UM Library with unique name kerborized password.
- Readings will not regularly reviewed in class however students will be asked to integrate reading into course assignment. You must complete course readings in order to integrate concepts into your practice skills and assignments.

Helpful Resources and Course Materials::

- i. [TRAILS to Wellness](#)
- ii. [TF-CBT: Online Training: Medical University of South Carolina](#) (COST)
- iii. Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families. *Child and adolescent psychiatric clinics of North America*, 24(3), 557–570. doi:10.1016/j.chc.2015.02.005
- iv. [The National Child Traumatic Stress Network](#)
- v. [Georgetown University Center for Child and Human Development](#)
- vi. [Trauma-Informed Care in Behavioral Health Services](#): SAMHSA TIP 57
- vii. NTI: National Training Institute: MENTAL HEALTH
- viii. SIMmersion: Adolescent SUD  
<https://sites.google.com/umich.edu/simmersion/video-tutorials?authuser=0>

## Assignments:

### Assignment 1:

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

This assignment is an in-class (on-line or in person) 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 (double-spaced and bulleted) 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:** Submit on canvas 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 at the end of your reflection.***
- 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. Varying due dates depending on when you present

## Assignment 2:

### **Complete one on-line Trauma-informed, evidence-based training:**

(leave plenty of time for this assignment as they require 5-12 hours for completion)

For an introduction to these options, visit the [Trauma-Informed Care in Behavioral Health Services](#): SAMHSA TIP 57 website and click on this link to evidence-based treatment training programs:

<http://gucchdtacenter.georgetown.edu/TraumaInformedCare/Module4.html>

You can see what it best suited for you and your role in your placement or interest.

You must fully participate in one of these on-line courses and submit your certificate and a two-page reflection paper on the training, following the instructions below. Your choices are Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Training (PCIT), or Cognitive Behavioral Interventions for Trauma in Schools (CBITS).

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

*There is a \$35 charge for the TF-CBT on-line course. The PCIT and CBITS trainings are free.*

### **Trauma Focused Cognitive Behavioral Therapy (TF-CBT):**

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 (PCIT):**

This course is free at this website: <https://pcit.ucdavis.edu/pcit-web-course/>

**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.

Another option. . .

**Cognitive Behavioral Intervention for Trauma in Schools (CBITS):**

From the website: The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).

<https://cbitsprogram.org/course>

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 assignment is worth 20% of your grade

### **Assignment 3:**

#### **Simmersion Tutorial Assignment:**

This is an introduction to Simmersions:

<https://sites.google.com/umich.edu/simmersion/video-tutorials?authuser=0>

You must complete two Simmersion sessions and turn in a transcript for each of them, with your score (which will not necessarily reflect on your grade for this assignment).

The first Simmersion on this list is required and you must also turn in a two-page (double-spaced) reflection with this one. The required Simmersion Tutorial is:

Engaging Adolescent Patients About Marijuana Use with David Martin (for CME)

The second Simmersion tutorial is your choice. You must submit your transcript and your score but you do not need to write a reflection for this one. I recommend that you choose one of these that most closely reflects your role in your placement or your interest as a social work practitioner:

The choices are:

Preventing Childhood Obesity with Kelly Robinson

Suicide Prevention: Assessing Risk with Taye Banks

Cognitive Behavioral Therapy: Creating a Change Plan with Melody Denison

Engaging Adolescent Patients About Marijuana Use with David Martin (forCME)

Brief Motivational Intervention with Gabe Turner

Submit transcripts for two Simmersions and a two-page reflection for the Simmersion with David Martin about marijuana use.



**Please respond to these questions in your reflection:**

- 1) What is motivational interviewing and why is it helpful to use with adolescent clients?
- 2) In looking at your transcript:

What do you see as your strengths as practitioner?

What was most challenging about the conversation?

- 3) What do you need to work on to further perfect your Motivational Interviewing skills?
- 4) How do you imagine you will apply these skills to the area of social work practice you are most interested in at this point?

This assignment is worth 30% of your grade. More clarity on how exactly it will be graded will be provided. This assignment is due in week 9 of the course.

**Assignment 4:**

**Intervention and Treatment Implementation Paper:**

Choose a child or adolescent (and parents or caretakers) with whom you have begun to work. This paper is focused on actual intervention and 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 change goals and system's recommendations through advocacy. 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. This should be an 8 to 10 page paper (double-spaced). Do not exceed the page limit. (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 including age, race, gender and important categories of identity, a brief description of the client and family, the presenting problem, important psychosocial/family history, risk or protective factors and community and cultural issues that are relevant. Describe any critical incidences (interactions and/or history that you have heard about or observed that help to inform the direction of the case) that came up during the assessment process but much more briefly than in the first paper.
- 3) **Observations of child, youth and child-parent/family 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 and recommendations:** (1 page) Provide your clinical hypothesis. State the hypothesis concisely in about three sentences as is illustrated in your handout on Jonathan and is discussed in the brief lecture on hypothesis-building. List and number your person-centered therapeutic goals for your client and their family (refer to video lecture on goal-setting). List goals in “client will. . .” language. They should be brief, active, specific and measurable. Also list your recommendations that reflect what systems can do to help your client change (ie, the school system, health care, court or juvenile justice system, ect.).

**5) Treatment plan and interventions:** (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 approach(es) 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 methods and intervention examples from our course in your plan. Some examples are Collaborative and Proactive Solutions (Ross Greene), Safe and Sound protocols (Mona Delahooke), Play therapy (Eliana Gil or Theraplay), Cognitive Behavior Therapy and Mindfulness for children and adolescents, Trauma-Focused CBT, and Motivational Interviewing. Define and describe the method(s) briefly 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.

**6) Intervention Implementation and transcript:** (approx. 2 pages) Illustrate the approach you used through a transcript of a part of an actual session with your client. The session may actually be longer, but for this paper, transcribe about 15- 25 statements from the client and your responses to the client. Comment on the accuracy of your original assessment and plan. Are you practicing the methods (or an integration of methods) that you described? Describe how you might improve your responses or expand your methodology?

**7) Advocacy:** (paragraph) Where relevant, describe case management or advocacy in addition to clinical work you are providing. What do the clients need in from other systems in their lives? - such as referral for other services, coordination with other professionals, 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 within these systems and individuals.

**8) Your process so far and cross-cultural and transference issues:** (not more than one page) Describe any critical incidences in your work with you client that are indications of your progress or challenges to your progress. How is it going? 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 with your client. Discuss any transference or counter-transference issues that have arisen for you and/or your client. 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.

9) **Prognosis and evaluation:** (1/2 page or so) How hopeful are you about helping your client meet their therapeutic goals? How will you evaluate change? What are some standardized tools you are using or could use for evaluation? What qualitative evidence will aid in your evaluation? How have you evaluated your progress along the way and what have you learned about how you are doing with your client?

8) **Reflection:** (1 paragraph) End with a brief, but thoughtful discussion of what you have learned personally from this assignment.

9) **Resources:** Throughout this paper, **include at least four references, using substantial quotes, from at least four different required course readings or training curriculums** (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and your therapeutic process, and provide a list of your resources at the end of the paper. 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.

**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, mental health 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 (under handouts on your canvas) to address instructions one to four. 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 handouts on Jonathan's case from class provide our clinical hypothesis (the concise, three-sentence statement) for Jonathan which considers symptoms, developmental, psychodynamic, behavioral, family/interactional issues. 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 should use the exact handouts from class for this section of the paper.

6) **Therapeutic Intervention Plan:** (3-4 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 to meet the goals of Jonathan and his family? Integrate at least four methods in your discussion that you would use to help this family meet their therapeutic goals. Some examples are Collaborative and Proactive Solutions (Ross Greene), Safe and Sound protocols (Mona Delahooke), Play therapy (Eliana Gil or Theraplay), Cognitive Behavior Therapy and Mindfulness for children and adolescents, Trauma-Focused CBT, and Motivational Interviewing. Define and describe the method(s) briefly 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.

7) **Advocacy Issues:** (1/2 page) How will you work with systems to try to fulfill your recommendations?

8) **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. Include course readings on cross-cultural social work to back up your ideas.

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? What are they and what might you expect to see?

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 four different course readings* or training curriculums (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and provide a list of your resources at the end of the paper. 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.

Length: 8-10 pages (do not exceed). Double-spaced, Counts 30% of course grade

**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.

**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 and in-person hybrid 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.

**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 prefer your cameras to be on so I can see you and we can all feel more connected. 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 social workers. See resources for this below. Please see information on mental health and well-being from the SSW web page.

