Social Work 601

Advanced Theory and Clinical Interventions with Children and Adolescents

3 Units

Fall 2015

Instructor:	Terri A. Fong, LCSW, BCD		
E-Mail:	terri.fong@usc.edu	**Course Day:**	Tuesdays
Telephone:	858-581-5050, v.m.103	**Course Time:**	6:00 p.m. to 8:50 p.m.
Office:	SDAC 206	**Course Location:**	SDAC, Classroom B
Office Hours:	Tues. 4:30 p.m. to 5:45 p.m., and by appointment.		

I.   COURSE PREREQUISITES

SOWK 505 and SOWK 545

II.   CATALOGUE DESCRIPTION

Advances students' knowledge and clinical skills working with children and adolescents. Emphasis is placed on problems affecting children, including developmental derailments and disruptions.

III.   COURSE DESCRIPTION

The course advances theoretical knowledge and clinical practice skills in working with children and adolescents and is a co-requisite for the course "Advanced Theory and Clinical Intervention with Families." Viewing the child in the context of his/her family, this second year course builds on first year knowledge and skills. Using biopsychosocial and family systems perspective, emphasis is placed on understanding problems affecting children, particularly developmental derailments or disruptions, their possible causes, assessment and diagnosis, and interventions. Explanatory theories of behavior are presented, including current advances in neurobiology, along with theories and models of intervention in working with children and adolescents.

IV. COURSE OBJECTIVES

The Advanced Theory and Clinical Interventions with Children and Adolescents course (SOWK 601) will:

Objective #	Objectives
1	Teach students to integrate theories, empirical knowledge and evidence based practices when working with children and adolescents, while taking into consideration the impact of complex, interrelated systems such as school, neighborhood, community, culture and family on the child.
2	Provide students with opportunities to critically examine neurobiological research, theories of child development and the etiology and developmental consequences of conditions such as child maltreatment, substance abuse, childhood neurodevelopmental depression and aggression, and family crisis and stress on the developing child.
3	Instruct students on how to differentially activate the assessment and treatment processes with children and adolescents from engagement to termination, with consideration to influences of privilege, ethnicity, class, religious orientation, age, gender, developmental phase, and life tasks as well as according to the needs of individual children and their families.
4	Provide students with opportunities to develop skills in engaging assessing and diagnosing (DSM- 5) and intervention with children and families and provide opportunities to develop a heightened sense of one's own values, the way they may influence treatment, and know how to actively use one's self in treatment, being sensitive to "interface issues" which may exist when working with a diverse client population.
5	Provide students with opportunities to develop and demonstrate skills in analyzing multi level policies and their impact on children and families and in analyzing value and ethical dilemmas relating to children and their families.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The class format consists of a combination of didactic lecture, class discussion, and experiential exercises, role-plays, small group discussions, use of videotapes, etc. Students will be invited to share case materials from field placement to illustrate and deepen contents of class discussion, and to provide integration of knowledge and experience between the classroom and the field. Confidentiality of information shared in class is always to be observed.

VI. STUDENT LEARNING OUTCOMES

Student learning for this course relates to one or more of the following ten social work core competencies:

	Social Work Core Competencies	SOWK 601	Course Objective
1	Professional Identity		
2	Ethical Practice	*	5
3	Critical Thinking	*	2 & 5
4	Diversity in Practice	*	3 & 4
5	Human Rights & Justice		
6	Research Based Practice		
7	Human Behavior		
8	Policy Practice		
9	Practice Contexts	*	1
10	Engage, Assess, Intervene, Evaluate	*	1 & 4

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
Ethical Practice—Apply social work ethical principles to guide professional practice. Social workers competent in Ethical Practice: ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law.	1. Recognize and manage personal values in a way that allows professional values to guide practice. 2. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics. 3. Tolerate ambiguity in resolving ethical conflicts. 4. Apply strategies of ethical reasoning to arrive at principled decisions.	Assignments 1-3, 5, & 6

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
Critical Thinking—Apply critical thinking to inform and communicate professional judgments. Social workers competent in Critical Thinking: ▪ Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. ▪ Use critical thinking augmented by creativity and curiosity. ▪ Understand that critical thinking also requires the synthesis and communication of relevant information.	5. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom. 6. Analyze models of assessment, prevention, intervention, and evaluation. 7. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.	Assignments 1-6 and Class Participation

| Diversity in Practice—Engage diversity and difference in practice.

Social workers competent in Diversity in Practice:

▪ Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity.
▪ Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation.
▪ Appreciate 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. | 8. Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.
9. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.
10. Recognize and communicate understanding of the importance of difference in shaping life experiences. | All Assignments (1-6) and Class Participation |
| | 11. View themselves as learners and engage those with whom they work as informants. | Assignments 1-3 and Class Participation |

| Practice Contexts—Respond to contexts that shape practice.

