

**School of Social Work
University of Wisconsin-Madison
1350 University Avenue
Madison, WI 53706**

**SW742 Assessing and Treating Children & Adolescents—Section II
Fall 2018**

Instructor: Tally Moses, Associate Professor, M.S.W., Ph.D.
Instructor Contact Information: moses@wisc.edu; 263-3674
Credits: 2
Canvas Course URL: <https://canvas.wisc.edu/courses/117035>

Office Hours: By Appointment
Class Time and Location: Thurs,
10am-12pm, SW Bldg. Room 106
Instructional Mode : Face-to-
Face

I. Course Description

Assessing and Treating Children & Adolescents 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.

Attributes and Designations: Counts toward 50% graduate coursework requirement.

Requisites: Must be a Full-Time MSW Program student at UW-Madison.

How credit hours are met: This class meets for two 60 minute class periods (i.e., one 2-hour class) each week over the 13 week session and carries the expectation that students will work on course learning activities (reading, writing, studying, etc.) for about 2 hours out of classroom for every class period. The syllabus includes additional information about meeting times and expectations for student work.

II. Course Overview

This is an elective course for Advanced Generalist Specialization students, of particular interest for students in the mental health and Children, Youth, and Family Welfare focal areas. The overall purpose of this course is to provide MSW students with an orientation to unique biopsychosocial challenges and strengths of children and youth, as well as knowledge of practice theories and practice skills for developmentally appropriate direct practice with children, adolescents and their families. The topics covered in this course are designed to promote your knowledge and skills regardless of the type of service setting you will work in. In the first part of the course, we will consider treatment trends and the systems of care designed to serve children. In doing so, we will explore the imperative and principles of trauma-informed systems of care and the challenges of engaging young people and families from diverse, under-served or marginalized communities. We will discuss strategies for developmentally appropriate and culturally sensitive interviewing and engagement, and delve into assessment, case conceptualization and treatment planning. Ethical challenges associated with social work with children and adolescents are also very important, and we will cover some concerns or dilemmas that may come up in your practice and discuss how you might address these.

The second part of the course focuses on deeper understanding of various theoretical treatment approaches (child-centered play therapy, cognitive and behavior therapy, family systems interventions) and also study different treatment modalities (individual, family, and group). Finally., we The specific populations we will focus on include children or adolescents challenged by depression, anxiety, traumatic stress, and disruptive behavior disorders.

Class sessions will be comprised of lectures, videos, as well as large and small group discussions and exercises to provide an opportunity to apply material to case examples.

III. Learning Outcomes: Competency Description and Dimensions

Social Work Education is framed by a competency-based approach to curriculum design. At the conclusion of their education, social work students are expected to be competent in 9 core areas. Competency is achieved through mastery of course content as measured through course activities, readings, assignments and behaviors learned in field experiences, and which are derived from social work knowledge, values, skills and cognitive and affective processes. The objective of this course is to help students to demonstrate understanding and mastery of the knowledge, values, skills and cognitive and affective processes relevant to the competencies described in Appendix A.

IV. Course Content

Schedule at a glance:

Topics:	Assignments:
Week 1 (Sept. 6): Course Overview & Children’s MH Challenges In Context	
Week 2 (Sept. 13): Foundational Concepts in Child Mental Health	
Week 3 (Sept 20): Working With Systems of Care/ Principles of Trauma Informed Care	<ul style="list-style-type: none"> ✓ Childhood reflection assignment due ✓ Take home assignment I distributed
Week 4 (Sept. 27): Assessment of Children and Families	
Week 5 (Oct. 4): Engagement, Case Conceptualization & Planning	
Week 6 (Oct. 11): Working With Diverse Youth & Ethical Issues in Practice With Children/Youth	<ul style="list-style-type: none"> ✓ Take-home assignment I due ✓ Take home assignment II distributed
Week 7 (Oct. 18): Play-Therapy & Filial Play Therapy	
Week 8 (Oct. 25): Cognitive-Behavior Interventions	
Week 9 (Nov. 1): Cognitive-Behavior Therapy, Cont. With Focus on Depression & Anxiety; Suicide Risk Assessment	
Week 10 (Nov. 8): Trauma-Focused Work With Youth	<ul style="list-style-type: none"> ✓ Take-home assignment II due. ✓ Declaration of final assignment choice (in class)
Week 11 (Nov. 15): Youth With Disruptive Behavior—Individual Interventions	
Week 12 (Nov. 22): <i>Thanksgiving Holiday</i>	
Week 13 (Nov. 29): Youth With Disruptive Behavior-- Family Systems & Multi-Systemic Interventions	
Week 14 (Dec. 6): Group Interventions & Wrap-Up	<ul style="list-style-type: none"> ✓ Final assignment due on Dec. 12.

** Instructional Caveat: The Instructor reserves the right to modify this syllabus, the assignment schedule, and/or any materials related to the completion of this course in the time allowed without jeopardizing any course objectives.*

WEEK 1: COURSE OVERVIEW & CHILDREN'S MENTAL HEALTH CHALLENGES IN CONTEXT (Sept. 6)

Topics: Introduction & course overview; trends in mental health treatment; competencies, challenges and the imperative in addressing children's mental health needs

Required Readings:

- Webb, N.(2011). *Social work practice with children* (3rd Ed.). New York: The Guilford Press.
 - Chapter 1: The challenges of meeting children's needs (pp. 3-18)
 - Chapter 2: Necessary background for helping children (pp. 19-40)
 - Chapter 16: The impact of a changing world on practice with and for children (pp. 367-383)

In-Class Activities:

- Review of syllabus
- Brief video re: toxic stress and poverty
- Video: The medicated child

*** Recommended readings:**

- Ofonedu, M., Belcher, H., Chakra, B. & Gross, D. (2017). Understanding barriers to initial treatment engagement among underserved families seeking mental health services. *Journal of Child & Family Studies*, 26, 863-876.
- Olfson, M., Druss, B. & Marcus, S. (2015). Trends in mental health care among children and adolescents. *The New England Journal of Medicine*, 372(21), 2029-2038.
- Gonzalez, M. (2005). Access to mental health services: The struggle of poverty affected urban children of color. *Child & Adolescent Social Work Journal*, 22(3), 245-256.
- AACAP. (2009) Practice Parameters on the Use of Psychotropic Medications in Children and Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(9), 961-973.

