I. CATALOGUE DESCRIPTION

This is an advanced practice course on social work treatment methods with children and adolescents from a cognitive behavioral perspective. Assessment, treatment, and generalization of change strategies; problem-solving; resource development; intervention planning and other practice issues are explored.

II. COURSE OVERVIEW

This advanced mental health and CYF course is designed to provide graduate students with more in-depth knowledge of practice theories and techniques for direct practice with children, adolescents and their families. The first part of the course is geared toward providing you with a basic orientation to working with children and adolescents. We will review current treatment trends with youth and consider issues in the field of child mental health treatment relating to professional ethics, and orientation toward working with diverse populations. Finally, we will consider general principles for developmental-appropriate clinical interviewing, assessment and treatment planning with youth. In the second part of the course, we will study the application of various theoretical treatment approaches and treatment modalities (individual, family, and group), focusing on the unique aspects of working with young people and their families.

The topics covered in this course are designed to promote students’ ability to identify, understand, and apply clinical skills to help children and adolescents with mental health challenges regardless of the type of service setting you work in (e.g., school, child welfare, mental health clinic, health setting).

Class sessions will be comprised of lectures, large and small group discussions, videos, and presentations to provide case and treatment examples.
III. COURSE COMPETENCIES AND PRACTICE BEHAVIORS

Your successful completion of this course means that you will have progresses toward achieving some of the course social work competencies in advanced direct practice with children and adolescents by demonstrating the following behaviors:

<table>
<thead>
<tr>
<th>Competencies addressed in course</th>
<th>Practice behaviors addressed in course</th>
<th>Assignment(s) measuring behavior</th>
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<tbody>
<tr>
<td>2.1.2 Apply social work ethical principles to guide professional practice</td>
<td>● Evaluate and address ethical dilemmas related to treatment issues that arise in direct practice with youth.</td>
<td>Assignments 1 &amp; 2</td>
</tr>
<tr>
<td>2.1.3 Apply critical thinking to inform and communicate professional judgment</td>
<td>● Identify and synthesize multiple sources of knowledge to understand current policy and practice issues related to mental health services for youth and their families. ● Identify and evaluate models of assessment, intervention, and evaluation that are appropriate for direct practice with youth and families.</td>
<td>Assignments 1, 2, 3, 4</td>
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<tr>
<td>2.1.4 Engage diversity and difference in practice</td>
<td>● Demonstrate understanding of how culture and values affect diverse conceptualizations and solutions pertaining to mental health problems experienced by youth. ● Demonstrate knowledge and skills to practice in a way that is respectful and accommodating of youth and families of diverse backgrounds.</td>
<td>Assignments 2 &amp; 3</td>
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<tr>
<td>2.1.6 Engage in research-informed practice and practice-informed research</td>
<td>● Critically evaluate and utilize theoretical and empirical research relevant to the children’s mental health.</td>
<td>Assignments 2 &amp; 3</td>
</tr>
<tr>
<td>2.1.7 Apply knowledge of human behavior and the social environment</td>
<td>● Evaluate and apply knowledge of theories of development in relation to the social environment in order to choose methods of assessment, intervention, and evaluation to address the needs of child and adolescent clients and their families.</td>
<td>Assignments 1, 2, 3, 4</td>
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<tr>
<td>2.1.10 Engage with individuals, families and groups</td>
<td>● Assess youth, families and groups to determine various potentially effective and appropriate interventions to address the psychosocial needs of youth and families.</td>
<td>Assignment 4</td>
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IV. COURSE OUTLINE*

