



# SCHOOL OF SOCIAL WORK

UNIVERSITY OF MICHIGAN

<b>Course title:</b>	Welfare of Children and Families: Micro Intervention Course	
<b>Course #/term:</b>	SW 622, Section 001, Fall Term, 2022	
<b>Time and place:</b>	Thursday, 9:00 to 12:00, in person, in room 2752	
<b>Credit hours:</b>	3	
<b>Prerequisites:</b>	SW 621 or permission of instructor	
<b>Instructor:</b>	Laura Sanders	
<b>Pronouns:</b>	She/her/hers	
<b>Contact info:</b>	Email: <a href="mailto:lsanders@umich.edu">lsanders@umich.edu</a>	Phone: 734-678-4814
	Other email: <a href="mailto:createcoun333@umich.edu">createcoun333@umich.edu</a>	
	You may expect a response within 48 hours	
<b>Office:</b>	2760	
<b>Office hours:</b>	After class, and by appointment, don't hesitate to call me	



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### Course description:

This course will present prevention, treatment, and rehabilitation practice theories and techniques emphasizing culturally responsive and evidence-informed interventions that address diverse groups of infants, children, and youth within their social contexts.(e.g., peer group, school, family, neighborhood, and communities).

A variety of evidence-based interventions for engaging children, youth, and families (or other caretaking adults such as foster parents) will be presented. Particular attention will be paid to cultural, social, and economic factors that influence client functioning or the worker's ability to accurately implement interventions that enhance client capacities. A range of evidence-based intervention approaches will be presented such as cognitive behavioral therapy, psychoeducation, behavioral therapy, parent management training and multi-tiered school-based interventions. 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.

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 intervention. 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 are discussed and demonstrated in this course.

Intervention strategies taught in this course rely significantly on the social worker as a critical component of the change process, thus attention will be paid to the understanding of self as an instrument in the change process.

### **Course objectives and competencies:**

- a. Based on assessment, select culturally responsive and evidence informed intervention strategies.
- b. Develop advanced intervention skills in working with children, adolescents, and their families.
- c. Implement evidence-based prevention and intervention strategies that are compatible with infant/child/adolescent and family or caretaker goals, needs, circumstances, culture, and values
- d. 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 infants, children, adolescents, and families, and the social worker, on interventions and outcomes  
Monitor and evaluate interventions regarding effectiveness and sensitivity to diversity factors.

### **CSWE Competencies:**

- **Intervention:** Social workers a) Initiate actions to achieve organizational goals; b) Help clients resolve problems; c) Negotiate, mediate, and advocate for clients; and d) Facilitate transitions and endings.
- **Evaluation:** Social workers a) critically analyze, monitor, and evaluate interventions

**Course design:** The instructor will assign required and recommended readings. Class format will include lecture, discussion, case analysis, and skills development sessions. Presentations and written assignments will integrate theory, evidence-based research, and case analysis, and when possible, the student's practicum work.

**Course Relationship to P.O.D.S:**

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. Using 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.

**Intensive Focus on Privilege, Oppression, Diversity and Social Justice (PODS):** This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Using a variety of instructional methods, this course will support students developing a vision of social justice, learning to recognize and reduce mechanisms that support oppression and injustice, working toward social justice processes, applying intersectionality and intercultural frameworks, and strengthening critical consciousness, self-knowledge, and self-awareness to facilitate PODS learning. (Course Statement Approved by Governing Faculty 11/8/06).

PODS 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. Social Justice will also 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 families will also be emphasized. Special attention will be given to issues of diversity as it relates to building therapeutic relationships and intervening. 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 diverse and intersecting factors, such as race, ethnicity, socio-economic status, gender, sexual orientation, sexual identity and culture.

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.