WEEK 2: FOUNDATIONS OF MENTAL HEALTH (Sept. 13)

Topics: Interactions between attachment, temperament, emotional regulation, and neurological development; risk & resilience; intergenerational patterns in families; early childhood mental health interventions

Required Readings:

- Davies, D. (2011). *Child development: A practitioner's guide* (3rd ed.). New York, NY: The Guilford Press.
 - Chapter 1: Attachment as a context of development (pp. 7-38).
 - Chapter 2: Brain development (pp. 39-59).
- Mayers, H. (2005). Treatment of a traumatized adolescent mother and her two-year old son. *Clinical Social Work Journal*, 33(4), 419-431.
- Kirby, L.D. & Fraser, M.W. (2004). Risk and resilience in childhood. In M.W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (2nd Ed.) (pp. 10-33). Wash DC: NASW Press.

In-Class Activities:

- Small group discussion of case study in Mayers readings
- Brief video on how brain science is informing public policy and interventions

***Recommended readings:**

- Fraiberg, S., Adelson, E. & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In S. Fraiberg (Ed.), *Clinical studies in infant mental health: The first years of life* (pp. 164-196). NY: Basic Books.
- Lieberman, A., Padrón, E., Van Horn, P. & Harris, W. (2005). Angels in the nursery: Intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal*, 26(6), 504-520.
- Cicchetti, D. (2013). Resilient functioning in maltreated children—past, present, and future perspectives. *Journal of Child Psychology & Psychiatry*, 54(4), 402-422.
- Cross, D., Fani, N., Powers, A. & Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology: Science and Practice*, 24(2), 111-124.
- Pollak, S. (2008). Mechanisms linking early experience and the emergence of emotions: Illustrations from the study of maltreated children. *Current directions in psychological science*, 17(6), 37-375.
- Knitzer, J. & Cohen, E. (2007). Promoting resilience in young children and families at the highest risk. In D. Perry, D., R. Kaufman & J. Knitzer, *Social & emotional health in early childhood* (pp. 335-359). Baltimore, MD: Brookes Publishing.

WEEK 3: WORKING WITH SYSTEMS; TRAUMA INFORMED SYSTEMS (Sept. 20)

Topics: Systems of care intersecting with childhood mental health, questions of access in systems of care; working with systems in practice; trauma-informed care as ethical practice; the complexity and general principles of trauma-informed systems.

Required Readings:

- Bringewatt, E. H., & Gershoff, E. T. (2010). Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. *Children and Youth Services Review*, 32, 1291-1299.
- Webb, N. (2007). N. Boyd Webb (Ed.), *The family and community context of children facing crisis or trauma*. New York, NY: The Guildford Press.
- Calejas, L., Hernandez, M., Nesman, T. & Mowery, D. (2010). Creating a front porch in systems of care: Improving access to behavioral health for diverse children and families. *Evaluation & program Planning*, 33, 32-55.
- Ko, S., Ford, J., Kassam-Adams, N. et al. (2008). Creating trauma informed systems: Child welfare, education, first-responders, health care, juvenile justice. *Professional psychology: Research and practice*, 39(4), 396-404.

In-Class Activities:

- *Guest speaker: Kelsey Siegel*, mental health clinician in Madison Metropolitan School District's Behavior Health in Schools (BHS) program

***Recommended reading:**

- The description of the ACE study/the destructive role of childhood trauma:
<https://www.youtube.com/watch?v=y3cCacGeG8E>
- Branson, C., Baeuz, C., Horwitz, S. & Hoagwood, K. (2017). Trauma-informed juvenile justice systems: A systematic review of definitions and core components. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(6), 635-646.
- Crosby, S. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools*, 37(4), 223-230.

-Huang, L.N. & Arganza, G.F. (2003). Child of color in systems of care: An imperative for cultural competence. In J.T. Gibbs & L.N. Huang (Eds.), *Children of color: Psychological interventions with culturally diverse youth* (2nd ed.) (pp. 413-443). San Francisco, CA: Jossey-Bass.

-Hanson, R. & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Welfare*, 21(2), 95-100.

and core components. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(6), 635-646.

WEEK 4: ASSESSMENT OF CHILDREN AND FAMILIES (Sept. 27)

Topics: The role and domains of biopsychosocial assessment in practice with children and adolescents; developmentally sensitive strategies for interviews with children and adolescents; assessment of family needs (to ensure match with intervention efforts); key concepts in assessment of family systems

Required Readings:

- McConaughy, S. (2013). *Clinical Interviews for children and adolescents: Assessment to Intervention* (2nd ed.). New York: The Guilford Press.
 - **Chapter 1:** Strategies for child clinical interviews (pp. 14-38)
 - **Chapter 6:** Parent interviews (pp. 123-168)
- Webb, N. (2011). *Social work practice with children* (3rd Ed.). New York: The Guilford Press.
 - **Chapter 4:** The biopsychosocial assessment of the child (pp. 59-100)
- Kilpatrick, A. & Holland, T. (2009). Levels of family need. In *Working with families* (pp. 3-14). Boston: Pearson.
- Walsh, F. (2011). Family therapy: Systems approach to clinical practice. In J. Brandell, Theory and practice in clinical social work (2nd Ed). (**pp. 153-162 only**). NY: The Free Press.

In-Class Activities:

- Case studies/small group exercises pertaining to:
 - assessment of family dynamics
 - identification of level of family needs and culturally-sensitive treatment planning

***Recommended reading:**

-Herrera, C. (2016). Unspeakable fears: Exploring trauma for undocumented immigrants (pp.78-88). In B. Mercer & E. Rosenblatt (Eds), *Assessing Children in the Urban Environment*. New York: Routledge.

WEEK 5: ENGAGEMENT, CASE CONCEPTUALIZATION & PLANNING (Oct. 4)

Topics: Developmentally sensitive engagement with children and adolescents; culturally sensitive engagement with families; the process of case conceptualization

Required readings and media:

- Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J. & Seymour, F. (2016). What young people want: A qualitative study of adolescents' priorities for engagement across psychological services. *Journal of Child & Family Studies*, 25, 1057-1065.
- Martin, D. (2003). Building an alliance. In *Clinical practice with adolescents* (pp. 13-34). Pacific grove, CA: Brooks/Cole.
- Webb, N. (2011). *Social work practice with children* (3rd Ed.). New York: The Guilford Press.
 - **Chapter 5:** Contracting, planning interventions, and tracking progress. (pp. 101-117)
- Friedberg, R. and McClure, J. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.
 - **Chapter 2:** Case conceptualization (pp. 11-33)

In-Class Activities:

- Brief videos depicting engagement strategies with younger children
- Case study/small group activity pertaining to:
 - case conceptualization (causal theory, theory of change, intervention goals)

* Recommended readings:

-Lowenstein, L. (n.d.) Creative interventions for children and families. Accessed from:

https://www.lianalowenstein.com/article_journals.pdf

- Kim, H., Munson, M. & McKay, M. (2012). Engagement in mental health treatment among adolescents and young adults: A Systematic Review. *Child & Adolescent Social Work Journal*, 29, 241–266.