Social workers competent in Practice Contexts:

▪ Are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice.
▪ Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. | 12. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services. | Assignment 1-3, 5, & 6 and Class Discussion |

Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities. Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities. ▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals ▪ Using research and technological advances ▪ Evaluating program outcomes and practice effectiveness ▪ Developing, analyzing, advocating, and providing leadership for policies and services ▪ Promoting social and economic justice	13. Engagement: Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities. Use empathy and other interpersonal skills. Develop a mutually agreed-on focus of work and desired outcomes.klol 14. Assessment: Collect, organize, and interpret client data. Assess client strengths and limitations. Develop mutually agreed-on intervention goals and objectives. Select appropriate intervention strategies. 15. Intervention: Initiate actions to achieve organizational goals. Implement prevention interventions that enhance client capacities. Help clients resolve problems. Negotiate, mediate, and advocate for clients. Facilitate transitions and endings. 16. Evaluation: Critically analyze, monitor, and evaluate interventions.	Assignments 1-3, 5, & 6 and Class Discussion

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Reflective Journal I	Unit 6: Sept. 29	15%
Assignment 2: Reflective Journal II	Unit 11: Nov.3	15%
Assignment 3: Neurobiology Assignment	Unit 8: Oct.13	10%
Assignment 4: Case Study & Article Presentation in Class	TBA	10%
Assignment 5: Final Case Study and Research Paper	Proposal: Oct.27; Final: TBA	40%
Class Participation	Ongoing	10%

Each of these major assignments is described below.

Assignments 1 & 2: Reflective Journals

Two reflective journals of 5-6 pages each (not including reference page) will be submitted in different times during the semester (Unit 6 and Unit 11).

This assignment is an integrative exercise and will be an ongoing over the semester. Focusing on *course readings* of your choice, you will discuss the main ideas or concepts in the readings, and how they relate to the cases you have in the field, course content, and your own experiences and reactions. You should use the journals to explore issues that have been challenging to you in the field. You may also wish to consider current events and/or agency policies that impact the lives of children and their families. Relevant counter-transference issues that may impact your clinical work should also be included.

This assignment relates to student learning outcomes 1-16.

> **Due:** **Journal 1: Unit 6, October 13, 2015**
> **Journal 2: Unit 11: November 3, 2015**

Assignment 3: Neurobiology Assignment

In this integrative neurobiology assignment you will be asked to demonstrate your understanding of key concepts in neurobiology and ability to apply them in clinical work with children and adolescents.

This assignment relates to student learning outcomes 5-10.

> **Due:** **Unit 8: October 13, 2015**

Assignment 4: A Case Study and Article Presentation in Class

This assignment provides you with an opportunity to work with another classmate and present together a case material about a client you currently work with as well as an article that relates to this case. You are asked to generate a discussion on the key issues related to your case and the related readings with the class. This presentation assists in the integration of the readings and theories discussed in class and the clinical work in the field. You will have an opportunity to receive feedback from the class on issues you are concerned with in your clinical work.

This assignment relates to student learning outcomes 1-10 and 13-16.

> **Due: TBA**

Assignment 5: Final Case Study & Research Paper

This assignment is a 11-12 page paper consisting of two parts: a research section and a practice section. In the first part of the paper you will examine a particular problem area for children and adolescents (e.g., anxiety, depression, substance abuse, exposure to violence). The choice of topic area will depend on the client you select for the case discussion part of the paper.

Briefly review the literature on relevant demographics, socio-cultural factors, and developmental considerations of this problem. Discuss at least two theoretical approaches to understanding the problem or issue. Given the theoretical approaches to understanding the problem, discuss what the literature says regarding practice methods, skills, intervention strategies, and issues of cultural diversity that are applicable to work with clients and their families who are experiences the problem.

The second part of the paper is a discussion of case material. The case will be a client you are currently working with at your field placement, or if you do not have a current case, you may select the main character of one of two books (titles will be given in class) as your case for the paper. Write a brief psychosocial study, assessment and treatment plan on this client. Discuss the extent to which your review of the literature and the knowledge you gained from this review helped you in your practice interventions with this client or discuss alternative ways in which you could have intervened. (If you use a fictional character, the treatment plan will be hypothetical.) Finally, critically evaluate your practice with this client and evaluate the extent to which your interventions were helpful or counterproductive. Discuss any relevant transference and counter transference issues and well as ethical dilemmas or value conflicts you experienced. APA format and citation style should be used.

This assignment relates to students learning outcomes 1-16.

> **Due:** <u>Please note</u>: **A draft of your paper (one page) describing your chosen topic, chosen theories and interventions is <u>due for approval on Unit 10: October 27, 2015</u>**
>
> **Final: TBA**

Class Participation (10% of Course Grade)

Class participation includes being prepared to discuss readings, participating in role plays, presenting case material of your own, and contributing to discussion of case material presented by classmates. Confidentiality with regard to case discussions is always to be maintained.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

Applegate, J., & Shapiro, J. (2005). *Neurobiology for clinical social work: Theory and practice.* New York, NY: Norton.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. Washington, D. C: American Psychiatric Association.