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1</td>
<td>9/6</td>
<td>Overview of course and intro into contemporary issues</td>
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<tr>
<td>2</td>
<td>9/13</td>
<td>Foundations of mental health: attachment, emotional regulation, neurological development, risk and resilience</td>
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<td>3</td>
<td>9/20</td>
<td>Developmentally appropriate engagement, assessment &amp; case conceptualization&lt;br&gt;Use of DSM in work with children &amp; adolescents&lt;br&gt;Take-home assignment 1 disseminated</td>
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<tr>
<td>4</td>
<td>9/27</td>
<td>Ethics in social work practice with children and adolescents including cultural considerations&lt;br&gt;Reflective Use of Self assignment due</td>
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<tr>
<td>5</td>
<td>10/4</td>
<td>Psychopharmacological treatment of children and adolescents</td>
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<tr>
<td>6</td>
<td>10/11</td>
<td>Infant mental health &amp; interventions to support the infant-parent relationship&lt;br&gt;Take-home assignment 1 due; Take-home assignment 2 disseminated</td>
</tr>
<tr>
<td>7</td>
<td>10/18</td>
<td>Expressive/play treatments in individual and dyadic (parent-child) interventions for younger children</td>
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<tr>
<td>8</td>
<td>10/25</td>
<td>Cognitive and behavioral therapy with children and adolescents</td>
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<tr>
<td>9</td>
<td>11/1</td>
<td>Neurodevelopmental disorders (Autism spectrum disorder)&lt;br&gt;Applied behavior analysis Take-home assignment 2 due</td>
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<tr>
<td>10</td>
<td>11/8</td>
<td>Depressive and anxiety disorders</td>
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<tr>
<td>11</td>
<td>11/15</td>
<td>Suicide assessment and bipolar disorder</td>
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<tr>
<td>12</td>
<td>11/22</td>
<td>Traumatized children and adolescents, Trauma-focused CBT (TF-CBT), and Trauma-informed practice</td>
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<tr>
<td>13</td>
<td>11/29</td>
<td>Disruptive behavior disorders and individual interventions</td>
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<tr>
<td>14</td>
<td>12/6</td>
<td>Disruptive behavior disorders and family-based interventions In-class quiz</td>
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<tr>
<td>15</td>
<td>12/13</td>
<td>Group work with youth in school and clinical settings.&lt;br&gt;Case conceptualization paper is due</td>
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*Sequencing or dates of topics may be subject to change depending on class progress.

V. COURSE READING ASSIGNMENTS


*All other listed readings, required and recommended, with the exception of chapter in the required textbook are available online at Learn@UW.*
**Part I: Orientation to Treatment with Youth**

Week 1: Overview of course and intro into contemporary issues (9/6)


**Living with Love, Haley & Chaos, NYTimes.com**

***Recommended:***


Week 2: Foundations of mental health: attachment, emotional regulation, neurological development, risk and resilience (9/13)


***Recommended:***


Week 3: Developmentally appropriate engagement, assessment & case conceptualization Use of DSM in work with children & adolescents (9/20)


- Chapters 1 & 2

### Recommended:

**Week 4: Ethics in SW practice with children and adolescents; cultural considerations (9/27)**


### Recommended:
**Part II: MH interventions with Children, Adolescents and Their Families**

**Week 5: Psychopharmacological treatment of children and adolescents (10/4)**


***Recommended:***


**Week 6: Infant mental health & interventions to support the infant-parent relationship (10/11)**


Week 7: Expressive/play therapy in individual and dyadic (parent-child) interventions for younger children (10/18)


Week 8: Cognitive and behavioral therapy (10/25)


• Chapters 3-8

Week 7:
Recommended:

Week 8:
Recommended:

Investigate the MATCH-ADTC demonstration site’s Interactive Mode: https://www.practicewise.com/Portals/0/Demo/match/index.html
**Week 9: Neurodevelopmental disorders (Autism spectrum disorder) and Applied Behavior Analysis (11/1)**


- Chapter 14

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***Recommended:***


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**Week 10: Depressive and anxiety disorders & interventions (11/8)**

DSM 5 diagnostic for: Depressive Disorders – Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, and Persistent Depressive Disorder.

DSM 5 diagnostic for: Anxiety Disorders – Specific Phobia, Social Anxiety Disorder, Panic Disorder, Generalized Anxiety Disorder.

- Chapters 11 & 12


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***Recommended:***


**Week 11: Suicide assessment and bipolar disorder (11/15)**

DSM 5 diagnostic for: Bipolar and related disorders: bipolar I and II disorders, cyclothymic disorder.