-Acri, M., Chacko, A., Gopalan, G. & McKay, M. (2018). Engaging Families in Treatment for Child Behavior Disorders: A Synthesis of the Literature. In J. Lochman and W. Matthys (Eds), *The Wiley Handbook of Disruptive and Impulse-Control Disorders*. New York: John Wiley & Sons.

-Bromfield, Richard (2007). Hard times: Unwilling patients and therapeutic crises. In *Doing Child & Adolescent Therapy*: 2nd Edition. Hoboken, NJ: Wiley & Sons.

WEEK 6: WORKING WITH DIVERSE YOUTH; ETHICAL ISSUES IN PRACTICE WITH CHILDREN/YOUTH (Oct. 11)

Topics: Ethical issues unique to working with children; ethical decision-making; essential competencies necessary for practice with child minorities; the concept of intersectionality and implications for practice; the (little known) experiences of minority social workers working with minority or majority children and adolescents.

Required readings:

- Johnson, M. (2002). A culturally sensitive approach to therapy with children. In C. Brems, *A comprehensive guide to child psychotherapy* (pp. 66-90). Boston: Allyn & Bacon.
- Zayas, L. (2001). Incorporating struggles with racism and ethnic identity in therapy with adolescents. *Clinical Social Work Journal*, 29 (4), 362-373.
- Asakura, K. (2016). It takes a village: Applying a Social Ecological Framework of Resilience in Working with LGBTQ Youth. *Families in Society*, 97(1), 15-22.
- Henderson, D. & Thompson, C. (2016). Legal and ethical considerations for counselors. In *Counseling children* (9th ed. 110-140). Boston: Cengage.
- J. Pledge, D. (2004). Therapeutic relationship: Bias and Ethics. In *Counseling adolescents and children: Developing your clinical style* (pp. 199-219). Belmont, CA: Brooks/Cole.

Please review chapter 5 [“What is intersectionality and why do I need it?”] in the So you want to talk about race book by Ijeoma Oluo

In-Class Activities:

- Case study/small group activity pertaining to :
 - Ethical decision-making: What ethical issues arise in this case? How would we approach the situation?
 - Strengths-oriented approach to child with complex identities

* Recommended readings on ethical practice:

-Koelch, M., Schnoor, K. & Fegert, J. (2008). Ethical issues in psychopharmacology of children and adolescents. *Current Opinion in Psychiatry*, 21, 598-605.

-Pergament, D. & Klimesh, M. (2015), School-based law, ethics, and mental health services. In R. Witte & G.S. Mosely-Howard (Eds), *Mental Health Practice in Today's Schools* (pp. 61-104). New York: Springer.

- Fedewa, A., Prout, S., and Prout, H. (2015). Ethical and legal issues in psychological interventions with children and adolescents. In *Counseling and Psychotherapy with Children and Adolescents : Theory and Practice for School and Clinical Settings* (5th Edition) (pp.25-59). NY: John Wiley & Sons, Inc.

* Recommended readings re: issues in practice with children/youth faced by minority social workers:

- Fong, Tricia. (2016). The ambiguous other: Reflections on race and culture in the assessment relationship In B. Mercer, T. Fong, E. Rosenblatt, Erin (eds.), *Assessing children in the urban community*, (pp. 89-95). New York: Routledge/Taylor & Francis Group.

-Gibbs, Iris. (2009). Race, culture and the therapeutic process. In M. Lanyado, and A. Horne, Ann (eds.), *The handbook of child and adolescent psychotherapy: Psychoanalytic approaches (2nd ed.)*, (pp. 114-125). New York: Routledge/Taylor & Francis Group.

* Recommended readings re: practice with racial/cultural minorities:

-Gibbs, J.T., & Huang, L.N. (2003). A conceptual framework for assessing and healing minority youth. In *Children of Color: Psychological Interventions with Minority Youth*; San Francisco: Jossey Bass.

-Malot, K. & Schaefer, S. (2015). Addressing clients' experiences of racism: A model for clinical practice. *Journal of Counseling and Development*, 93, 361-369.

-Johnson, S., Davis, L. & Williams, J. (2004). Enhancing social work practice with ethnic minority youth, *Child and Adolescent Social Work Journal*, 21(6), 611-627.

-Huey, S. & Polo, A. (2017). Evidence-based psychotherapies with ethnic minority children and adolescents. In J. Weisz & A. Kazdin, *Evidence-based psychotherapies for children and adolescents (3rd Ed.)* (pp. 361-378). NY: The Guilford Press.

* Recommended readings re: practice with LGBT youth:

-Greenberg, L. (2016), Liberating the butterfly boy: Engaging the family and system in the therapeutic assessment of a traumatized and gender-nonconforming child. In B. Mercer & E. Rosenblatt (Eds), *Assessing Children in the Urban Environment* (pp. 196-201). New York: Routledge

-Gower, A., Forster, M., Gloppen, K. et al. (2018). School Practices to Foster LGBT-Supportive Climate: Associations with Adolescent Bullying Involvement. *Prevention Science*, 19, 813–821.

-Asakura, K. (2016). Paving pathways through the pain: a grounded theory of resilience among lesbian, gay, bisexual, trans, and queer youth. *Journal of Research on Adolescence*, 27(3), 521–536.

WEEK 7: CHILD-CENTERED PLAY THERAPY & FILIAL PLAY THERAPY (Oct.18)

Topics: The role of play in therapy; theoretical principles underlying child-centered play therapy (CCPT) and filial therapy; consideration of diversity issues in play therapy

Required readings:

- Schaefer, C. & Drewes, A. (2011). The therapeutic powers of play and play therapy. In C. Schaefer (Ed., *The Foundations of Play Therapy* (pp. 15-26). New Jersey: John Wiley & Sons, Inc.
- Sweeney, D. & Landreth, G. (2011). Child-centered play therapy. In C. Schaefer (Ed., *The Foundations of Play Therapy* (pp. 129-152). New Jersey: John Wiley & Sons, Inc.
- Topham, G. & Van Fleet, R. (2011). Filial therapy: A structured and straightforward approach to including young children in family therapy. *Australian and New Zealand Journal of Family Therapy*, 32(2), 144-158.

- O'Connor, K. (2005). Addressing diversity issues in play therapy. *Professional Psychology: Research and Practice*, 36(5), 566-573.