Recommended

Badenoch, B. (2008). *Being a brain-wise therapist: A practical guide to interpersonal neurobiology.* New York, NY: Norton. (Instructor Note: Norton Series on Interpersonal Neurobiology—paperback.)

Cozolino, L. (2010). *The neuroscience of psychotherapy.* New York, NY: W.W. Norton.

Fenichel, E. (2005). *DC: 0-3R: Diagnostic classification of mental health and developmental disorders of infancy and early childhood.* Washington, DC: Zero to Three.
(Instructor Note: We recommend that those who work with infants and toddlers purchase a paperback copy of this book.)

Perry, B., & Szalavitz, M. (2008). *The boy who was raised as a dog*. New York, NY: Basic Books.

Rey J. M.(ed.) (2015). *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva. International Association for Child and Adolescent Psychiatry and Allied Professions (Free online book – available at:http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health

On Reserve

All additional required readings that are not in the above required texts are available online through electronic reserve (ARES) under lead course instructor Dr. Michal Sela-Amit.

Course Schedule—Detailed Description

Part 1: Theories Guiding Interventions, Neuroscience

Unit 1:	Ethical Considerations, Holistic and Developmental perspectives and Neuroscience of Development	August 25, 2015

Topics

- Ethics of practice with children and families
- Holistic approaches to a child's well-being
- Strengths-based and developmental perspectives
- Neuroscience of development

This Unit relates to course objectives 1, 2, 4, and 5.

Required Readings

Applegate, J., & Bonovitz, J. (1995). Winnicott's developmental theory. In *The facilitating partnership: A Winnicottian approach for social workers and other helping professional* (pp. 29-58). Northvale, NJ: Jason Aronson. (Instructor Note: Classic.)

Applegate, J., & Shapiro, J. (2005). The brain: An introductory tutorial. In *Neurobiology for clinical social work: Theory and practice* (pp. 1-14). New York, NY: Norton.

Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A Systematic Review of Strengths and Resilience Outcome Literature Relevant to Children and Adolescents. *Child and Adolescent Social Work Journal*, 1-25.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, *23*(02), 493-506.

Recommended Readings

Glicken, M. (2004). Resilience and the strengths perspective. In *Using the strengths perspective in social work practice: A positive approach for the helping professions* (pp. 77-89). Boston, MA: Allyn & Bacon.

Unit 2:	Theories Guiding Intervention	September 1, 2015

Topics

- Neuroscience
- Modern Attachment Theory
- Contemporary psychodynamic theories
- Cognitive/behavioral theory

This Unit relates to course objectives 1, 2, 4, and 5.

Required Readings

Applegate, J., & Shapiro, J. (2005). Affect: Toward a neuropsychological integration. In *Neurobiology for clinical social work: Theory and practice* (pp. 26-49). New York, NY: Norton.

Cozolino, L. (2010). The neurobiology of attachment. In *The Neuroscience of Psychotherapy* (2nd ed.), pp. 213-238). New York, NY: Norton.

Gerdes, K., & Segal, E. (2011). Importance of empathy for social work practice: Integrating new science. *Social Work, 56*(2), 141-148.

Mattei, L. (2011). Coloring development: Race and culture in psychodynamic theories. In J. Berzoff, L.M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in* (3rd ed.), pp. 258-283). Lanham, MD: Rowman & Littlefield.

Schore, J., & Schore, A. (2012). Modern attachment theory: The central role of affect regulation in development and treatment. In *The science of the art of psychotherapy* (pp. 28-51). New York, NY: W.W.Norton

Recommended Readings

Holinger, P. C. (2009). Winnicott, Tomkins, and the psychology of affect. *Clinical Social Work Journal, 37*, 155-162.

Unit 3:	Neurobiology, Affect Regulation and Attachment in Adolescence	September 8, 2015

Topics
- Attachment and affect regulation
- Attachment in adolescents

This Unit relates to course objectives 1, 3, 4, and 5.

Required Readings

Allen, J. P. & Miga, E. (2010). Attachment in adolescence: A move to the level of emotional regulation. *Journal of social and personal relationships*, 27(2), 181–190.

Applegate, J., & Shapiro, J. (2005). The neurobiology of memory. In *Neurobiology for clinical social work: Theory and practice* (pp. 15-25). New York, NY: Norton.

Applegate, J., & Shapiro, J. (2005). Attachment: The relational base of affect regulation. In *Neurobiology for clinical social work: Theory and practice* (pp. 58-81). New York, NY: Norton.

Brandell, J., & Ringel, S. (2007). Adolescents. In *Attachment & Dynamic Practice: An integrative guide for social workers & other clinicians* (pp. 135-159). New York, NY: Columbia University Press.