## Class Requirements

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### Attendance, class participation and expectations:

- 1) Class attendance in-person is expected. There will not be asynchronous materials to substitute for class attendance because the class is highly experiential, so plan to be at every class. One absence without point penalty is allowed. I would like to know if you are going to be absent, so please email me in advance, even if it is last minute due to illness. I do not excuse absences, but I would like to know what is going on with you if you chose to share it. If you miss more than one class, expect to lose at least 3-5 points off your final accumulation for the course for every absence. Of course, if you are facing a crisis, talk to me asap so we can plan for you to succeed in the course and we will work something out. Class attendance is so important because lecture, activities and discussion will focus on how to practice, and provide opportunities for you to expand your intervention skills. Most class sessions will begin at 9:00 and will end at 11:50 with a 10-minute break. I will provide an office hour after most classes, by appointment, and don't hesitate to call me on my cell to talk or set up an appointment.
- 2) In class, I ask you that you fully engage interpersonally and do not have electronics on unless you need your computer to take notes. Please do not distract with your phone, email, or other social media during class. I need your full attention during my lectures, and we all need each other's undivided attention when we are participating in class. I believe this is one way to practice good social work (key word – "social") – fully showing up in mind, body, attention, and expression. I will be there with you in full, and I need that of you as well.
- 3) You are expected to read the "**required readings**" for each week although we will not regularly discuss all of them in great detail necessarily. Some of them are supplemental to the course content and you will be expected to be able to apply them in depth in several of your assignments. This is the most significant way I know you read for the course, so please be intentional about applying the readings when required.
- 4) It is expected that you will turn in all assignments on the due date, unless you have contacted me for an extension, and that they reflect your best work to date, as we are all a work in progress.
- 5) Please communicate with me over email if you need an extension on an assignment due date. I am much more flexible about due dates than I am about attendance. I would rather have you come to class prepared and take longer on an assignment than miss preparing for, or being in class, so please contact me if you need an extension and I will very likely be flexible with no reduction in points.

**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.

**Trauma-reminder Warning:**

This course is heavily trauma-informed and focused. For any student who has experienced adversity 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 to be present and effective in working with wounded clients. Wounded healers who are aware and have worked toward resilience make some of the best therapists. See resources for this below.

**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 at [ssw.wellness@umich.edu](mailto:ssw.wellness@umich.edu). Students may also visit/call the University's Counseling and Psychological Services (CAPS). CAPS offers a variety of clinical services, referrals, and workshops. CAPS, Hours: 8am-5pm, 530 S State St., Ann Arbor, MI 48109  
[caps.umich.edu](http://caps.umich.edu)

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

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

*Academic integrity and plagiarism*

### **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.

### **Texts and class materials**

There are numerous ways to get these books. Students are very creative about getting them from Amazon, renting them, kindle, etc.

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Davies, Douglas (2020). *Child Development: A Practitioner's Guide, (4th Edition)*. Guilford Press, NY

Delahooke, Mona (2019) *Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges*, PESI Publishing and Media, WI.

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

Harris, Nadine Burke (2019), *The Deepest Well: Healing the Long-term Effects of Childhood Adversity*. First Mariner Books, Houghton Mifflin Harcourt Publishing Co. NY, NY.

### **Highly Recommended additional books:**

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

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

Hughes, Daniel A: *Building the Bonds of Attachment: Awakening Love in the Deeply Troubled Child*, (2017) Jason Aronson, Northvale, NJ.

Post Bryan, *From Fear to Love* (2010) and/or *The Great Behavior Breakdown* (2009), Post Institutes and Associates, Palmyra, VA

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

### **Recommended Optional Books to have in your library:**

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

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

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

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

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

Friedberg, Robert, D., and McClure, Jessica, (2015). *Cognitive Therapy Techniques for Children and Adolescents: The Nuts and Bolts*, . New York: Guilford Press

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

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

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

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

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

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

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

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

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

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

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

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

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



**THREE ASSIGNMENTS:**

<b>Assignment</b>	<b>Due date</b>	<b>Percent of overall grade</b>
Assignment 1: Clinical Case Presentation and Summary in Peer Consultation Groups	Fluctuate depending on your presentation date. Submit your presentation preparation notes and reflection under assignments on canvas	30%
Assignment 2: TF-CBT or PCIT online training and written reflection	Nov 3 Submit your certificate and your reflection on canvas	30%
Assignment 3: Final Paper: Treatment Implementation and Process	Nov 17 Submit under assignment on canvas	40%

**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 3-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 cross-cultural and issues of power, oppression and diversity are present in this case, for you and your client interpersonally, based on your similar and/or different intersections of identity, and on the systemic level for your client?
- \*\*What did you learn about yourself and your development as a reflective practitioner from this presentation and review?**