In-Class Activities:

- Practice demonstration video and discussion (Eliana Gil; Gary Landreth)

* Recommended readings:

- Gil, E. (2011). Expressive Therapies. In *Helping abused and traumatized children* (pp. 69-97). New York: The Guilford Press.
- VanFleet, R., Sywulak, A. & Sniscak, C. (2010). The four skills of child –centered play therapy. In *Child Centered Play Therapy* . New York: The Guilford Press.
- Swank. J.M. (2008). The use of games: A therapeutic tool with children and families. *International Journal of Play Therapy*, 17(2), 154-167.
- Solis, C., Meyers, J. & Varjas, K. (2004). A qualitative case study of the process and impact of filial therapy with an African American parent. *International Journal of Play Therapy*, 13(2), 99-118.
- Perry, L. (1993). Audrey, the Bois d'Arc and me: A time of becoming. In T. Kottman and C. Schaefer, *Play therapy in action: A casebook for practitioners* (pp. 5-43). NJ: Jason Aronson, Inc.
- Bratton, S., Purswell, K. & Jayne, K. (2014). Play therapy: A child-centered approach. In *Counseling and Psychotherapy with Children and Adolescents: Theory and Practice for School and Clinical Settings* (5th Edition) (pp. 81-113). NY: John Wiley & Sons, Inc.

WEEK 8: COGNITIVE-BEHAVIORAL INTERVENTIONS (Oct. 25)

Topics: Explaining CBT to children, theoretical principles underlying cognitive and behavioral therapy; functional analysis of behavior; specific CBT strategies and their purpose; developmental maturation needed for cognitive therapy

Required readings:

- Garber, J., Frankel, S. & Herrington, C. (2016). Developmental Demands of Cognitive Behavioral Therapy for Depression in Children and Adolescents: Cognitive, Social, and Emotional Processes. *Annual Review of Clinical Psychology*, 12, 181-216. [OK to skim]
- Friedberg, R. and McClure, J. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.
 - Chapter 1:Introduction (pp.1-10)
 - Chapter 5: Introducing the treatment model and identifying problems (pp. 68-81)
 - Chapter 6: Identifying and connecting feelings and thoughts (pp. 82-102)
 - Chapter 8: Commonly used cognitive and behavioral techniques (pp. 125-145)

In-Class Activities:

- Practice demonstration videos of developmentally appropriate strategies
- Small group exercise on and discussion of assessment and interventions

WEEK 9: COGNITIVE-BEHAVIORAL INTERVENTIONS (CONT.) WITH FOCUS ON ANXIETY AND DEPRESSION; SUICIDE RISK ASSESSMENT(Nov. 1)

Topics: Brief review of depression and anxiety disorders in children; Socratic dialoguing, application of CBT strategies for addressing internalizing disorders; best practices for suicide assessment with youth

Required readings:

- Friedberg, R. and McClure, J. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.
 - Chapter 7: Therapeutic Socratic dialogues (pp. 103-124)
 - Chapter 11: Working with depressed children and adolescents (pp. 180-217)
 - Chapter 12: Working with anxious children and adolescents (pp. 218-262)
- McConaughy, S. (2013). *Clinical Interviews for children and adolescents: Assessment to Intervention (2nd ed.)*. New York: The Guilford Press.
 - Chapter 9: Assessing risk for suicide (pp. 208-227)

In-Class Activities:

- Practice demonstration videos
- Small group activity: practicing Socratic dialoguing

WEEK 10: TRAUMA-FOCUSED WORK WITH YOUTH (Nov.8)

Topics: Brief review of DSM-5 trauma-related diagnoses; childhood expressions and experiences of trauma; challenges in the assessment and treatment of trauma, focus of CBT and other trauma-focused interventions

Required readings:

- Cohen, J., Mannarino, A. & Deblinger, E. (2017). The impact of trauma and grief on children and families. In *Treating trauma and traumatic grief in children and adolescents (2nd ed.)* (pp. 3-36). New York: the Guilford Press.
- Cameron, M., Elkins, J. & Guterman, N. (2006). Assessment of trauma in children and youth. In N. Boyd-Webb, *Working with traumatized youth in child welfare* (pp. 53-66). New York: The Guilford Press.
- Perry, B. (2006). Applying principles of Neurodevelopment to clinical work with maltreated and traumatized children. In N. Boyd-Webb, *Working with traumatized youth in child welfare* (pp. 27-52). New York: The Guilford Press.
- Cohen, J., Mannarino, A., Kliethermes, M., & Murray, L. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse & Neglect*, 36, 528– 541.

In-Class Activities:

- Exercise on assessing for trauma and trauma-related symptoms

*Recommended readings:

- D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J. & van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, (82(2), 187-200.

- James, B. (1989). Critical aspects of treatment. In *Treating traumatized children* (pp. 3-19). NY: The Free Press.

-Huemer, J., Erhart, F. & Steiner, H. (2010). Posttraumatic Stress Disorder in Children and Adolescents: A Review of Psychopharmacological Treatment. *Child Psychiatry and Human Development*, 41, 624-640.

- Kliethermes, M., Schacht, M. & Drewry, K. (2014). Complex trauma. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 339-361.

- Cameron, M., Elkins, J. & Guterman, N. (2006). Assessment of trauma in children and youth. In N. Boyd-Webb, *Working with traumatized youth in child welfare* (pp. 53-66). New York: Guilford Press.

- James, B. (1989). Critical aspects of treatment. In *Treating traumatized children* (pp. 3-19). NY: The Free Press.

WEEK 11: YOUTH WITH DISRUPTIVE BEHAVIOR—INDIVIDUAL INTERVENTIONS (Nov. 15)

Topics: Brief review of DSM disruptive behavior disorders (DBDs) and the differentiation between them; distinction between DBDs and toxic stress/trauma in poor and oppressed communities; developmental pathways to antisocial behavior; assessment of DBDs; key practice strategies for addressing disruptive behavior with individuals

Required readings:

- Patterson, G.R., DeBaryshe, B.D. & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44(2), 329-335.
- Schroeder, C. & Smith-Boydston, J. (2017). Disruptive behavior. In *Assessment and Treatment of Childhood Problems* (pp. 349-388). New York: the Guilford Press
- Friedberg, R. and McClure, J. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.
 - Chapter 13: Working with disruptive children and adolescents (pp. 218-262)
- Hanna, F.J. & Hunt, W.P. (1999). Techniques for psychotherapy with defiant, aggressive adolescents. *Psychotherapy*, 36(1), 56-68.

In-Class Activities:

- Case study exercise with a child with conduct disorder

*Recommended readings:

-McKinney, C. & Morse, M. (2012). Assessment of Disruptive Behavior Disorders: Tools and Recommendations. *Professional Psychology: Research and Practice*, 43(6), 641-649.
- Frick, P. & Viding, E. (2009). Antisocial behavior from a developmental psychology perspective. *Development and Psychopathology*, 21, 1111-1131.
- Bal-Marioni, A. (2016). Shame: the hidden emotion with tough adolescents. In B. Mercer & E. Rosenblatt (Eds), *Assessing Children in the Urban Environment* (pp. 215-223). New York: Routledge.

WEEK 12: HAPPY THANKSGIVING!