Recommended Readings

Bernier, A., & Meins, E. (2008). A threshold approach to understanding the origins of attachment disorder. *Developmental psychology, 44,* 969-982.

Perry, D. G., & Pauletti, R. E. (2011). Gender and adolescent development. *Journal of research on adolescence*, *21*(1), 61-74.

Steinberg, L. (2005). Cognitive and affective development in adolescents. In *Trends in Cognitive Sciences, 9 (69-74).*

Part 2: Issues in Assessment and Diagnosis

Unit 4: Assessment	September 15, 2015

Topics

- Assessment of children and adolescents: Principles
- Diversity and culture in assessment
- Using caretakers and teachers in assessing children
- DSM-5: History

This Unit relates to course objectives 1, 3, 4, and 5.

Required Readings

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

Cavendish, W., Montague, M., Enders, C., & Dietz, S. (2014). Mothers' and adolescents' perceptions of family environment and adolescent social-emotional functioning. *Journal of Child and Family Studies,* 23(1), 52-66.

Friedberg, R. D., & McClure, J. M. (2015). Case conceptualization. In *Cognitive therapy with children and adolescents: The nuts and bolts.* New York: Guilford Press.

Nader, K. (2007). Culture and the assessment of trauma in youths. In J. P. Wilson, & C. S. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 169-196). New York, NY: Springer US.

Recommended Readings

Cohen, P., & Kasen, S. (1999). The context of assessment: Culture, race, and socioeconomic status as influences on the assessment of children. In D. Shaffer, C. Lucas, & J. Richters (Eds.), *Diagnostic assessment in child and adolescent psychopathology* (pp. 299-318). New York, NY: Guilford Press.

Unit 5: Issues in Diagnosis of Children and Adolescents	September 22, 2015

- Diagnosing infants and young children using DC 0-3
- DSM 5 principles of diagnosing children and adolescents

This Unit relates to course objectives 1, 3, 4, and 5.

Required Readings

Applegate, J., & Shapiro, J. (2005). Vulnerable dyads: The quality of early caregiving relationships. In *Neurobiology for clinical social work: Theory and practice* (pp. 82-118). New York, NY: Norton.

Fenichel, E. (2005). *DC: 0-3R: Diagnostic classification of mental health and developmental disorders of infancy and early childhood.* Washington, DC: Zero to Three. Axis II relational Classification (pp. 41-52).

Frances, A., & Batstra, L. (2013). Why so many epidemics of childhood mental disorder? *Journal of Developmental and Behavioral Pediatrics, 34*(4), 291-292.

Nguyen, L., Huang, L., Arganza, G., & Liao, Q. (2007). The influence of race and ethnicity on psychiatric diagnoses and clinical characteristics of children and adolescents in children's services. *Cultural Diversity and Ethnic Minority Psychology*, *13,* 18-25.

Recommended Readings

Ponce, D. (1997). Adolescent psychopathology. In W. Tseng & J. Streltzer, (Eds.), *Culture and psychopathology: A guide to clinical assessment* (pp. 206-222). New York, NY: Brunner/Mazel.

Rutter, M. (2011). Research Review: Child psychiatric diagnosis and classification: concepts, findings, challenges and potential. *Journal of Child Psychology and Psychiatry,52,* 647-660.

Part 3: Intervention with Children and Adolescents in an Urban Environment

Unit 6:	Modes and Methods of Intervention with Children	September 29, 2015

Topics
- Play therapy—cognitive/behavioral, psychodynamic, and structured, etc.
- Working with the child's social environment

This Unit relates to course objectives 1-5.

Required Readings

Applegate, J., & Shapiro, J. (2005). Three case studies. In *Neurobiology for clinical social work: Theory and practice* (pp. 160-201)*.* New York, NY: Norton.

De Los Reyes, A. (2011). More than measurement error: Discovering meaning behind informant discrepancies in clinical assessments of children and adolescents, *Journal of Clinical Child & Adolescent Psychology,* 40:1, 1-9.

Kindsvatter, A., Duba, J., & Dean, E. (2008). Structural techniques for engaging reluctant parents in counseling. *The Family Journal, 16,* 204-211*.*

Lansford , J., Sharma , C., Malone, P., Woodlief , D. Dodge , K., Oburu , P., Pastorelli ,C., Skinner , A., Sorbring , A., Tapanya , S., Maria, L., Tirado , U., Zelli , A., Al-Hassan , S., Alampay , L., Bacchini , D., Bombi , M., Bornstein , M., Chang , L., Deater-Deckard, L., & Laura Di Giunta (2014). Corporal punishment, maternal warmth, and child adjustment: A longitudinal study in eight countries. *Journal of Clinical Child & Adolescent Psychology*, 43, 670-685.