***Recommended:***


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**Week 12: Traumatized children and adolescents, Trauma-focused CBT (TF-CBT) & Trauma-informed practice (11/22)**

DSM 5 diagnostic for: Trauma and Stressor-related Disorders – Posttraumatic Stress Disorder, Acute Stress Disorder, and Adjustment Disorder.


**Recommended:** Trauma-focused cognitive behavioral therapy online training (10 hours): https://tfcbt.musc.edu/

***Recommended:***


**Week 13: Disruptive behavior disorders and individual interventions: ADHD, Oppositional Defiance Disorder and Conduct Disorder** (11/29)

DSM 5 diagnostic for: Neurodevelopmental Disorders – Attention-Deficit/Hyperactivity Disorder.

DSM 5 diagnostic for Disruptive, Impulse Control, and Conduct Disorders – Oppositional Defiant Disorder, Intermittent Explosive Disorder, and Conduct Disorder.


- Chapter 13


***Recommended:***


**Week 14: Disruptive behavior disorders: family based interventions (12/6)**


- Chapters 15 & 16


***Recommended:


**Week 15: Group interventions in school and clinical settings (12/13)**


***Recommended:


Practice parameters for your reference:


VI. EVALUATION OF CLASS PERFORMANCE: ASSIGNMENTS & GRADING

Attendance: Class attendance is required, as much of the learning process will be done through class lecture, discussions, video-viewing, and group exercises. You are expected to inform me BEFORE class if you must miss class; more than 1 excused absence may result in a lowered class grade. If you miss a class, you are responsible for obtaining information communicated during that class period. Attendance will be taken weekly.

Participation: This is a reading-intensive course and you are expected to come to class prepared for discussions and small group exercises, having read all of the assigned material BEFORE CLASS
and noted questions or issues you would like to discuss. The quality of small and large group class discussions will be largely dependent on your ability and willingness to share input about the readings and about your own experiences in the field.

I recognize that students vary in their comfort level related to speaking up in class, but it is important for your professional training to sometimes take a stand, question how or why, and generally practice communicating with colleagues and supervisors. A persistent lack of verbal participation in class may result in a lower grade.

To maximize the connection between course content and field practice, students are invited to share case material and practice concerns in class. Everyone in the class is expected to respect the confidentiality of clients and classmates in relation to information shared in class. To protect client confidentiality, always avoid the use of real names or mention of unique identifying characteristics (e.g. a 10th grader from Ghana).

ASSIGNMENTS:

The purposes of the following assignments are to: 1) to enhance learning by providing opportunities to further apply and research the concepts covered in class; 2) to promote the integration of classroom/reading material with practice; and 3) to evaluate the extent to which you have attained the competencies listed above.

**Note on Quality of Written Work:** Your papers will be graded on both the content of what you say and the manner in which you articulate your thoughts. In the field of mental health, communication between practitioners, patients, and families is of the utmost importance, so we are expecting you to strive for clarity in your written work. Incomplete thoughts and frequent syntactical and grammatical errors (e.g., run-on sentences, fragments, reference errors, etc.) interfere with our ability to understand your ideas and analysis (which in practice can have enormous and serious consequences for an individual receiving treatment) and will, consequently, result in a lowering of your grade.

All written work is to be uploaded into a dropbox within the course website on Learn@UW.

1. **Reflective Use of Self Essay:** Reflect on your childhood or adolescence and describe some things that you have learned or retained from your life experiences during these critical life stages (about relationships, managing your feelings or behavior, your own resilience, your tolerance, your fears, etc.). Select one or more of these experiences, and discuss how it/they may influence your work with children, adolescents, or their families in both positive as well as potentially negative ways. You may use professional literature discuss the potential impact of your experiences on practice, but this is not a requirement. (worth 10% of your grade). This assignment should be 2-3 pages (no shorter and longer please!), double spaced, 11 or 12pt font. Due on 9/27.

2. **Two take-home assignments:** These assignments will primarily involve short-essay questions asking you to synthesize information presented in the readings and lectures or apply the concepts and ideas to case vignettes. (each worth 20% of your grade)
   - Take home assignment 1: Due on 10/1
   - Take home assignment 2: Due on 11/1
3. Quiz: This in-class quiz will cover class material pertaining to autism spectrum disorder, depressive and anxiety disorders, bipolar disorders, suicide and disruptive behavior disorders. (worth 20% of your grade) Due on 12/6

4. Case Conceptualization & Treatment Paper: You will be asked to develop a comprehensive case formulation and application treatment approach to a client (child and/or family) that you have worked with (currently or in the past). An outline for this assignment will be provided for you in a later class. Due on 12/13. (worth 30% of your grade)

• Alternative assignment: If you are not engaging or interested in direct practice, you can choose an alternative assignment that will relate to a policy or programmatic intervention. Please speak with me about it.

Grading: The following is a breakdown of how grades will be calculated:

List of Assignments:
1. Reflective use of Self Essay ........................................ 10%
2. Take home assignments (2) ........................................ 40%
3. In-class quiz.................................................................. 20%
4. Case Conceptualization & Treatment Paper...................... 30%

<table>
<thead>
<tr>
<th>Percent</th>
<th>Grade</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>94 – 100</td>
<td>A</td>
<td>Outstanding, surpasses expectations in all areas</td>
</tr>
<tr>
<td>88 – 93</td>
<td>AB</td>
<td>Surpasses expectations in many areas</td>
</tr>
<tr>
<td>82 – 87</td>
<td>B</td>
<td>Meets expectations in all areas</td>
</tr>
<tr>
<td>76 – 81</td>
<td>BC</td>
<td>Meets expectations in some areas, below in others</td>
</tr>
<tr>
<td>70 – 75</td>
<td>C</td>
<td>Below expectations in most areas, not acceptable graduate-level work</td>
</tr>
<tr>
<td>64 – 69</td>
<td>D</td>
<td>Below expectations in all areas, not acceptable graduate-level work</td>
</tr>
<tr>
<td>&lt;=63</td>
<td>F</td>
<td>Fails to meet minimal expectations in all areas</td>
</tr>
</tbody>
</table>

100%

VII. MISCELLANEOUS COURSE INFORMATION

Trigger warning and invitation: This course covers some tough issues (for example: trauma such as parental neglect or abuse, racism, mental illness, and suicide). For some of you, the lecture or reading materials may elicit personal distress. If this should happen, and if you wish, please see me, so that we can discuss how to best move forward.

Attitude and climate: Everyone is expected to demonstrate tolerance, openness, and respect toward the opinions and ideas presented in class, especially if they diverge from your own.

E-mail: Please check your email regularly; I will be sending out various correspondences.

Policy on late work: Late is not accepted as a rule unless I have approved the lateness prior to the deadline.
Note on accommodation of student disability: If you are a student with a disability (e.g. physical, learning, psychiatric, vision, hearing, etc.) and think you might need special assistance or a special accommodation in this class, please speak with me as soon as possible.

Use of technology in the class: I very much prefer that you do not use electronic devices in the classroom (based on research and personal experience suggesting it undermines the learning experience for all). If you need to use the laptop for an important reason, or feel strongly about this matter, please see me.

Code of Ethics, Student Rights and Responsibilities & Plagiarism: BSW and incoming MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the Student Rights and Responsibilities. In doing so, they agreed that while in the BSW or MSW Program they would honor the NASW Code of Ethics and Student’s Rights and Responsibilities, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. BSW and MSW students are expected to adhere to these policies in the classroom, in the field and in the preparation of course assignments.

Maintaining ownership of your work is often challenging when writing papers using multiple sources. Nevertheless, intentional plagiarism is academic dishonesty. Plagiarism occurs when you do any of the following in an assignment:
- Use someone else’s words either verbatim or almost verbatim without citation (even if the work does not have a clear author—for instance in a website)
- Use someone else’s evidence, line of thinking or idea without citation
- Turn in someone else’s work as your own, (i.e. copy of a peer’s paper or purchasing a readymade paper)
- Turn in previously submitted work as if new, without the instructor’s approval.

Final note and feedback: I very much hope that you have a good learning experience in this class! To help me do whatever I can to make that happen, I would greatly appreciate your input (reactions, suggestions, concerns). Always feel free to see me personally if you have any concerns about any part of the course. In-person or written comments are always welcome (anonymous or identified).