WEEK 13: YOUTH WITH DISRUPTIVE BEHAVIOR-- FAMILY SYSTEMS & MULTI-SYSTEMIC INTERVENTIONS (Nov. 29)

Topics: Theoretical underpinnings of systems and multi-systems approaches to assessing and addressing disruptive behavior disorders: structural family therapy, parent-child interaction therapy (PCIT), and multi-systemic therapy.

Required Readings:

- Gunn, W. Haley, J. Prouty, A. & Robertson, J. (2015). Systemic approaches: Family therapy. In *Counseling and Psychotherapy with Children and Adolescents: Theory and Practice for School and Clinical Settings* (5th Edition) (pp. 317-355). NY: John Wiley & Sons, Inc .
- Corcoran, J. (2003). Structural family therapy with adolescent conduct disorder. In *Clinical applications of evidence-based family interventions*. Oxford: Oxford University Press.
- Zisser-Nathenson, A., Herschell, A. & Eyberg, S.. (2017). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. Weisz & A. Kazdin, *Evidence-based psychotherapies for children and adolescents (3rd Ed.)* (pp. 103-121). NY: The Guilford Press.
- Schoenwald, S. & Henggeler, S. (2005). Multisystemic therapy for adolescents with serious externalizing problems. In J. Lebow (Ed.), *Handbook of clinical family therapy* (pp. 103-127). NJ: John Wiley & Sons.

In-Class Activities:

- Video demonstration of PCIT and group discussion.

* Recommended readings:

-Cunningham, P. B., Foster, S. L., and Warner, S. E. (2010). Culturally relevant family- based treatment for adolescent delinquency and substance abuse: Understanding within-session processes. *Journal of Clinical Psychology*, 66(8), 830-846.

-Gresham, F. (2015). Evidence –based school interventions: A multi-tiered approach. In *Disruptive Behavior Disorders* (pp. 99-129). New York: The Guilford Press.

-Webb, N. (2011). *Social work practice with children* (3rd Ed.). New York: The Guilford Press. Chapter 6: Working with the family (pp. 121-148)

-Wachtel, E. (2004). Getting the most out of family meetings. In *Treating troubled children and their families* (pp. 42-72). New York: The Guilford Press.

-Walsh, F. (2011). Family therapy: Systems approach to clinical practice. In J. Brandell, *Theory and Practice in Clinical Social Work* (2nd Ed). (pp. pp. 163-178 only). NY: The Free Press.

*Recommended descriptions of some specific evidence-based systemic interventions:

-Corcoran, J. (2003). Psychoeducation with Attention Deficit/Hyperactivity Disorder. In *Clinical applications of evidence-based family interventions* (pp. 13-35). Oxford University Press.

-Sexton, T. & Alexander, J. (2005). Functional family therapy for externalizing disorders in adolescents. In J. Lebow (Ed.), *Handbook of clinical family therapy* (pp. 164-192). NJ: John Wiley & Sons.

-Szapocznik, J., Duff, J., Schwartz, S., Muir, J. & Brown, H. (2016). Brief strategic family therapy treatment for behavior problem youth: Theory, intervention, research, and implementation, In Sexton, T. & Lebow, J. (Eds.), *Handbook of family therapy*, 286-304, New York: Routledge/Taylor & Francis Group.

-Kazdin, A. (2010). Problem-solving skills training and parent management training for oppositional defiant disorder and conduct disorder. In J. Weisz and A. Kazdin (Eds), *Evidence-based psychotherapies for children and adolescents (2nd ed.)* (pp. 211-226). New York, NY: Guilford Press.

WEEK 14: GROUP INTERVENTIONS (Dec. 6)

Topics: Group types and purposes, benefits and potential hazard associated with group interventions with children; social workers' roles in group development and facilitation of groups addressing mental health issues with children/youth; and addressing diversity issues in group work.

Required readings:

- Henderson, D. & Thompson, C. (2016). Group counseling with children. In *Counseling Children* (pp. 583-617). Boston: Cengage.
- Irizarry, C. & Appel, Y.H. (2005). In double jeopardy: Preadolescents in the inner city. In A. Gitterman & L. Shulman (Eds.), *Mutual aid groups, vulnerable and resilient populations, and the life cycle*. (pp. 164-202). New York: Columbia University Press.
- Dodge, K., Lansford, J. and Dishion, T. (2006). Deviant peer group effects in youth mental health interventions. In K. Dodge, T. Dishion and J. Lansford (Eds.), *Deviant peer influenced in programs for youth* (pp. 97-121). NY: The Guilford Press.

In-Class Activities:

- Video/case vignette and discussion

* Recommended readings:

-Schechtman, Z. (2007). The initial stage. *Group Counseling and Psychotherapy with Children and Adolescents* (pp.78-83). New Jersey: Lawrence Erlbaum Associates.

-Schechtman, Z. (2007). The working stage: How to enhance emotional experiencing and group support. *Group Counseling and Psychotherapy with Children and Adolescents* (pp. 96-109). New Jersey: Lawrence Erlbaum Associates

-Gresham, F. (2015). Evidence –based school interventions: A multi-tiered approach. In *Disruptive Behavior Disorders* (pp. 99-129). New York: The Guilford Press.

V. Text and Reading Material for the course:

The following required textbooks are available for purchase online and on reserve in the Social Work Library:

- Friedberg, R. and McClure, J. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.
- McConaughy, S. (2013). *Clinical Interviews for children and adolescents: Assessment to Intervention (2nd ed.)*. New York: The Guilford Press.
- Webb, N. (2011). *Social work practice with children (3rd Ed.)*. New York: The Guilford Press.

All other required readings will be available through the SW742 Canvas Course site.

VI. Evaluation: Assignments, Grading and Methods

Participation [5% points]

Students are expected to be prepared for class. This is a reading-intensive course and you are expected to come to class prepared for discussions and small group activities, having read all of the assigned reading and case material BEFORE CLASS and noted questions or issues you would like to discuss. All Power Point slides will be available in Canvas before each class's lecture. It is your responsibility to print out the handouts for that day in order to take notes and follow along in class. In terms of verbal participation in the large class context, students do vary in their comfort level related to speaking up in class. At the same time, it is important for your professional training to express yourself, question how or why. Class offers opportunities to practice communicating with colleagues and supervisors. *A persistent lack of verbal participation in class may result in a lower grade.*

Examples of class participation include, but are not limited to, asking relevant questions, making relevant comments, active participation in small/large group discussions and exercises, and bringing to class relevant articles/newspaper clippings/current events information. To maximize the connection between course content and internship, 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).