Lefevre, M., Tanner, K., & Luckock, B. (2007). Developing social work students' communication skills with children and young people: A model for the qualifying level curriculum. *Child and Family Social Work, 13,* 166-176.

Perry, B., & Szalavitz, M. (2008). Tina's world. In *The boy who was raised as a dog* (pp. 7-31). New York, NY: Basic Books.

Webb, N. B. (2011). Individual play therapy In *Social work practice with children* (3rd ed.). New York, NY: Guilford Press. pp. 149-173.

Recommended Readings

Henry, C. (2007). Limit setting and projective identification in work with proactive child and his parents: A revisiting of Winnicott's "Hate in the countertransference." *American Journal of Psychotherapy, 61*, 441- 457.

Schaefer, C., & Kaduson, H. (2006). *Contemporary play therapy: Theory, research and practice*. New York, NY: Guilford Press.

Unit 7:   Modes and Methods of Intervention with Adolescents   October 6, 2015

Topics

- Interventions with adolescents
- Group treatment with children and adolescents

This Unit relates to course objectives 1-5.

Required Readings

Badenoch, B. (2008). Meeting teens and their brains in mind. In *Being a brain-wise therapist: A practical guide to interpersonal neurobiology* (pp. 286-208). New York, NY: Norton.

Laser J.A., & Nicotera, N.(2011). Challenges in clinical work with adolescents. In *Working with adolescents a guide for practitioners*. New York, NY: Guilford Press. pp. 3-13.

Malgady, R. (2010).Treating Hispanic children and adolescents using narrative therapy. In J. Weisz & A. Kazdin (Eds.), *Evidence based psychotherapies for children and adolescents* (pp. 391-400)*.* New York, NY: Guilford Press.

Recommended Readings

DeLucia-Waack, J. L. (2006). Using activities effectively in group sessions. In *Leading psychoeducational groups for children and adolescents* (pp. 143-168). Thousand Oaks, CA: Sage.

Longres, J. F., & Etnyre, W. S. (2004). Social work practice with gay and lesbian children and adolescents. In P. Allen-Meares & M. Fraser (Eds.)*, Intervention with children and adolescents: An interdisciplinary perspective* (pp. 80-105). Boston, MA: Pearson Education.

Zayas, L. H. (2001). Incorporating struggles with racism and ethnic identity in therapy with adolescents. *Clinical Social Work Journal, 29*(4), 361-373.

Part 4: Neurodevelopment and Biodevelopmental Derailments of Childhood

Unit 8:   Attention Deficit/ Hyperactivity Disorder   October 13, 2015

Topics

- Biological: Brain research and pharmacology
- Psychosocial:
  - ▽ Family systems perspective
  - ▽ School and classroom context
- Assessment and diagnosis of ADHD using DSM- 5, ruling out similar/competing close diagnosis
- Treatment approaches

This Unit relates to course objectives 1-5.

Required Readings

Daley, D., van der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese S. & Sonuga-Barke, E. (2014). Behavioral interventions in Attention-Deficit/Hyperactivity Disorder: A meta-Analysis of

randomized controlled trials across multiple outcome domains. *Journal of Child & Adolescent Psychiatry*, 53, 825-829.

Haack L. M., & Gerdes, A. C. (2011). Functional Impairment in Latino Children with ADHD: Implications for Culturally Appropriate Conceptualization and Measurement. *Clinical child and family psychology review, 14*, 318-328.

Henggeler, S. W., & Sheidow, A. J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy, 38,* 30-58.

Walkup, J., Stossel, L., & Rendleman, R. (2014). Beyond rising rates: Personalized medicine and public health approaches to the diagnosis and treatment of attention-deficit/hyperactivity disorder. *Journal of Child and Adolescent Psychiatry. 14,*14-16.

Recommended Readings

Antshel, K. M., & Barkley, R. (2008). Psychosocial interventions in attention deficit hyperactivity disorder. *Child Adolescence Psychiatric Clinics of North America, 17,* 421-437.

Kaiser, N. M. , & Pfiffner, L. J. (2011). Evidence-based psychosocial treatments for childhood ADHD. *Psychiatric Annals, 41*(1), 9-15.

Portrie-Bethke, T. L., Hill, N. R., & Bethke, J. G. (2009). Strength-based mental health counseling for children with ADHD: An integrative model of adventure-based counseling and Adlerian play therapy. *Journal of Mental Health Counseling, 31*(4), 323-339.

Webster-Stratton, C., Reid, M. J., & Beauchaine, T. P. (2013). One-year follow-up of combined parent and child intervention for young children with ADHD. *Journal of Clinical Child and Adolescent Psychology, 42*(2), 251-261.

Unit 9:	Autism Spectrum Disorder	October 20, 2015

Topics

- Autism Spectrum Disorders
- Etiology, definition & treatments

This Unit relates to course objectives 1-5.