**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)

**COVID-19 Statement - Required**

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your responsibility for protecting the collective health of our community. Your participation in this course on an in-person/hybrid basis is conditional upon your adherence to all safety measures mandated by the state of Michigan and the University, including maintaining physical distancing of six feet from others, and properly wearing a face covering in class. Other applicable safety measures may be described in the [Wolverine Culture of Care](#) and the [University's Face Covering Policy for COVID-19](#). Your ability to participate in this

course in-person/hybrid may be impacted by failure to comply with campus safety measures. Individuals seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the [Office for Institutional Equity](#). If you are unable or unwilling to adhere to these safety measures while in a face-to-face class setting, you will be required to participate on a remote basis. I also encourage you to review the [Statement of Student Rights and Responsibilities](#) and the [COVID-related Addendum to the Statement of Student Rights and Responsibilities](#).

### **Health-Related Class Absences**

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a Doctor's note) for medical excuses is *not* required.

### **Recording Class**

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified in advance that a recording will occur and be provided with an option to opt-out. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor.

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*

### **The Course Agenda, subject to revision as we go**

*The readings you can't access by a click are up on your canvas site*

#### **Week 1: in person, Sept 2**

##### **Introduction to the Course**

##### **Pre-class preparation:**

Review the syllabus under "files" on canvas

##### **In class, in person:**

Introductions to myself and each other

Student back-ground sheet

Class assignments and review of the syllabus

Introduction to underlying theories and methods of the course:

Developmental, Transactional Developmental, anti-racism, relational-cultural, trauma recovery

Intervention Methods: trauma-informed play and parenting, cognitive-behavioral therapy, Motivational Interviewing

#### **Week 2: remote, Sept 9**

##### **Assessment, Hypothesis and Goal-setting**

##### **Pre-class preparation for week 2:**

**Watch:** (these are in your Media Gallery on Canvas)

**Hypothesis-building lecture:** Laura Sanders (14 mins), Media Gallery

**Goal-setting lecture:** Laura Sanders (28 ins), Media Gallery

##### **Required Readings:**

Delehouke, Mona, Introduction and Chapter 1

Get acquainted with this resource and focus on case conceptualization:



**Module 4: Brief CBT** Cully, J.A., & Teten, A.L. 2008. A Therapist's Guide to Brief Cognitive Behavioral Therapy. Department of Veterans Affairs South Central MIRECC, Houston

Take a look at these important assessment tools:

Suicide Assessment Screening Tool

**[Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)**

Adverse Childhood Experiences Questionnaire,

<https://www.theannainstitute.org/Finding%20Your%20ACE%20Score.pdf>

**In class over zoom: The case of Jonathan:**

We will watch the Jonathan video

Assess Risk and Protective factors across systems: Large group discussion

Share handout on Hypothesis, goals and recommendations for Jonathan across systems

**Week 3: remote, Sept 16**

**Dialogic Cross-cultural Social Work and Cultural Sensitivity**

**Pre-class preparation for week 3:**

Explore this resource to prepare for assignment 2:

[Trauma-Informed Care in Behavioral Health Services](#): SAMHSA TIP 57 – click on evidence-based treatments to get an idea of which on-line course you would like to pursue for assignment 2

**Required readings:**

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.

(Also see special resources files for therapists of color and cultural variance in parenting styles on your canvas for more information)

**In class over zoom:**

Cross-cultural case example: The case of Aduke

**Consultation Group sign-up and initial discussion:**

Introduce yourself and how your cultural intersections of identity affect your experience as a helping professional. What experiences, strengths, and perspectives do you bring to the group? What on-line course are you most attracted to and why?

**Week 4: in-person, Sept 23**

**Trauma-informed practice**

**Pre-class preparation for week 4:**

**Watch:** (1 hour and 45 mins) American Academy of Pediatrics (Producer), & . (2014). Trauma informed practice: Working with youth who have suffered adverse experiences. [Video/DVD] American Academy of Pediatrics. Retrieved from: <https://video-alexanderstreet-com.proxy.lib.umich.edu/watch/trauma-informed-practice-working-with-youth-who-have-suffered-adverse-experiences>

**Required Reading:**

Delahooke, Chapters 2 and 3 (pgs 27-95)

Focus on CBT and goal-setting:

**Module 6: Brief CBT** Cully, J.A., & Teten, A.L. 2008. A Therapist's Guide to Brief Cognitive Behavioral Therapy. Department of Veterans Affairs South Central MIRECC, Houston

**In class, in person:**

Lecture on the Neurobiology of Trauma and Understanding PTSD  
Stages in Trauma Recovery Treatment, TF-CBT  
Experiential exercise to understand nervous system responses to trauma

**Week 5, remote, Sept 30**

**Engaging children and parents in helping their children**

**Pre-class preparation for week:**

**Watch:**

**The Safe and Sound Protocol you tube video:**

<https://www.youtube.com/watch?v=8ts36NF7A5k> , Mona Delahooke (29 mins)

<https://www.thekidswelose.com/> Hope and Solutions with Ross Greene (17 mins)

Check out Ross Greene's website: [livesinthebalance.org](http://livesinthebalance.org)

**Prepare:** A one-page (double-spaced) introduction of yourself that you would share with clients to explain who you are, your role as a social worker within your organization and your orientation to working with people in that context.

**Required Reading:**

Delahooke, Chapter 4 and 5, (pgs.95-168)

Haine-Schlagel, R., Walsh, N.E. A Review of Parent Participation Engagement in Child and Family Mental Health Treatment. Clin Child Fam Psychol Rev 18, 133–150 (2015). <https://doi-org.proxy.lib.umich.edu/10.1007/s10567-015-0182-x>

Malpas, Jean, (2016) The Transgender Journey: What Role Should Therapists Play? Psychotherapy Networker, March/April 2016 (7 pgs)

**In class over zoom:**

**Lecture:** Collaborative and Pro-active Solutions Parenting Program: Ross Greene

**Peer consultation groups:**

Share your one-page introduction of yourself in your social work role with your group

**Week 6, remote, Oct 7**

**Engagement and mental health intervention with young children: Play Therapy**

**Pre-class preparation:**

**Watch:** (these are in your Media Gallery on Canvas)

The essentials of play with Eliana Gil (56 mins)

Play therapy with Little Ginny and Laura: treatment of traumatic play demonstration – trauma-focused narrative through play (59 mins)

**Required Reading for week 6:**

Delahooke, Chapter 6 pgs.169-200

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  
Nims, Donald R. (2007). Integrating play therapy techniques into solution-focused brief therapy. *International Journal of Play Therapy*, 16(1), 54–68. Educational Publishing Foundation.

**In class, over zoom:**

**Lecture:** Non-directive to directive methods of play therapy  
Involving parents in play: Theraplay example (stop and watch)

**Peer consultation groups:** Student case presentations

**Week 7: Oct. 14, in-person:**

***Due: Online training certificate and reflection***

***Due: If you presented last week, assignment one is due***

**Straight-up CBT with adolescents – Guest speaker, Dan Fischer**

**Pre-class preparation for the week:**

Suggestion: Work on your Simmersion assignment

**[Urban Yoga](#)**

**Required Reading:**

Delahooke, chapter 7, (pgs. 201-228)

A practical manual that teaches the CBT skill of Behavioral Activation providing handouts, worksheets and record-keeping forms. 34 pages. To access, click on this link:

**[Behavioral-Activation-for-Depression.pdf](#)**

**In-class: in person:**

**Lecture:** Creative ways to use CBT with children

**Experiential:** The CBT person exercise in pairs

**Peer consultation groups:** Student case presentation

**Week 8: Oct 21, remote**

***Due: If you presented last week, assignment one is due***

**CBT, Mindfulness and creative ways of working with children and CBT**

**Pre-class preparation for the week: Watch these brief videos**

**3 Minute Body Scan**

Diane R. Gehart, Ph.D.: Mindfulness in schools with young children

**3-Minute Compassion meditation for Children and Families**

Mindfulness in Schools: Mindfulness and the Brain for Children

[https://www.youtube.com/watch?v=a\\_hPelcPRTg](https://www.youtube.com/watch?v=a_hPelcPRTg)

Mindfulness in Schools: Working with Difficult Emotions

<https://www.youtube.com/watch?v=LtlZNCBIs4g>

How Does Cognitive Behavioral Therapy Work? (5 mins)

[https://www.youtube.com/watch?v=ZdyOwZ4\\_RnI](https://www.youtube.com/watch?v=ZdyOwZ4_RnI)

**Required Readings:**

Delahooke, Chapter 8, (pgs.229-556)

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).

Sibinga, Erica M.S, Perry-Parrish, Carisa, Chung, Shang-en, Johnson, Sara B, Smith, Michael, & Ellen, Jonathan M. (2013). School-based mindfulness instruction for urban male youth: A small randomized controlled trial. Preventive Medicine, 57(6), 799–801. Article, SAN DIEGO: Elsevier Inc.

**In-class: over zoom:**

**Lecture:** Creative ways to use CBT with children

**Experiential:** The CBT person exercise in pairs

**Peer consultation groups:** Student case presentations

**Week 9, Oct. 28, remote:**

***Due: If you presented last week, assignment one is due***

**Introduction to Motivational Interviewing with adolescents**

**Pre-class preparation for the week:**

Introduction to Motivational Interviewing: (17 mins):

<https://www.youtube.com/watch?v=s3MCJZ7OGRk&t=301s>

**Required Readings:**

Delahooke, Chapter 9, (257-266)

Mauriello L.M., Johnson S.S., Prochaska J.M. (2017) Meeting Patients Where They Are At: Using a Stage Approach to Facilitate Engagement. In: O'Donohue W., James L., Snipes C. (eds) Practical Strategies and Tools to Promote Treatment Engagement. Springer, Cham (pgs. 25-42) See canvas

**In-class, over zoom:**

**Lecture:** Guest presenter

**Peer consultation groups:** Student case presentation

**Week 10, Nov 4, in-person:**

***Due: Simmersion Assignment***

***Due: If you presented last week, assignment one is due***

**Motivational Interviewing with adolescents and substance abuse**

**Pre-class preparation for the week:**

**VIDEO: SUD Adolescent** Motivational Interviewing with teens re. substance abuse

**Required Readings:** (expect more readings)

Jongsma, Arthur E., Jr., et al. The Social Work and Human Services Treatment Planner, with DSM 5 Updates, John Wiley & Sons, Incorporated, 2012  
Drug Abuse and Dependence and Alcohol Abuse/Dependence, Behavioral Definitions. (canvas)

**In-class, in person:**

**Lecture:** possible guest

**Peer consultation groups:** Student case presentations

**Experiential:** Possible open-chair role play of MI in class

**Week 11, Nov 11, remote:**

***Due: If you presented last week, assignment one is due***

**Working with transitional youth, Multisystemic Therapy and suicide assessment**

**Pre-class preparation:**

**Required Readings:**

Munson, M. R., Cole, A., Stanhope, V., Marcus, S. C., McKay, M., Jaccard, J., & Ben-David, S. (2016). Cornerstone program for transition-age youth with serious mental illness: study protocol for a randomized controlled trial. *Trials*, 17(1), 537. doi:10.1186/s13063-016-1654-0

Swensen, Henggeler, Taylor, Addison, (2005), Chapter 7, *The MST Approach for Reducing School Problems and School Expulsion*, in *Multisystemic Therapy and Neighborhood Partnerships*, Gilford Press, NY, NY (go to part 2 to find chapter 7) <https://proxy.lib.umich.edu/login?url=https://ebookcentral.proquest.com/lib/umichigan/detail.action?docID=406040>

Thompson, V. L. S., & Alexander, H. (2006). Therapists' race and African American clients' reactions to therapy. *Psychotherapy: Theory, Research, Practice, Training*, 43(1), 99–110. <https://doi.org/10.1037/0033-3204.43.1.99>

**In class: over zoom**

**Lecture:** on class topic

**Week 12, Nov 18, remote:**

***Due: Intervention Paper***

**Solution-Focused Family Therapy**

**Pre-class Preparation for the week:**

Governors State University. Communications Services (Producer), & Carlson, J., Kjos, D. and Selekman, M. (Directors). (2000). Building on adolescent expertise: A solution oriented brief therapy approach. [Video/DVD] Zeig, Tucker & Theisen, Inc. Retrieved from <https://video-alexanderstreet-com.proxy.lib.umich.edu/watch/building-on-adolescent-expertise-a-solution-oriented-brief-therapy-approach>

**Required Readings:**

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.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3126101/>

Ryan, Caitlyn, PhD, ACSW, et. al. Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of LGBT Youth* 2015, 205-213  
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1744-6171.2010.00246.x>

Williams, Natasha & Foye, Angelique & Lewis, Florence. (2016). Applying Structural Family Therapy in the Changing Context of the Modern African American Single Mother. *Journal of Feminist Family Therapy*. 28. 30-47.  
10.1080/08952833.2015.1130547.

**In-class: over zoom:**

**Discussion:** Solution-focused therapy  
Possible role-play of solution-focused therapy

**Week 13, Dec 2, remote:**

**Evaluation and Ending and Self-care**

**Pre-class preparation for the week:**

Read, fill out and score the Professional Quality of Life Scale and be prepared to discuss it in class.

**Required readings:**

Waltman, S. H., Frankel, S. A., & Williston, M. A. (2016). Improving clinician self-awareness and increasing accurate representation of clinical competencies. *Practice Innovations*, 1(3), 178–188. <https://doi.org/10.1037/pri0000026> (working on getting this article)

Commented [1]:



**In class, over zoom:**

**Lecture:** Trauma-informed self-care

**Consultation groups:** to discuss self-care goals

**Other very helpful readings and resources:**

You can feel free to use these in your assignments as readings from our course

**Mind over Mood, Second Edition: Change How You Feel by Changing the Way You Think**

Dennis Greenberger, Christine A. Padesky, and Aaron T. Beck,

<https://ebookcentral-proquest-com.proxy.lib.umich.edu/lib/umichigan/detail.action?docID=400017>

**Solution focused brief therapy: 100 key points and techniques.**

Ratner, H., George, E., & Iveson, C. (2012). Solution focused brief therapy : 100 key points and techniques. Chapters 4-6

Retrieved from <https://ebookcentral-proquest-com.proxy.lib.umich.edu>

**Cognitive Therapy: Basics and Beyond.**

Beck, J.S. (1995). Cognitive therapy: Basics and beyond. New York: Guilford Press; Chapters 2 and 3.

**Treating Traumatized Children: A Casebook of Evidence-Based Therapies**

Brian Allen and Mindy Kronenberg, NY: Guilford. Chapters 9, 10 &11 (nice chapters on Trauma-Focused CBT)

<https://ebookcentral-proquest-com.proxy.lib.umich.edu/lib/umichigan/detail.action?docID=1759295>

**The School Counseling and School Social Work Treatment Planner, With DSM-5 Updates, 2nd edition,** Knapp, S. E., Jongsma, A. E. J., & Dimmitt, C. L. (2014).

<https://ebookcentral-proquest-com.proxy.lib.umich.edu>

**Partnering for Recovery in Mental Health: A Practical Guide to Person-centered Planning.** Tondora, J., Miller, R., & Slade, M. (2014). Module 2

<https://ebookcentral-proquest-com.proxy.lib.umich.edu/lib/umichigan/detail.action?docID=1896030>

**Mindfulness for Adolescents in Counseling, Behavioral Health, and Medical Settings. In: Mindfulness and Meditation for Adolescents.** Wisner B.L. (2017)  
Palgrave Macmillan, New York

[https://link-springer-com.proxy.lib.umich.edu/content/pdf/10.1057%2F978-1-349-95207-6\\_5.pdf](https://link-springer-com.proxy.lib.umich.edu/content/pdf/10.1057%2F978-1-349-95207-6_5.pdf)

**The Explosive Child**, Chapter.1: “The Waffle Episode”, Chapter. 2: “Children Do Well if They Can”, Chapter 5: “The Truth About Consequences” and Chapter 6: “Plan B”  
Ross Greene, Harper Collins Publisher, NY, 2005 pp. 1-23. (really helpful for parents)  
(in optional readings on Canvas)

**More good readings on culture, anti-racism and social work**  
(in optional readings on Canvas)

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

There is also special resource folders on your canvas for therapists of color and culturally impacted differences in parenting.

### **Case Examples and additional Lectures in your Media Gallery:**

I saved numerous video case examples and lectures from my previous IP with children and youth class that was focused more on integrated mental health therapy with children and families. You can feel free to view these case examples and other video resources that are in your Media Gallery. For those of you who are engaged in more focused clinical work they might be very helpful. They include but may not be limited to the list below. The case examples are actual and from my practice.

**Integrated Play Therapy with a Transgender Child**

**Integrated Therapy with a Traumatized Boy**

**Bad Memories: Integrated Therapy and Trauma-focused CBT with a traumatized girl**

**Attachment Lectures: Part 1,2,3,4,5**

**Trauma Lectures: Part 1,2,3,4**

**Stopping Lying and Stealing**

**Integrating Systems work with youth**

**Affirmative Practice Principals with LGBTQ Youth**

**Psycho-social Assessment of Children**