Written Assignments:

1. Childhood Reflection Assignment*: [15% of grade]

The aim of this assignment is to help you to consider the ‘stuff’ (helpful and possibly problematic) that you bring with you to social work practice with children, youth and/or families. As an ethical social worker, it is your professional responsibility to develop and maintain awareness of your beliefs, biases and gut reactions so that you are in a position to *monitor your reactions and decisions in your work to ensure that clients’ best interest is foremost.*

To prepare for the brief written part of the assignment, think about your childhood. Consider your wellbeing and life experiences at various life stages, major life events that had an impact, the quality of your primary relationships, your family-of-origin’s strengths and challenges in functioning (over time); the schools you attended and some formative experiences in school; the influence of peers and friendships; culture, religion, community, socio-economic position; and other environmental influences; and your own innate or developed traits: biological/physical, gender, gender identity or sexual identity, and ‘temperamental’/character traits in terms of ‘typical’ ways you approach stress and coping. You may want to consider how people and other resources were helpful or could have been helpful during tougher times.

Select the experience(s) that you think and feel is likely to be salient to your social work practice with children, adolescents, or families of child clients, in terms of having a considerable effect on your beliefs, fears, priorities (etc.). Concisely describe (a) the experience(s) that you want to focus on and their influence on your beliefs, values, biases, behavior, and sensitivities; (b) explore how and why the experience(s) may influence your work in both positive and potentially problematic ways; and (c) provide some suggestions (for yourself) as to how to address the problematic aspects. This assignment will be written in the first-person, and it should be 3-4 pages, double spaced, 11 or 12pt Times New Roman font. Due on **9/20 11:59pm** (upload onto Canvas).

Grading rubric for childhood reflection assignment

	Points
Thoughtful, probing reflection on your own childhood experiences and the ways these have shaped your beliefs, values, biases, behavior, and sensitivities (etc.).	35%
Insightful examination of the potential impacts of these experiences and their effects on your social work practice in helpful and unhelpful ways .	35%
Specific and realistic suggestions for how to address the ‘unhelpful implications’ for practice in the future.	15%
Overall writing: Correct spelling and grammar; concise, cohesive and non-repetitive prose; and organization of paper (incl. addressing the focus/purpose of the paper at the beginning and arriving at a natural, rather than abrupt, end.	15%

2. Take-home assignment I*: [30% of grade]

This assignment will include one or more case vignettes and involve short-essay questions asking you to apply the concepts and ideas from class readings and lectures to the vignette(s). The particular focus of this assignment is likely to be on the following topics: early trauma, and other developmental concerns, systems orientation to practice, family assessment and engagement, and case conceptualization and planning. Page length suggestions for questions will be included with the assignment questions. The assignment questions will be disseminated on 9/20, due on **Oct. 11 at 11:59pm** (upload onto Canvas).

3. Take-home assignment II*: [30% of grade]

Similarly to take-home assignment I, this assignment will also include one or more case vignettes and involve short-essay questions asking you to apply the concepts and ideas from class readings and lectures to the vignette(s). The particular focus of this assignment is likely to be on the following topics: ethical and diversity considerations, child-centered play therapy and cognitive behavior theory and strategies. Page length suggestions for questions will be included with the assignment questions. The assignment questions will be disseminated on 10/18, due on **Nov. 8 at 11:59pm** (upload onto Canvas).

4. Final assignment*: [30% of grade]

You will have a choice of one of two assignments, and you will receive more explicit instructions for each in class. *Declaration of assignment focus due on 11/8*. Final assignment due on **12/12**.

Choices for final assignments [pick ONE of two]:**

Note: more explicit instructions for both assignment options will be provided in class.

Also, if you have a different assignment in mind for this class, I am happy to consider it with you—bring a proposal with a description of assignment purpose and its components.

a. Case formulation and treatment assignment: You will be asked to develop a comprehensive case formulation and application of alternative treatment approach to a client (child and/or family) that you have worked with (currently or in the past). This assignment will include three parts:

- *Part 1:* An in-depth assessment of mental health, environmental, and implications of diversity related issues for the client system; a description of your ‘theory of change’ and goals; your evaluation of client engagement and the effectiveness of previous/current intervention,
- *Part 2:* A brief literature review of an alternative intervention model (of your choice) for this client system.
- *Part 3:* An application of an alternative intervention model (of your choice) for this client system, along with an engagement and evaluation plan.

b. Interview & policy or programmatic intervention assignment: For this assignment, you will select a specific population of children/youth with a developmental or mental health condition that is not covered in this course, or their caregivers. You will also select a service setting that you would like to focus on as a context for the delivery of services to this population (e.g., school, child protective services, community center, outpatient mental health clinic, inpatient hospital unit). This assignment will involve three parts:

- *Part 1:* A literature review focused on the needs & strengths of the population (you could opt to focus on caregivers or families as well).
- *Part 2:* An interview with a service provider or program administrator (preferably a social worker) who works with your selected population, to better understand engagement, goals, successes, challenges, and issues related to diversity when working with this population.
- *Part 3:* Using the information from the literature review, as well as information that from the provider interview, develop recommendations for a policy or programmatic intervention for your population in the setting you have selected. Be sure that you consider how to address any

unique needs of the target population (ethnic/cultural minority children, children who are LGBT, immigrants or whatever other qualities are likely to be presented by clients) .

***Note on grading of written assignments:**

- ✓ Each question or part of a larger paper is broken down by points along the following grading scale:

Points	Grade	Definition
94-100	A	Outstanding, surpasses expectations in all areas
88-93	AB	Surpasses expectations in many areas
82-87	B	Meets expectations in all areas
76-81	BC	Meets expectations in some areas; below in others
70-75	C	Below expectations in most areas

So if a question is worth 20 points, for instance, an ‘A’ response will be scored 18.75-20 points out of 20, an ‘AB’ response will be scored between 17.5-18.5, and so forth.

Criteria for grading across all written work include:

- Your work directly addresses each part of the question (if there are multiple parts)
- Your work demonstrates that you have read and understand the content —excellent mastery of meaning and correct application of key concepts to case material or question.
- Your work demonstrates attempts to delve in deeply and thoroughly by synthesizing different sources of information from required and recommended readings, class material, and professional or personal experience (*if relevant*).
- Your work evidences critical analysis in the sense of: a) interpreting and applying concepts/ideas to case material in a thoughtful and judicious/selective way (i.e. tie specific incidents or elements in the case to larger concepts discussed in class/readings.), and (b) addressing the ways in which concepts/ideas are a good fit for to the case/situation (if relevant to the question).
- Writing skills are key and will be evaluated for complete sentences, minimal errors in grammar and spelling, good flow between sentences and paragraphs; coherency in the points made, and minimal repetition of ideas. Note: Good writing requires an iterative process whereby quality is evaluated and improved upon. You are strongly encouraged to read your papers after you have ‘finished’ at least a couple of times (if possible, have someone else proofread).