Required Readings

Kulage, K., Smaldone A.& Cohn. E. (2014). How will DSM-5 affect autism diagnosis? A systematic literature review and meta-analysis. *Journal of Autism and Developmental Disorders,44,* 1918-1932.

Schohl, K., Van Hecke, A., Carson. A., Dolan, B., Karst, J. & Stevens. S. (2014). A replication and extension of the PEERS intervention: Examining effects on social skills and social anxiety in adolescents with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 44,* 532-545.

Wilkinson, L. (2010). Best practice for intervention and treatment. In *A best practice guide to assessment and intervention for autism and Asperger Syndrome in schools* (pp. 99-126). London, England: Kingsley.

Young, R., & Rodi, M. (2014). Redefining autism spectrum disorder using DSM-5: The implications of the proposed DSM-5 criteria for autism spectrum disorders. *Journal of Autism and Developmental Disorders, 44,* 758–765.

Recommended Readings

Kulage, K., Smaldone A.& Cohn. E. (2014). How will DSM-5 affect autism diagnosis? A systematic literature review and meta-analysis. *Journal of Autism and Developmental Disorders,44,* 1918-1932.

Van den Berg, S., Scheeren, A., Bergeer, S., Koot, H., & Geurts, H. (2014). Age related differences of executive functioning problems in everyday life of children and adolescents in the autism spectrum. *Journal of Autism and Developmental Disorders,44, 1959-1971.*

Unit 10:	Oppositional Defiant Disorder, Conduct Disorder and Other Externalizing Behavior Problems	October 27, 2015

Topics

🟫 Assessment and Diagnosis of ODD, and CD using DSM-5, ruling out similar diagnosis/competing diagnosis.

This Unit relates to course objectives 1-5.

Required Readings

Bostic, J., Thurau, L., Potter, M. & Drury, S. (2014). Policing the teen brain. *Journal of Child and Adolescent Psychiatry. 53, 127-129.*

McGilloway, S., Mhaille, G. N., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., Comiskey, C., & Donnelly, M. (2012). A parenting intervention for childhood behavioral problems: A randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology, 80.* 116-127.

Presnall, N., Webster-Stratton, C. & Constantino, J. (2014). Parent training: Equivalent improvement in externalizing behavior for children with and without familial risk*. Journal of Child & Adolescent Psychiatry**, 53, 979-887.*

Webster-Stratton, C. & Reid, J. (2010). The incredible years parents, teachers and children training series in Weisz, J. R., & Kazdin, A. E. (eds). *Evidence-based psychotherapies for children and adolescents (2nd ed.).*New York, NY: Guilford Press. pp. 194-210.

Recommended Readings

Corcoran, J. (2003). Solution focused therapy with oppositional defiant disorder. In *Clinical application of evidence based family intervention* (pp. 56-81)*.* New York, NY: Oxford University Press.

Hanna, F., & Hunt, W. (1999). Techniques for psychotherapy with defiant, aggressive adolescents. *Psychotherapy, 36*(1), 56-68.

Mader, C. (2000). Child-centered play therapy with disruptive school students. In H. G. Kaduson & C. E. Schaffer (Eds.), *Short term play therapy for children* (pp. 53-68). New York, NY: Guilford Press.

Williams, J., Ayers, C., Van Dorn, R., & Arthur, M. (2004). Risk and protective factors in the development of delinquency and conduct disorder. In M. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 209-250). Washington, DC: NASW Press.

| Unit 11: | Anxiety in Childhood and Adolescence | November 3, 2015 |

Topics

- Anxiety disorders and eating disorders: Perspectives on etiology and treatment
- Assessment and diagnosis of anxiety disorder and eating disorders using DSM-5, ruling out depression and other similar diagnosis/competing diagnosis.

This Unit relates to course objectives 1-5.

Required Readings

Applegate, J., & Shapiro, J. (2005). Neurobiology applied: Affect dysregulation and its treatment. In *Neurobiology for clinical social work: Theory and practice* (pp. 141-159). New York, NY: Norton.

Drake, K. L., & Ginsburg, G. S. (2012). Family factors in the development, treatment, and prevention of childhood anxiety disorder. *Clinical Child and Family Psychology Review, 15,* 144-162.

Lock, J. (2011). Family treatment for eating disorders in youth and adolescents. *Psychiatric Annals, 41*, 547-551.

Thompson, E. D., May, A., & Whiting, S. E. (2011). Evidence-based treatment of anxiety and phobia in children and adolescents: Current status and effects on the emotional response. *Clinical Psychology Review, 31*(4), 592-602.

Recommended Readings

Bryant-Waugh, R. (2006). Recent developments in anorexia nervosa. *Child and adolescent mental health, 11*(2), 76-81.

| Unit 12: | Depression and Suicidality in Childhood and Adolescence | November 10, 2015 |

Topics

- Assessment and diagnosis of depression using DSM- 5, assessment of suicidality ruling out similar diagnosis/competing diagnosis

This Unit relates to course objectives 1-5.