This assignment is worth 30% 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: TF-CBT or PCIT online training:**

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

**Trauma Focused Cognitive Behavioral Therapy:**

Complete the internet course on the use of Trauma-Focused Cognitive Behavioral Therapy, by Cohen, Mannarina and Debringer, and turn in your certificate of completion with a short 2-page reflection paper. The course takes about 10 hours and will be completed at your own pace outside of class. You will earn 10 continuing education credits for taking this course and a

certificate of completion that can be reflected in your resume. The certificate that proves you completed the course is worth 90% of the grade for this assignment.

This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is <https://tfcbt2.musc.edu/en>. It takes some time, so get started as soon as you can. Be sure to attach a copy of the certificate to the reflection paper which is worth 10% of the grade.



**Another option:**

**Parent Child Interaction Training for Traumatized Children:**

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

Complete this course and turn in your proof of completion with a brief, two-page reflection following the guidelines for the reflection below.

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

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

**Reflection on the web courses:** Worth 10% of your grade for this assignment

In your reflection paper (which is only two, double-spaced pages - be concise)

- 1) Briefly describe 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) What critical issues of power, oppression, and diversity do you think might surface in your attempts to use this method?
- 7) How will you prevent vicarious stress (taking on symptoms and stress from working with people who are traumatized) as you work with clients with this model? How will you practice self-care? Be specific. (“Oh ya, and self-care is important...” )

The completion of this certificate is worth 30% of your grade

### **Assignment 3: Treatment Paper or Alternative**

*Students who are actually working with clients in a clinical capacity must write a treatment and implementation process paper. Alternatives are open only for students who are not actively working with clients.*

#### **Treatment Implementation and Process Paper:**

Choose a child or adolescent (and parents or caretakers) with whom you have begun to work. This can be the same client as your case consultation, but it is better if you have another one to write about. This paper is focused on actual treatment rather than assessment - the methods and interventions you plan to try and have tried so far in working with your client(s), and the relational, process and progress that has unfolded between you in the clinical relationship. Focus on how you are attempting to meet the client's and systems' change goals. For this paper, you will 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, backing up all your thoughts with required readings from the course. Do not exceed the 10-page (double-spaced, 12 pt. font, 1" margins). Below is a detailed breakdown of the parts of the paper.

- 1) **Context:** (brief paragraph) Provide the context in which you know this client, your agency type, and your specific role with them.
- 2) **Background information and critical incidences:** (1 page) Provide approximately a page of notes (these can be bullet points - does not have to be a narrative), including: precipitant for referral, a brief description of the client and family, the presenting problem, important psychosocial/family history, the most critical risk or protective factors and cultural issues. Briefly describe any critical incidents that came up during the evaluation process. (You do not have to include readings in this section – I just want basic assessment information)
- 3) **Observations of child and child-parent interactions:** (1/2 to one page) Include what you have noticed and observed, or if you have not had that opportunity, what you have learned from other sources about this critical relationship.

4) **Clinical Hypothesis and goals and recommendations:** (1 page) Provide your clinical hypothesis that considers developmental, psychodynamic, family/interactional issues and systems impacts. Review the course lectures (in your media gallery) on building a hypothesis if needed and use our hypothesis and goal-setting handouts on the Jonathan case as a model for this section. State the hypothesis concisely in about three sentences as we reviewed in class. Also review the lecture on goal setting if necessary. List and number your therapeutic goals in separate sections for: 1) your client, 2) their parents, family and/or closest systems. Use “ (name of client) will. . . “ goal language. Goals should be brief, using active verbs, and measurable in some way. Ex. “Jonathan will decrease aggressive outbursts”. List your systems recommendations in a separate section.

5) **Treatment plan and interventions:** (approx. 2.5 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 and any strategies you have for engaging them. Describe the approaches you are, or plan to integrate in your clinical work, in detail. What methods and specific therapeutic activities will you or are you already using to address the therapeutic goals? Include as many methods and intervention examples from the course in your plan as you can, from relational to behavioral, bottom-up and/or top-down, **and back up your rational for using them with specific readings from the course. Be sure to include a source for every method you discuss.** In addition, you can also mention other methods we have not covered in class, but you must back them up with outside evidence if you do. Where relevant, describe case management or advocacy in addition to clinical work, such as referral for other services, coordination with other professionals, advocacy etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plans for interacting with these other parties, any recommendations you will make, and indicate any need you see and way you will advocate on behalf of your client with these systems and individuals.