Grading: The following is a breakdown of assignments (the grading scale for the class is shown above):

List of assignments & points:

Childhood reflection assignment	15 points
Take-home assignment I	25 points
Take-home assignment II	25 points
Final assignment	30 points
Participation	5 points

VII. Course Policies:

Reactions to course content and invitation: This course covers some tough issues (e.g., trauma such as parental neglect or abuse, racism, mental illness, suicide). For some of you, the lecture, video, or reading materials may elicit personal distress. If this should happen, and if you wish, please inform me; we can discuss together how to best move forward.

Attitude and class climate: Part of professional accountability includes treating others with respect and courtesy. Within the class setting, this respect and courtesy entails listening to the opinions and concerns of others with openness, offering suggestions and ideas in a positive and respectful manner, and a willingness to promote a positive learning environment.

Attendance: To ensure a high quality educational experience, students must attend and participate in classes. I will be keeping track of how many classes you have attended using a sign-in sheet that will be passed around in each class for you to document your attendance.

Absence: Absences may occur due to unforeseen circumstances; students must notify the instructor in advance or as soon as possible after the missed class, and may be excused in the case of a compelling reason (e.g., illness, emergency, and others--to be determined by the instructor). But please note that notification does not automatically render the absence as excused. I make decisions on a case by case basis as to what is defined as an excused absence, and what follow-up plans are appropriate.

- If you do miss a class, you are responsible for obtaining information communicated during that class period, for completing any class requirements for the day missed, and for obtaining from a fellow classmate any assignments, materials, and communications missed due to absence, late arrival, or early departure.
- Excessive absences (excessive defined as more than two absences and/or consistent lateness or partial attendance) may result in the lowering of the final grade by one full grade. Four or more absences, even in the event of illness or other compelling reasons, may result in course failure.

Note on accommodation of student disability: The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Please provide me with a copy of your Verified Individualized Services and Accommodation (VISA) by the second week of the semester, or soon as possible after a disability has been recognized. I will work with you and in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Please also note that disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA.

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

Policy on late work: The assignments listed above are due on the date and time specified. In unusual circumstances, or when you believe that you have a legitimate reason for turning in a late assignment, you must contact the instructor prior to the due date. *Unapproved late assignments will be marked down three percentage points for each day they are late.*

Use of technology in the class: Please 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.

Class performance: If you are concerned about their class performance, I am happy to work with you to help you improve your course grades prior to the end of the semester. Students are more than welcome to set up office time for this purpose.

Code of Ethics, Professional Conduct & Plagiarism:

Incoming MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the School's Principles of Professional Conduct. In doing so, they agreed that while in the BSW or MSW Program they would honor the Code of Ethics and Principles of Professional Conduct, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. MSW students are expected to adhere to these policies in the classroom and in the preparation of course assignments.

The School, University and I take plagiarism very seriously. At any time when you use the words of another person or source (online or published) verbatim or even paraphrase them, you must give that person credit. Students found to have plagiarized, intentionally or not, will be disciplined according to University and School policies.

Plagiarism is a form of academic misconduct, which is not tolerated by the University or the School of Social Work. Plagiarism seeks to claim credit for the work or effort of another without citation or authorization. The School of Social Work defines plagiarism as:

1. The appropriation of passages or complete works of another person and submitting them as one's own work – in either written materials or speeches.
2. The presentation of ideas of others as one's own without giving credit.

There are two major forms of plagiarism:

1. Using direct quotes from others' written or spoken work and presenting them as one's own words without using proper quotation marks or offsetting and/or with failure to identify the source of the ideas.
2. Paraphrasing the ideas or research findings of another person(s), with failure to identify the source of the ideas.

Note that slight changes to the author's original text, even with a citation, is plagiarism. Please see http://writing.wisc.edu/Handbook/QPA_paraphrase.html

Process:

- If I suspect that a student has plagiarized, I will contact the student to discuss this concern.
- If I conclude that the student has plagiarized, I will decide on a sanction in accordance with the misconduct rules in UWS 14.

Sanction:

- Based on the seriousness of the sanction, the instructor may inform the Dean of Student's Office. The only sanctions that can be imposed without notifying the Dean of Students Office are: 1) oral reprimand; 2) written reprimand presented only to the student; and 3) an assignment to repeat the work on its merits.
- More serious sanctions may include a zero on the assignment or exam, a lower grade in the course or failure in the course. The School of Social Work will inform the Dean of Student's Office when imposing any of these sanctions. This action is taken so the Dean of Student's Office can decide whether to seek additional sanctions.
- Repeated acts of academic misconduct may result in more serious actions such as removal from the course in progress, disciplinary probation or suspension, or expulsion (<http://www.students.wisc.edu/doso/acadintegrity.html>).

- Note: Students can appeal any sanctions.

For more information:

Academic misconduct rules procedures can be found in UWS 14:

<http://www.students.wisc.edu/doso/docs/UWS14.pdf>

For guidelines on quoting and paraphrasing:

UW-Madison Writing Center <http://writing.wisc.edu/Handbook/QuotingSources.html>

Final note & feedback from you: I very much hope you have a good learning experience in this class! To this end, I would greatly appreciate any student input regarding reactions to, suggestions, and/or concerns about the course. 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).

Appendix A

<i>Competencies & Descriptions</i>	<i>Course Content Relevant to Dimensions Comprising Competency</i>	<i>Location in Syllabus</i>
<p>2.1.1 Demonstrate Ethical and Professional Behavior Advanced Generalist social workers demonstrate and employ in a focus area an understanding of the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo and macro levels.</p> <p>They understand and utilize frameworks of ethical decision-making and autonomously apply principles of critical thinking to those frameworks in practice, research, and policy arenas.</p> <p>Advanced Generalist social workers demonstrate awareness of their personal values and an ability to distinguish them from professional values. They also possess and employ an understanding as to how their personal experiences and affective reactions influence their professional judgment and behavior.</p> <p>Advanced Generalist social workers understand the role of other professions and use this understanding to engage effectively in inter-professional teams. They have a commitment to life-long learning and continually update their skills to ensure they are relevant and effective. Advanced Generalist social workers also are knowledgeable about the emerging forms of technology and ethically use this technology in social work practice.</p>	<p>Lecture, discussion and readings: (K, V, C & AP)</p> <p>--professional competencies for practice with children/youth</p> <p>--the ethical imperative of trauma informed care</p> <p>--The ethics of culturally sensitive engagement with families.</p> <p>--Explicit ethical concepts and issue that arise in practice with youth; ethical decision-making</p> <p>--<i>Childhood Reflection assignment</i> to promote self-awareness of the potential influence of personal experiences on values, judgment, behavior in work with youth/families.</p> <p>--<i>Take home assignment 1:</i> addressing ethical issues pertaining to a clinical vignette</p>	<p>Week 1 Syllabus: p. 3</p> <p>Week 3 Syllabus: p. 4</p> <p>Week 5 Syllabus: p. 5</p> <p>Week 6 Syllabus: p. 6</p> <p>Syllabus: p. 13</p> <p>Syllabus: p. 13</p>
<p>2.1.2: Engage diversity and difference in practice Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity.</p> <p>They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of</p>	<p>Lectures, readings, videos, exercises, assignments and discussions addressing: (K, V, S, C & AP)</p> <p>--Treatment trends and need to invest in service systems that address the unique needs</p>	<p>Weeks 1, 3 Syllabus: pp. 3,4</p>