Required Readings

Cummings, J. R., & Druss, B. G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(2), 160-70.

Brent, D. A., Poling, K. D., and Goldstein, T. A. (2011). Assessment and Treatment of Suicidal Ideation and Behavior. In *Treating Depressed and Suicidal Adolescents: A clinician's guide*. Chapter 2. pp.New York, NY: Gilford Press.

Jacobson, C. M. & Mufson., L. (2010).Treating adolescent depression using interpersonal psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed. pp. 140-159). New York, NY: Guilford Press

Zayas, L., Gulbas, L., Fedoravicius, N., & Cabassa, L. (2010). Patterns of distress, precipitating events, and reflections of suicide attempts by young Latinas. *Social Sciences and Medicine, 70*, 1773-1779.

Recommended Readings

Almeida, J., Johnson, R., Corliss, H., Molnar, B., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*, *38*, 1001-1014.

Hurry, J. (2000). Deliberate self-harm in children and adolescents. *International Review of Psychiatry, 12*(1), 31-36.

Ross, S., & Heath, N. (2003). Two models of adolescent self-mutilation. *Suicide and Life-Threatening Behavior, 33*, 277-287.

Parrish, M., & Tunkle, J. (2005). Clinical challenges following an adolescent's death by suicide: Bereavement issues faced by family, friends, schools, and clinicians. *Clinical Social Work Journal, 33*, 81-102.

| Unit 13: | Trauma and PTSD in Childhood and Adolescence | November 17, 2015 |

Topics

- Assessment and diagnosis of trauma and PTSD using DSM- 5
- Treatment of trauma and PTSD

This Unit relates to course objectives 1-5.

Required Readings

BigFoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children. *Journal of Clinical Psychology, 66*(8), 847-856.

Carrion, V. G., & Kletter, H. (2012). Posttraumatic stress disorder: Shifting toward a developmental framework. *Child and Adolescent Psychiatric Clinics of North America, 21*(3), 573-591

Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review 34*, 748–757.

Lam, A., Lyons, J. S. Griffin, G., & Kisiel, C. (2015). Multiple traumatic experiences and the expression of traumatic stress symptoms for children and adolescents. *Residential Treatment for Children & Youth, 32(2), 167-181.*

Recommended Readings

Becker-Weidman, A., & Hughes, D. (2008). Dyadic developmental psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment. *Child & Family Social Work, 13*, 329-337.

Cohen, J. (2000). Trauma focused cognitive behavioral therapy for children and adolescents. *Journal of Interpersonal Violence*, *15*(11), 1202-1223.

Hooyman, N., & Kramer, B. (2006). Intervention for grieving children. In *Living through loss: Intervention across the life span* (pp. 111-139). New York, NY: Columbia University Press.

Saltzman, W. R., Steinberg, A.M., Layne, C. M., Aisenberg, E., & Pynoos, R. S. (2001). A developmental approach to school based treatment of adolescents exposed to trauma and traumatic loss. *Journal of Child and Adolescent Group Therapy, 11,* 43-56.

Unit 14: Child Maltreatment, Family and Community Violence: Theory and Treatment   November 24, 2015

Topics

🟫 Assessment and diagnosis of child maltreatment and family violence

🟫 Treatment of trauma and PTSD

This Unit relates to course objectives 1-5.

Required Readings

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein., M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma, 4,* 34-51.

Black, P., Woodworth, M., Tremblay, M., Carpenter, Tara. (2012). A review of Trauma-informed treatment for adolescents. *Canadian Psychology. 55 (3)*. 192-203.

Peterson A. C., Joseph, J. & Feit M. (2014). Consequences of child abuse and neglect. In *New Directions in Child Abuse and Neglect Research*. (pp. 111-155). Washington D.C.: The National Academic Press.

Thomas, R., & Zimmer-Gembeck, M. (2012). Parent–Child interaction therapy: An evidence-based treatment for child maltreatment. *Child Maltreatment, 17*(3), 253-266.

Recommended Readings

Borrego J. J., Gutow, M. R., Reicher, S., & Barker, C. H. (2008). Parent-child interaction therapy with domestic violence populations. *Journal of Family Violence, 23,* 495-505.

Neubauer, F., Deblinger, E., Sieger ,K. (2007). Trauma focused cognitive-behavioral therapy for child sexual abuse and exposure to domestic violence: Case of Mary, age 6. In N., Boyd Webb. (Ed). *Play therapy with children in crisis*. (pp. 107-133). New York, NY: Guilford Press.

Rees, A., & Pithouse, A. (2008). The intimate world of strangers—Embodying the child in foster care. *Child and Family Social Work*, *13*, 338-347.

Ybarra, M., Mitchell, K., Wolak, J., & Finkelhor, D. (2006). Examining characteristics and associated distress related to Internet harassment: Finding from the second youth internet safety survey. *Pediatrics, 118*, 1169-1177.

Unit 15: Substance abuse In Childhood and Adolescence and Wrap-Up   December 1, 2015

Topics

🟫 Assessment and diagnosis of addictions using DSM- 5

🟫 Treatment of substance abuse

This Unit relates to course objectives 1-5.

Required Readings

Burrow-Sanchez, J., & Wrona, M. (2012). Comparing culturally accommodated versus standard group CBT for latino adolescents with substance use disorders: A pilot study. *Cultural Diversity and Ethnic Minority Psychology, 18*(4), 373-383.

Down, A. B., Seedall, R. B., Taylor, N. C., & Downs, K. J. (2014). Attachment-based considerations for addressing adolescent substance use (ASU) in a family context. *The American Journal of Family Therapy*, published on-line, 1-16, DOI: 10.1080/01926187.2014.935683

Henderson, C., Dakof, G., Greenbaum, P., & Liddle, H.. (2010). Effectiveness of multidimensional family therapy with higher severity substance-abusing adolescents: Report from two randomized controlled trials. *Journal of Consulting and Clinical Psychology, 78*(6), 885- 897.

Waldron, H. B., & Brody, J. L. (2010). Functional family therapy for adolescent substance use disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 401-416)*.* New York, NY: Guilford Press.

Recommended Readings

Cannon, E., & Levy., M. (2008). Substance-using Hispanic youth and their families: Review of engagement and treatment strategies. *The Family Journal, 16,* 199-203.

Chassin, L., & Ritter, J. (2001). Vulnerability to substance use disorders in childhood and adolescence. In R. Ingram & J. Price (Eds.), *Vulnerability to psychopathology* (pp. 107-134). New York, NY: Guilford Press.

McDowell, D., & Spitz, H. (1999). The neurobiology of addiction. In *Substance abuse: From principles to practice* (pp. 10-22). Philadelphia, PA: Brunner/Mazel.

Yip, K. (2003). A strengths perspective in working with an adolescent with dual diagnosis. *Clinical Social Work Journal, 31,* 189-203.

RESEARCH ASSIGNMENT IS DUE	TBA

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (terri.fong@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. STATEMENT ON ACADEMIC CONDUCT AND SUPPORT SYSTEMS

Academic Conduct

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards*https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct/.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* http://equity.usc.edu/ or to the *Department of Public Safety* http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* http://www.usc.edu/student-affairs/cwm/ provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

Support Systems

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* http://dornsife.usc.edu/ali, which sponsors courses and workshops specifically for international graduate students. *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.htmlprovides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information http://emergency.usc.edu/*will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as*

early in the semester as possible. DSP is located on the UPC campus, Grace Ford Salvatori Hall, 120, and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII.   EMERGENCY RESPONSE INFORMATION

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

In the event of an emergency, please call **911** and follow protocol for the San Diego Academic Center:

In many emergency situations, building evacuation will be necessary. Following are the USC, School of Social Work, San Diego Academic Center's general evacuation procedures:

1. Building occupants will be notified of the evacuation by the sound of the building fire alarm, which is located on the 1st floor, by verbal instruction from building emergency staff, or by self-evident hazardous conditions.

2. All staff, faculty, and visitors must leave the building immediately if the fire alarm is activated, or if directed to do so by building emergency staff.

3. Building emergency staff will guide and assist the evacuation to the extent possible.

4. All occupants should exit the building through the nearest safe exit or exit stairwell. Elevators should never be used in an emergency evacuation.

5. **In this building, emergency exits and exit stairwells are located:**
   • Main exit on west side of the building (front entrance).
   • Alternate exit at side (south) of the building.
   • Occupants of upper floors must use one of the two stairwells located at the south and west ends of the building.

6. If the nearest exit or exit stairwell is obstructed by smoke, fire or other hazards, proceed to an alternate exit or exit stairwell.

7. During stairwell evacuation, remove high heels, and hold on to the handrail. Allow enough room for others to enter the flow of traffic in the stairwell.

8. Once outdoors all occupants should move to the SDAC evacuation assembly area, **located at the southwest end of the parking area**.

9. Staff members should ensure that proper assistance has been summoned if necessary by calling **911**.

10. Once assembled, building emergency staff will account for all occupants, in order to inform arriving emergency services if anyone is missing or possibly still inside the building.

11. Building emergency staff will also inform arriving emergency personnel of information about the emergency in the building, including location of hazards and any problems known.

12. Building occupants should not re-enter the building until cleared by emergency personnel.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12th & Olive)	**Orange County**	Faculty Parking Lot
MRF	Lot B	**San Diego**	Building Parking Lot
SWC	Lot B	**Skirball**	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the "all clear" by emergency personnel.

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

XIV. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII.   COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance

XVIII.   TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.