6) **Treatment relationship and process:** (approx. 2 and 1/2 pages) Describe your relationship with the client(s) from the beginning to date - both child or adolescent and parents/caregivers. Describe some critical incidents that illustrate the therapeutic relationship as it has developed and discuss any transference and countertransference issues that have emerged between you.

Describe any racial/ethnic/class/religious/gender/sexual orientation/age/ability/SES 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, and/or your life experiences. **Include course reading to highlight your awareness of these issues.** Assess the family’s motivation for treatment by discussing strengths and weaknesses in the client(s) and their circumstances that may promote or impede successful intervention.

7) **Prognosis and evaluation:** (1/2 page or so) Describe your progress so far, the prognosis for successful intervention and analyze the reasons for your point of view. How will you evaluate change, specifically? Are there standardized tools you might use

for evaluation? What qualitative evidence will aid in your evaluation? If you used goal attainment scaling, how will you implement that? Describe briefly.

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

9) **Resources:** Throughout the paper, **include at least four references, including substantial quotes, from at least four different required course readings** (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and your therapeutic process, and a list of your resources at the end of the paper. Again, do a thorough job of integrating readings. My power points, handouts and lecture notes do not count as readings. A thorough inclusion of readings 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, Adverse Childhood Experiences (ACEs) critical incidences, etc., that are affecting the client now.

Length: 8-10 pages. Double-spaced, 12 pt. Font, 1" margins. Counts 40% of course grade. This paper is worth 40% of your grade.

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

**Research Alternative:** You may also write a research paper on intervention approaches specific or recommended for a particular problem of childhood or adolescence, or a particular therapy method of interest to you that applies to therapeutic work with children. If you plan to do a research paper about a particular population or method, please write me a brief proposal (not more than a page) a few weeks in advance indicating what population or method you are interested in, why, and a few of the sources you will use in your study. The research paper should include:

- 1) A detailed description of the issues and needs of the population (including general risk and protective factors), or a detailed description of the method of focus,
- 2) The founders and theoretical background of the method or theoretical information relevant to the population you have chosen,
- 3) Evidence presented in research articles (as recent as possible) for the method and/or best-practices relevant to the treatment population you have chosen,
- 4) At least one thorough case study example of how the method is implemented, or an effective intervention with a person from the focus population you have gleaned from your research,
- 5) Any controversies, limitations or implications of the method or other critical analysis of the interventions recommended to address the needs of the focus population,

6) An analysis of the method's cultural sensitivity and inclusiveness regarding race, ethnicity, ability, socio-economic status, gender, gender identity sexual orientation, age, religion, etc.

7) At least five outside sources specific to the population or method, three of which should be peer-reviewed articles to support your findings. **Also include at least four references to different required class readings (different authors), using quotes, that indicate you can integrate what you have learned in the class and from the readings in work with this population or method.** So at least 9 readings in all should be integrated and listed in reference page at the end of the paper. Be thorough with this piece because this is how I know you read for the course and can integrate the readings. My power points, handouts and lecture notes don't count as course readings.

8) End with a thoughtful statement of what you learned from studying and writing about this method or population.

8-10 pages – double-spaced, 12 pt. font, 1" margins. Do not exceed the 10-page limit

**Jonathan Alternative:** Now that you are an expert in child and family treatment from participating in this course (smile), write a paper about how you would approach clinical treatment with Jonathan and his family. This should begin with your re-viewing the video again that is posted on Canvas. Imagine that you will be an outpatient therapist working with both Jonathan and his family in addition to the school-based services he is receiving. Use the notes on risk and protective factors, critical incidences, hypothesis, goal setting and treatment planning relating to Jonathan from the beginning of the course to address instructions one to four, but these notes will not be accepted as integrated readings. This is an 8–10-page, (double-spaced, 12 pt. font, 1" margins) 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 exact notes on Jonathan from class provide our clinical hypothesis (concise, three-sentence statement) for Jonathan which considers symptoms, developmental, psychodynamic, behavioral, family/interactional issues and systems impacts where relevant. List the goals for Jonathan as an individual and his parents as listed on the handouts in, "name of the client will. . ." language, and list recommendations of what systems can do for Jonathan. *You can use the exact handouts from class for this- just copy and paste them into this section as they are very thorough.*

6) **Therapeutic Intervention Plan:** (4 pages) The focus and bulk of the narrative in this paper addresses what you would do with Jonathan, his family and other systems

affecting him to address his, and his family's therapeutic goals. What modalities (individual, family, outreach) would you use? What key course concepts and therapeutic methods and activities would you integrate or combine to meet the needs of Jonathan and his family? *Integrate at least five types of methods from our course in this discussion from relational to behavioral, bottom-up and/or Top-down.* Describe the methods and **back up your descriptions with a thorough integration of readings from the course including Harris, Delahooke, Gil, Hughes, Greene, and any other authors that help you to address Jonathan's issues.** A dilemma here is that you might have to jump ahead in our readings for the course in some ways to be complete in your description and implementation of methods. As I said at the beginning of the course, by the end of the course, you will know how to work with Jonathan, his parents, and his community, but we are not totally at the end of the course by the time this paper is due.

7) **Cultural and Transference Issues:** (1/2 to 1 page) What cross-cultural, transference or counter transference issues do you anticipate in working with Jonathan and his family? You will need to use what you know about your own intersections of identity and theirs to surmise some of the culturally sensitive issues you might run into, even if some of your social identities match Jonathan's. **Back up your reflections with readings from the course.**

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

9) **Prognosis and Evaluation:** (1/2 page) How will you evaluate change outcomes in Jonathan and his parents? Be sure your evaluation is directly related to your therapeutic goals. Are there standardized assessments you might use in addition to qualitative evidence? How might you use goal attainment scaling to identify change?

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

**Readings and Resources:** Throughout the paper, **include quotes, from at least six different course readings** (different authors) to back-up your choice of treatment methods, cultural sensitivity issues for the case and a list of your resources at the end of the paper. Again, do a thorough job of integrating readings and my power points, handouts, and lecture notes don't count as readings. This is how I know you have read for the course and can integrate what you are learning. Please do not exceed the 10-page limit – double-spaced.

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

Look through the Creative Interventions with Youth Experiential Manual, (under handouts on your canvas) that provides 8 various experiential activities to use with youth in therapy and other social work modalities. I developed it for Seed Week and took students through these exercises individually, in pairs and in groups, in an in-person class. My thought is that if you are at home with children or even other adults, and/or working with clients remotely, you can read and practice performing these



activities to the degree that you can build on the practice-focus of our course. There are 8 exercises for you to try and you will have to adapt some of them if you don't have access to a group of people, or some of the materials, but I trust that you can get creative in adapting these exercises.

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

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

The exercises include:

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

- **Affirmations String Game:** Again, this is pretty hard to do alone, but you can read about it, find some reading that supports this type of Affirmation exercise and reflect on how you might use it with youth in the future.
- End with a personal reflection on how this assignment went for you, your most important “take-aways”, and any further questions you might have about using them with youth.

Do use actual and substantial quotes from authors and provide a reference sheet at the end of the paper. This paper should be no longer than 10 pages and not less than 8 pages (double-spaced, 12 pt. font, 1' margins).

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

**WRITING AND GRADING:**

All written assignments are expected to be typed, *double-spaced*, using 12-point font, with 1” margins on each side, using APA style. It is your responsibility to avoid plagiarism, which can result in severe penalties according to the School of Social Work policies. If writing or editing is difficult for you, please seek help from Betsy Williams, our writing consultant.

<https://ssw.umich.edu/contacts/profiles/staff/betsywil> If writing errors interfere with the flow of your good ideas, I will return the paper to you for further editing and writing assistance.

The grading scale is:

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

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

## CLASS AGENDA

**This is a projected outline of the course but is subject to change at the instructor's discretion)**

**Readings are listed under "required readings" under "files, in alphabetical order by author**

### **Class 1: Sept 1: Introduction to the course and each other**

#### **Required preparation for class:**

Please bring an object or artifact that represents you, your identity, and your passion for social work

**Required Readings:** *Get familiar with these texts – get started on them:*

-The Course Syllabus under files on Canvas

**Get familiar with these books: I suggest you read these chapters before the first class:**

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

-Delahooke: Introduction, 1-27

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

#### **In class:**

Introduction to me and the course

Class introductions

The course syllabus and assignments (brief).

The books

Workload.

### **Class 2: Sept 8: Overarching Theories and Methods of the Course**

Lecture Part1: The Overarching Theories of the Course

Lecture - Part 2: The Methods that will be Integrated in the Course (38 mins)

The Therapeutic Environment and Toys (30 mins)

Video: Jonathan

Handouts: Risk and Protective factors, clinical hypothesis, goal, and recommendations for Jonathan

#### **Required Readings:**

-Davies: Chapters 3 and 4, pgs. 61-133

-Delahooke: Chapters 2 and 3, pgs. 27 to 59

\*-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.

**Optional Readings:**

-Dominelli, L (2018).,“Antiracist Social Work with Children and Families”, in Anti-Racist Social Work, Red Globe Press, London, UK.

**Class 3: Sept 15: Reflexive Awareness in Cross-cultural Social Work**

Lecture: Reflexivity in Cross-cultural practice

Peer consultation group formation and cross-cultural discussion

**Required Readings:**

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

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

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

**Optional Readings:**

-Yan, M.C.,(2008) “Exploring Cultural Tensions in Cross-Cultural Social Work”, *Social Work*, Vol. 33, no. 4, pgs. 317 328

**Class 4: Sept 22: Attachment-oriented Treatment**

Lecture: Modeling secure attachment in Treatment with children: PLACE, Regression, Theraplay, Working with parents toward secure attachment

Video: Theraplay with an Angry and Controlling Child Video

Experiential: Practicing Theraplay games in small groups

**Required Readings:**

-Davies, Chap. 7: 193-234

-Hughes, Daniel, Introduction: “When Attachment Fails to Develop: Introducing Katie” and Chapter 1: “The Spiral Begins: The Abuse and Neglect of Katie”, Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children, second edition, Jason and Aronson Inc., NJ, 2017. Pgs. 3-23

-Hughes, Daniel, “Dyadic Developmental Psychotherapy (DDP): An Attachment-focused Family Treatment for Developmental Trauma”, *Australian and New Zealand Journal of Family Therapy* 2017, 38, 595–605 doi: 10.1002/anzf.1273

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

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

-Munns, Evangeline: Applications of Family and Group Theraplay, A book of Theraplay interventions and outcomes.

## **Class 5: Sept 29: Learning Disability and Severe Developmental Disorders**

Lecture: Treatments for Autism: Behavioral to Relational

Videos: Traditional ABA, Natural Environment ABA, A Gentle Teaching (John McGee)

Experiential: #1 Student Group Presentation

### **Required preparation for class:**

**Watch: Learning Disability Video:** FAT City video: “How Difficult Can This Be?”:

Exploring learning disabilities, Richard Lavoie, access through You Tube:

<https://www.youtube.com/watch?v=Q3UNdbxk3xs&t=261s> (1 hour, 6 mins)

**Prepare:** Students who will be presenting in consultation groups, prepare your presentation notes – see the assignment

### **Required Reading:**

-Davies, chapter. 8, pgs. 234-259

-Delahooke, chapters 2 and 3

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

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

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

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

-McCabe, K., & Yeh, M. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. Behavior Therapy 43, 606-618.

-McGee: A Gentle Teaching Primer

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

-Spreckly, Et. al.,(2009) Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language, and Adaptive Behavior: A Systematic Review and Meta-analysis, The Journal of Pediatrics • March 2009

## **Class 6: Oct 6: Treating Children with Disabilities of Dysregulation**

Lecture: The Basket Approach and Collaborative Problem-solving: Ross Greene

Experiential: Card game (possible)

Experiential: #2 Student Group Presentations

### **Required preparation for class:**

**Prepare:** Students who will be presenting in consultation groups, prepare your presentation notes – see the assignment

**Required Readings:**

-Delahooke, Chapter 4, pgs. 95-134

-Gil, Chapter 5, pgs. 74-87

\*-Greene, Ross, Chapter.1: (2005) “The Waffle Episode”, Chapter. 2: “Children Do Well if They Can”, Chapter 5: “The Truth About Consequences” and Chapter 6: “Plan B”, from *The Explosive Child*, Harper Collins Publisher, NY, 2005 pp. 1-23.

-Edgette, (2017) From Tough Love to Empathetic Love, *Psychotherapy Networker*, Sep/Oct. 2017

-Wagner, et.al. (2014), Long-Term Prevention of Criminality in Siblings of Serious and Violent Juvenile Offenders: A 25-Year Follow-Up to a Randomized Clinical Trial of Multisystemic Therapy, *Journal of Consulting and Clinical Psychology* © 2014 American Psychological Association, 2014, Vol. 82, No. 3, 492–499 0022-006X/14/\$12.00 DOI: 10.1037/a0035624

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

-Henggeler, et.al. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology*, 77(3), 451-62.

**Class 7: Oct 13: Understanding Trauma**

Trauma Lecture: The Conditions that Create Trauma, Post-traumatic Stress Disorder

Video: illustrating the neurobiology of trauma

Experiential: Create pain and strength beads with Sculpey Modeling Clay

Experiential: #3 Student Group Presentations

**Required Pre-class preparation:**

**Prepare:** Students who will be presenting in consultation groups, prepare your presentation notes – see the assignment

**Required Readings:**

-Delahooke, Chapter 5, pgs. 135-169

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

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

**Optional Readings:**

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

-Sori and Schnur, (2014) Integrating a Neurosequential Approach in the Treatment of Traumatized Children: An Interview with Eliana Gil, Part II, *The Family Journal: Counseling and Therapy for Couples and Families*, 2014, Vol. 22(2) 251-257

## **Class 8: Oct 20: Traumatic play and Treating Young Children**

Mid-term evaluation: fill out in class

Lecture: Traumatic Play

Lecture: Providing the Equal and Opposite force to trauma in treatment

Lecture: Traumatic Memory in Young Children and the use of representational play and rescripting

Case Presentation: Little Ginny (involving parents in focused play therapy)

### **Required Readings:**

-Davies: Chapters 9 and 10, pgs. 259-335

Gil, Chapters 10 and 11, pgs. 135-161

-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

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

### **Optional Reading:**

-Hewitt, (1999) “Therapeutic Management of Preschool Cases of Alleged but Unsubstantiated Sexual Abuse”, *Small Voices: Assessment and Play Therapy with Abused Preschool Children*

## **Class 9: Oct 27: Play therapy, CBT Person, working with school-age children**

Lecture: Non-directive, Directive and Focused Play therapy models

Video: Essentials of Play by Eliana Gil (parts of this)

Experiential: CBT Person in pairs

Experiential: #4 Student Group Presentation

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

**Prepare:** Students who will be presenting in consultation groups, prepare your presentation notes – see the assignment

### **Required Readings:**

-Davies: Chapters 11 & 12, pgs. .335-418

-Delahooke: Chapter 6, pgs. 169-200

-Gil, Chapters 12 and 13, pgs. 161-184

**Optional Case videos:** all are in your media gallery

**Watch:** Bad Memories: Integrated Play and TF-CBT with a Traumatized Girl (47 mins)

**Watch:** Integrated Play Therapy with a Transgender Child (1 hour)

**Watch:** Integrated Play with a Traumatized Boy (45)

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

-Urquiza and Timmer: Chap. 8, “Parent-Child Interaction Therapy, for Maltreated Children”.

-Deblinger, et. al.: Trauma-focused cognitive behavioral Therapy for children: Impact of the Trauma Narrative and Treatment Length

**Class 10: Nov 3: Trauma-Focused CBT or PCIT Certification is due**

**Use of Creative Interventions with Adolescents in Trauma Treatment**

Lecture: Phase-oriented Trauma Treatment

Lecture: Slide Presentation: Building Relationships, Repressed Disclosures, Honoring Survival Skills through creative interventions

Experiential: Discuss Pain and Strength Beads in Pair modeling the equal and opposite force to trauma

**Required Readings:**

-Davies: Chapter 13, pgs. 419-425

-Gil, chapter 14, pgs. 185-199

-Armstrong, Courtney, (2016) Hiding in Plain Sight: Client’s Symptoms Offer Clues to Their Strengths, Psychotherapy Networker, Sep/Oct 2016.

-Mavranouzouli Research Review: Psychological and Psychosocial Treatments for Children and Young People with Post-traumatic Stress Disorder: a network meta-analysis, Journal of Child Psychology and Psychiatry 61:1 (2020), pp 18–29.

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

-Brayman, (2016) The Effectiveness of Theraplay as Treatment for Older Children with Attachment Difficulties MSW Clinical Research Paper Presented to the Faculty of the School of Social Work, St. Catherine University and University of St. Thomas St. Paul, Minnesota.

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

-Walker, D., Reese, J., Hughes, J., & Troskie, M. (2010). Addressing religious and spiritual issues in Trauma-Focused Cognitive Behavior Therapy for children and adolescents. Professional Psychology, Research and Practice, 41(2), 174-180.

**Class 11, Nov 10: Completing Creative Trauma Work with Adolescents, MST, Suicide and Youth Empowerment**

**Required Readings:**

-Jennings, et.al, (2006) Toward a Critical Social Theory of Youth Empowerment, Journal of Community Practice, DOI: 10300/J125v14n01\_03

-McKenzie-Mohr, et.al. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention, [Volume 34, Issue 1](#), January 2012

- Moore, et. al. (2016) “Hands up—Don’t shoot: Police shooting of Young Black males: Implications for Social Work and Human Services”, Journal of Human



Behavior in the Social Environment, 26:3-4, 254-266, DOI:  
10.1080/10911359.2015.1125202

**Optional Readings: see Resources: Immigrant Families**

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

**Class 12: Nov 17, Final paper is due: Using Integrated Methods to Intervene on Lying and Stealing**

Lecture: Stopping Lying and Stealing

Experiential: Discussing lying in pairs

Case Examples: The case of the Little Fisher Women and the case of Little Duckie

**Required Readings:**

Delahooke, Part 3:chapters 7,8, and 9, 201-267

-Professional Quality of Life Scale (handout)

-Johnides, et.al., (2017) Effects of Multisystemic Therapy on Caregivers of Serious Juvenile Offenders: A 20-Year Follow-Up to a Randomized Clinical Trial, Journal of Consulting and Clinical Psychology © 2017 American Psychological Association, 2017, Vol. 85, No. 4, 323–334 0022-006X/17/\$12.00 <http://dx.doi.org/10.1037/ccp0000199>

**Nov 24: Holiday Break, no class**

**Class 13: Dec 1, Working with LGBTQ Youth, Self-Care**

Lecture: Work with LGBTQ Youth: Affirmative Practice Principles, advocacy, and empowerment methods

Experiential: Self-care Action Plan

**Preparation for Class:**

Read, print, fill out and score the Professional Quality of Life Scale (handout)

**Required Readings:**

-Professional Quality of Life Scale

-Hong, J., Espelage, D. & Kral, M. (2011). Understanding Suicide Among Sexual Minority Youth in America: An Ecological Systems Analysis. Journal of Adolescence 34, 885-894.

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

-Ryan, Caitlin, et.al.,(2010) Family Acceptance in Adolescence and the Health of LGBT Young Adults, JCAPN Volume 23, Number 4, November 2010

-Sandmaier, Marian, (2016) It Takes a Tribe: What It's Like to Raise (or be) a Transgender Child, Psychotherapy Networker, March/April 2016

**Optional Readings: See Resources: LGBTQ**

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

**Class 14: Dec 8: Group Work with Adolescents; Integrative Creative Interventions Using Myth and Story**

Experiential: The Psyche and Cupid Myth with Female-identified Adolescents (very fun!)

*I will share this curriculum that I designed with a social work colleague to help girls or female-identified youth gain the skills they need to transition to womanhood, from a Feminist perspective in a patriarchal culture. I use it a lot in individual and group work with teen girls and young women. It is an active curriculum, and you will be expected to participate experientially.*

**No class preparation! Just bring yourself ready to participate!**