<p>multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status.</p> <p>Advanced practice social workers recognize that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice.</p> <p>They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<p>of diverse children and families</p> <p>--Client engagement and case conceptualization that addresses the unique needs of diverse families</p> <p>--Orientation and strategies for practice interventions with diverse youth and families.</p> <p>--Diversity related considerations in play therapy</p> <p>--Disruptive behavior disorders in children from poor, oppressed communities—how to distinguish social vs. individual ‘disorder’</p> <p>--Addressing diversity issues that come up in group interventions with children to ensure positive experiences.</p> <p><i>Take take-home assignments (I, II) to elicit demonstration of knowledge of diversity issues and how these may be addressed in practice. (K, S)</i></p> <p><i>Final assignment</i> requiring the application of knowledge about diversity for the development of case conceptualization or program development.</p>	<p>Week 5 Syllabus: p.5</p> <p>Week 7 Syllabus p. 7</p> <p>Week 11 Syllabus: p. 10</p> <p>Week 14 Syllabus: pp. 11-12</p> <p>Syllabus: pp. 11-12</p> <p>Syllabus: pp. 13-14</p> <p>Syllabus: p. 14</p>
<p>2.1.6 Engage with Individuals, Families, Groups, Organizations and Communities</p> <p>Advanced Generalist social workers understand and demonstrate that engagement is an ongoing component of the dynamic and interactive process of social work practice in a focus area with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>They value the importance of human relationships. Advanced Generalist social workers understand and apply theories of human behavior and the social environment,</p>	<p>Lectures, readings, videos, exercises, assignments and discussions related to engagement strategies with youth and families:(K, V, S, C&AP)</p> <p>-- families in their eco/systems context</p> <p>--taking developmental status in consideration</p>	<p>Weeks 1, 3, 5 pp. 3, 4, 5</p> <p>Weeks 4, 5, p. 5</p>

<p>and critically evaluate and apply this knowledge in a focus area to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities.</p> <p>They understand and demonstrate an array of strategies to engage diverse clients and constituencies to advance practice effectiveness in a focus area. Advanced Generalist social workers demonstrate advanced understanding of how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies in a focus area.</p> <p>They value and employ principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals in a focus area.</p>	<p>--using play and games (for younger children)</p> <p>--in counseling groups</p> <p><i>Take-home assignment I</i> to elicit the demonstration of knowledge about engagement while considering diversity and developmental issues. (K, S)</p> <p><i>Final assignment</i> requiring a description and assessment of engagement with a client system or application of knowledge about engagement to program or policy development. (K, S, C&AP)</p>	<p>Week 7, p. 7</p> <p>Week 14, pp. 11-12</p> <p>Syllabus: p. 13</p> <p>Syllabus: p. 14</p>
<p>2.1.7 Assess Individuals, Families, Groups, Organizations, and Communities</p> <p>Advanced Generalist social workers independently engage and apply their understanding of theories of human behavior and the social environment in the ongoing assessment of diverse individuals, families, groups, organizations and communities in a focus area.</p> <p>They engage in inter-professional collaboration and utilize methods of assessment appropriate to a focus area to advance practice effectiveness. Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making</p>	<p>Lecture, readings, and discussion related to developmentally appropriate biopsychosocial assessment with children and adolescents (K, S)</p> <p>Lecture, readings, and discussion of level of family needs as well as family functions and family system and functioning (K, S)</p> <p>Lecture, readings and discussions related to assessment of youth with specific presenting concerns (e.g. suicidality, depression and anxiety, trauma) (K, S)</p> <p>Lecture, readings and discussions related to assessment of service system needs and functions (K, S)</p> <p><i>Take-home assignments I and II</i> elicit knowledge about</p>	<p>Weeks 4, 13 Syllabus pp. 5, 10</p> <p>Weeks 9-11 Syllabus pp. 8-9, 10</p> <p>Weeks 3, 13 Syllabus pp. 4, 10-11</p> <p>Syllabus: pp. 13-14</p>

	<p>assessment of children and families. (K, S)</p> <p><i>Final assignment</i> requiring a description of client assessment or application of assessment information about the client population for program/policy development. (K, S)</p>	<p>Syllabus: p. 14</p>
<p>2.1.8 Intervene with Individuals, Families, Groups, Organizations, and Communities</p> <p>Advanced Generalist social workers recognize and understand intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>They independently identify, analyze and implement evidence-informed interventions to achieve the goals of clients and constituencies in a focus area. Advanced Generalist social workers incorporate their knowledge of theories of human behavior and the social environment when selecting and implementing interventions in a focus area.</p> <p>They also engage in interdisciplinary, inter-professional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions.</p>	<p>Lecture, reading, videos, case studies and small/large group discussions focused on evidence-informed interventions for different problem areas or populations of children/youth/families. (K,S)</p> <p>-- Trauma-informed care and trauma-focused treatment</p> <p>--Practice with diverse children and families</p> <p>-- Practice using play therapy techniques</p> <p>-- Practice using cognitive and behavioral theory</p> <p>-- Practice with suicidal, depressed or anxious youth</p> <p>-- Practice with youth with disruptive behavior disorders and their families</p> <p>--Group counseling practice</p> <p><i>Take-home assignments</i> to elicit demonstration of knowledge about developmentally appropriate intervention strategies for children, youth and families. (K, S)</p> <p><i>Final assignment</i> requiring a description of interventions</p>	<p>Weeks 3, 10 Syllabus pp. 4, 9</p> <p>Week 6 Syllabus: p. 6</p> <p>Week 7 Syllabus: pp. 7-8</p> <p>Weeks 8-9 Syllabus: pp. 8-9</p> <p>Week 9 Syllabus: p. 9</p> <p>Week 11, 13 Syllabus: pp. 10-11</p> <p>Week 14 Syllabus: pp. 11-12</p> <p>Syllabus: pp. 13-14</p> <p>Syllabus: p. 14</p>

	<p>with a client system or the informed application of interventions in program or policy development. (K, S, C&AP)</p>	
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* K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes