

**Social Work 677
Section 61054D**

Mental Health Practice with Children and Adolescents

3 Units

Fall 2017

Instructor: Sara Jimenez McSweyn, LCSW
E-Mail: mcsweyn@usc.edu **Course Day:** Thursday
Telephone: (213) 220-4460 **Course Time:** 8:00 – 10:50AM
Office: SWC 210 **Course Location:** MRF 330
Office Hours: Thursday's 11:00AM – 12:00PM

I. COURSE PREREQUISITES

SOWK 505 and SOWK 535

II. CATALOGUE DESCRIPTION

The assessment and treatment of children with serious emotional disturbance, including the service delivery models and policies that influence service delivery.

III. COURSE DESCRIPTION

This course focuses on the assessment and treatment of children with serious emotional disturbance, the service delivery models used to deliver services, and the policies that influence service delivery. It will focus on children and families who are served in the public mental health system and on those populations that have been targeted by the Mental Health Services Act. It will introduce the Systems of Care service delivery model, explicate the tenets of that model and how those tenets drive service delivery. The course will highlight problems and diagnoses that received less attention in SW 645 & SW 603 practice courses including: Infant Mental Health, Psychosis in Children and Adolescents, Pervasive Developmental Disorders, Disruptive Behavior Disorders. It will also deal with interventions for depression and trauma reactions and how those interventions can be adapted to fit the tenets of the Systems of Care Service Delivery model. The course will be informed by research on empirically supported services and promising practices for these populations.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Provide students with the theoretical foundation necessary to understand the Systems of Care model of service delivery and how to implement the tenants of the SOC model—family driven, individualized, strengths based, and culturally competent—in the delivery of services to children with SED.
2	Provide students opportunities to develop competence in practice skills across the continuum of care for work with those children with SED.

Objective #	Objectives
3	Teach students the importance of the role of the family as members of the mental health treatment team and the ability to deliver family driven care.
4	Demonstrate how research informs interventions with children with SED and the limitations of research in identifying the most effective care.
5	Teach students about the role of culture in the development and presentation of problems in children in order to enable them to be able to deliver culturally competent care.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students' learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	Demonstrate Ethical and Professional Behavior*
2	Engage in Diversity and Difference in Practice*
3	Advance Human Rights and Social, Economic, and Environmental Justice
4	Engage in Practice-informed Research and Research-informed Practice*
5	Engage in Policy Practice
6	Engage with Individuals, Families, Groups, Organizations, and Communities*
7	Assess Individuals, Families, Groups, Organizations, and Communities*
8	Intervene with Individuals, Families, Groups, Organizations, and Communities*
9	Evaluate Practice with Individuals, Families, Groups, Organizations and Communities*

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
<p>Engage with Individuals, Families, Groups, Organizations, and Communities*</p>	<p>1. Provide students with the theoretical foundation necessary to understand the Systems of Care model of service delivery and how to implement the tenants of the SOC model—family driven, individualized, strengths based, and culturally competent—in the delivery of services to children with SED.</p> <p>2. Provide students opportunities to develop competence in practice skills across the continuum of care for work with those children with SED.</p> <p>3. Teach students the importance of the role of the family as members of the mental health treatment team and the ability to deliver family driven care.</p> <p>4. Teach students about the role of culture in the development and presentation of problems in children in order to enable them to be able to deliver culturally competent care.</p>	<p>Utilize empathy, reflection, and interpersonal skills to effectively engage children, youth, and families and build collaborative relationships within and across family service sectors. (Affective reactions, reflection)</p>		<p>Unit 1: What Is Serious Emotional Disturbance in Children and Adolescents and How Do We Treat It</p> <p>Unit 2: Principles of Systems of Care</p> <p>Unit 3: Issues in Assessment and Treatment Planning of Children and Adolescents with SED</p> <p>Unit 4: Autism Spectrum Disorder</p> <p>Unit 5: Trauma</p> <p>Unit 6: Depression</p> <p>Unit 7: Bipolar Disorder</p> <p>Unit 8 & 9: Psychosis in Children and Adolescents</p> <p>Unit 10 & 11: Disruptive Behavior Disorders</p> <p>Unit 12: Special Populations</p> <p>Unit 14: Wrap Up and Application to Field</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</p>	<p>1. Provide students with the theoretical foundation necessary to understand the Systems of Care model of service delivery and how to implement the tenants of the SOC model—family driven, individualized, strengths based, and culturally competent—in the delivery of services to children with SED.</p> <p>2. Teach students the importance of the role of the family as members of the mental health treatment team and the ability</p>	<p>Create developmentally and culturally appropriate intervention strategies based on an ecological assessment, research knowledge, and values and preferences of children, youth and families (Knowledge)</p>		<p>Unit 1: What Is Serious Emotional Disturbance in Children and Adolescents and How Do We Treat It</p> <p>Unit 2: Principles of Systems of Care</p> <p>Unit 3: Issues in Assessment and Treatment Planning of Children and Adolescents with SED</p> <p>Unit 4: Autism Spectrum Disorders</p> <p>Unit 5: Trauma</p> <p>Unit 6: Depression</p> <p>Unit 7: Bipolar Disorder</p> <p>Unit 8 & 9: Psychosis in Children and Adolescents</p> <p>Unit 10 & 11: Disruptive Behavior Disorders</p> <p>Unit 12: Special Populations</p>

	<p>to deliver family driven care.</p> <p>3. Demonstrate how research informs interventions with children with SED and the limitations of research in identifying the most effective care.</p> <p>4. Teach students about the role of culture in the development and presentation of problems in children in order to enable them to be able to deliver culturally competent care.</p>			
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VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
1. System of Care Paper	10/12/17	40%
2. Group Presentation	11/16/17	35%
3. Group Work	On going	15%
4. Class Participation	On going	10%

Each of the major assignments is described below.

Assignment 1: System of Care Paper (40% of course grade)

For this paper, students will define what the System of Care approach is, and discuss why / how it is an appropriate approach for professionals / agencies providing children’s mental health services. Next students will choose a mental health problem, describe how it meets criteria for serious emotional disturbance, and detail how to assess and treat this problem from a system of care perspective.

The paper should be 8-10 pages in length, not including cover pages or references. The paper should include 5-7 peer-reviewed references.

More details on Assignment #1 can be found at the end of the syllabus.

Due: October 12, 2017

Paper must be uploaded to Blackboard by 11:59PM on October 12th.

Late papers will receive a 2-point deduction per day late.

This assignment relates to student learning outcome 1,2,4,7,8,9.

Assignment 2: Group Presentation (35% of course grade)

Students will work as a group to research a mental health disorder that would qualify as a serious emotional disturbance. In this presentation you will present an understanding of the disorder, proposed etiology of the disorder, and an intervention strategy that is consistent with Systems of Care philosophy. More details will be passed out in class and discussed.

Students will submit evaluations for each group member.

Due: Nov 16th, 2017.

This assignment relates to student learning outcome 1, 6,7, 8, 9.

Assignment 3: Group Work (15% of course grade)

Students will work in small groups, as a System of Care team, to review cases, present results of readings, and take part in group exercises.

Due: Weekly.

This assignment relates to student learning outcome 1,2,7,8,9.

Class Participation (10% of Course Grade)

Class participation means coming to class on time, being prepared by doing the reading, participating in class discussions, and bringing relevant material from the field for use in discussions.

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-

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School:

- (1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.
- (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.
- (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.
- (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.
- (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.
- (6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Course Reader. Available on ARES

Recommended Websites

Georgetown University Center for Child and Human Development. (n.d.). Retrieved from <http://gucchd.georgetown.edu/>
(Instructor Note: This site has a good deal of useful information about children’s mental health including material on systems of care.)

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Unit	Topics	Assignments
1	■ What is Serious Emotional Disturbance in Youth and How Do We Treat It?	3 &4 ONGOING
2	■ Principles of System of Care	
3	■ Issues in Assessment and Treatment Planning of Children and Adolescents with SED	
4	■ Autism Spectrum Disorder	
5	■ Trauma among Children and Adolescents	
6	■ Depression among Children and Adolescents	
7	■ Bipolar Disorder in Youth	
8	■ Psychosis in Children ▼ Schizophrenia	#1
9	■ Psychosis in Adolescents ▼ Schizophrenia	
10	■ Disruptive Behavior Disorders ▼ Attention Deficit Hyperactivity Disorder	
11	■ Disruptive Behavior Disorders ▼ Oppositional Defiant Disorder and Conduct Disorder	
12	■ Special Populations with SED ▼ Foster Youth and Transitional Age Youth	
13	■ Student Presentations	#2
14	■ Course Wrap Up ▼ How to incorporate SOC principles in non-SOC settings	
STUDY DAYS / NO CLASSES		
FINAL EXAMINATIONS		

Course Schedule—Detailed Description

Unit 1: What is Serious Emotional Disturbance in Youth and How Do We Treat It? August 24

Topics

- History of mental health treatment of children
- Definition of SED in children
- Functional Impairment and its relation to SED
- How does serious mental illness differ in children and adults
- The Systems of Care movement in children's mental health
- Populations of interest
- Mental health policy and its relationship to children's needs
- The continuum of care

This Unit relates to course objectives 2, 3, 5, 9.

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 and Mental Health Services Research, 37*, 48-60.

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.

Cook, J.R., & Kilmer, R. P. (2010). Defining the scope of systems of care: An ecological perspective. *Evaluation and Program Planning, 33*, 18-20.

Painter, K. (2012). Outcomes for youth with severe emotional disturbance: A repeated measures longitudinal study of a wraparound approach of service delivery in systems of care. *Child Youth Care Forum, 41*, 407-425.

Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Recommended Readings

Hennessy, K. D., & Chambers, D. A. (2009). Delivery of excellent mental health care and acceleration of research: Federal activities since the President's Commission Report. *Psychiatric Services, 60*(4), 433-438.

Unit 2: Principles of Systems of Care

August 31

Topics

- What is the Systems of Care model?
- Explication of principle
 - ▼ Family Driven Care
 - ▼ Individualized
 - ▼ Strength Based
 - ▼ Youth Involved
 - ▼ Community Based
 - ▼ Culturally Competent
 - Wraparound services
 - Identifying and networking with other child serving agencies
 - The team approach to service delivery
 - Parent professional collaboration
- What does the research say about the effectiveness of Systems of Care models

This Unit relates to course objectives 1, 3, 4, 6, 8.

Required Readings

Bruns, E. J., & Walker, J. S. (2010). Defining practice: Flexibility, legitimacy, and the nature of systems of care and wraparound. *Evaluation and Program Planning*, 33, 45-48.

Chenven, M. (2010). Community systems of care for children's mental health. *Child and Adolescent Psychiatric Clinics of North America*, 19(1), 163-174.

Chitiyo, J. (2014). The wraparound process for youth with severe emotional behavioural disorders. *Journal of Research in Special Educational Needs*, 14(2), 105-109.
doi:<http://dx.doi.org/10.1111/1471-3802.12008>

Recommended Readings

Cox, K., Baker, D., & Wong, M.A. (2010). Wraparound retrospective: Factors predicting positive outcomes. *Journal of Emotional and Behavioral Disorders*, 18, 3-13.

Winters, N. C., & Metz, W. P. (2009). The wraparound approach in systems of care.. *Psychiatric Clinics of North America*, 32(1), 135-151.

Winters, N. C., & Pumariega, A. (2007). Practice parameter on child and adolescent mental health care in community systems of care. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(2), 284-299.

Instructor Note: The following websites are good resources for more details about SOC:

Center of Effective Collaboration

<http://cecp.air.org/promisingpractices/default.asp#2001>

For California SOC

http://www.dmh.cahwnet.gov/CFPP/csoc_initiative.asp

National Technical Assistance

http://gucchd.georgetown.edu/programs/ta_center/products_publications.html

Website for United Advocates for Children California, a Family Organization Advocating for Children and Their Families with Mental Health Issues

<http://www.uacc4families.org/>

Unit 3: Issues in Assessment and Treatment Planning of Children and Adolescents with SED Sep 7

Topics

- Diagnostic categories for 0-5
- Making a family focused strength based assessment
- How culture impacts the assessment and diagnosis of children and their families
- Use of structured instruments to aid in assessment
- Psychopharmacology in treatment—Strengths and limitations of medications in children
- What does research contribute to interventions with SED children

This Unit relates to course objectives 2, 6, 7, 8.

Required Readings

- Becker, S. P., Paternite, C. E., Evans, S. W., Andrews, C., Christensen, O. A., Kraan, E. M., & Weist M. D. (2010). Eligibility, assessment, and educational placement issues for students classified with emotional disturbance: Federal and state-level analysis. *School Mental Health, 3*, 24-34.
- Doss, A. J. (2005). Evidenced-based diagnosis: Incorporating diagnostic instruments into clinical practice. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*, 947-952.
- Fallon, T., Pumariega, A., Sowers, W., Klaehn, R., Huffine, ...&Grimes, K. (2006). A level of care instrument for children's systems of care: Construction, reliability and validity. *Journal of Child and Family Studies, 15*, 143-155.
- Francis, S. E., Ebesutani, C., & Chorpita, B. F. (2012). Differences in levels of functional impairment and rates of serious emotional disturbance between youth with internalizing and externalizing disorders when using the CAFAS or GAF to assess functional impairment. *Journal of Emotional and Behavioral Disorders, 20*(4), 226-240. doi:http://dx.doi.org/10.1177/1063426610387607

Recommended Readings

- Muroff, J., Edelsohn, G. A., Joe, S., & Ford, B. C. (2008). The role of race in diagnostic and disposition decision making in a pediatric psychiatric emergency service. *General Hospital Psychiatry, 30*(3), 269-276.
- Pavkov, T. W., & Walrath, C. M. (2008). Clinical and Non-Clinical Characteristics Associated with Medication Use Among Children with Serious Emotional Disturbance. *Journal of Child and Family Studies, 17*(6), 839-52.

Unit 4: Autism Spectrum Disorders Sep 14

Topics

- Recognizing and diagnosing autism
- Working with families of children with autism
- Interventions that are helpful in autism
- Mental Health aspects of service delivery
- Intervening within a SOC framework

This Unit relates to course objectives 1, 2, 6, 7, 8, 9.

Required Readings

- Corsello, C. (2005). Early intervention in autism. *Infants & Young Children, 18*, 74-85.

El-Ghoroury, N., & Krackow, E. (2013). Enhancing the identification of autism spectrum disorders via a model of culturally sensitive childhood assessment. *Professional Psychology: Research and Practice*, 43(3), 249-255.

McNellis, C. A., & Harris, T. (2014). Residential treatment of serious behavioral disturbance in Autism Spectrum Disorder and Intellectual Disability. *Child and Adolescent Psychiatric Clinics of North America*, 23(1), 111-124.

Siegal, M., & Gabriels, R. L. (2014). Psychiatric hospital treatment of children with autism and serious behavioral disturbance. *Child Adolescent Psychiatric Clinic of North America*, 23, 125-142.

Volkmar, F., Siegel, M., Woodbury-Smith, M., King, B., McCracken, J., & State, M. (2014). Practice parameter for the assessment and treatment of children and adolescents with autism spectrum disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(2), 237-258.

Recommended Readings

Koegel, R. L., Koegel, L. K., Vernon, T. W., & Brookman-Frazee, L. I. (2010). Empirically supported pivotal response treatment for children with autism spectrum disorders. In J. R. Weisz & A. E. Kazdin, (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 327-344). New York, NY: Guilford Press.

Schneider, N., & Goldstein, H. (2010). Using social stories and visual schedules to improve socially appropriate behaviors in children with autism. *Journal of Positive Behavior Interventions*, 12(3), 149-160.

Shillingsburg, M. A., Lomas, J. E. and Bradley, D. (2013), Treatment of vocal stereotyping in an analogue and classroom setting. *Behavioral Interventions*, 27, 151–163.

Smith, T. (2010). Early and intensive behavioral intervention in autism. In J. R. Weisz & A. E. Kazdin, (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 312-326). New York, NY: Guilford Press.

Instructor Note: The following websites are good additional resources:

Association for Science in Autism Treatment

<http://www.asatonline.org/>

Autism Speaks.

<http://www.autismspeaks.org/science/programs/atn/>

Opposing Views

<http://www.opposingviews.com/questions/can-autism-be-cured-or-managed>

Unit 5: Trauma in Children and Adolescents

Sep 21

Topics

- What is trauma?
- How does trauma correlate with SED?
- The relationship of abuse to traumatic reactions
- Assessment of trauma in children and adolescents
- Measures for evaluating trauma and progress in treatment
- What does the evidence tell us about effective interventions for trauma?
- How SOC approach is applied

This Unit relates to course objectives 4, 6, 7, 8, 9.

Required Readings

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

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2010). Trauma-focused cognitive-behavioral therapy for traumatized children. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 295-311). New York, NY: Guilford Press.

Osofsky, J. D., & Liberman, A. F. (2011). A call for integrating a mental health perspective into a Systems of Care for abused and neglected infants and young children. *American Psychologist*, 66, 120-128. DOI: 10.1037/a0021630

Allen, B., Oseni, A., & Allen, K. E. (2012). The evidence-based treatment of chronic posttraumatic stress disorder and traumatic grief in an adolescent: A case study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(6), 631-639. Note: This is a case study of an adolescent with trauma and other complicating problems.

Recommended Readings

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.

Kisiel, C., Conradi, L., Fehrenbach, T., Torgersen, E., & Briggs, E. C. (2014). Assessing the effects of trauma in children and adolescents in practice settings. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 223-242.

Trauma Focused CBT for Children. (n.d.). Retrieved from <http://tfcbt.musc.edu/introduction.php>
(Instructor Note: A website explaining this intervention that is well supported by research.)

Unit 6: Depression in Children and Adolescents

Sep 28

Topics

- Making a developmentally appropriate diagnosis of depression
- Assessing and intervening in suicidal behavior
- Co-occurrence with other problems.
- The biological issues of depression
- The cyclical nature of depression
- Cultural issues in the treatment of depression
- Treating from a SOC approach

This Unit relates to course objectives 2, 4, 6, 7, 8, 9.

Required Readings

Borschuk, A. P., Jones, H. A., Parker, K. M., & Crewe, S. (2015). Delivery of behavioral health services in a pediatric primary care setting: A case illustration with adolescent depression. *Clinical Practice in Pediatric Psychology*, 3(2), 142-153. doi:<http://dx.doi.org.libproxy2.usc.edu/10.1037/cpp0000087>

Céspedes, Y. M., & Huey, S. J., Jr. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. *Cultural Diversity and Ethnic Minority Psychology*, 14, 168-172.

Gearing, R. E., Schwalbe, C. S. J., Lee, R., & Hoagwood, K. E. (2013). The effectiveness of booster sessions in CBT treatment for child and adolescent mood and anxiety disorders. *Depression and Anxiety*, 30(9), 800-808.

Goldman, S. (2012). Developmental epidemiology of depressive disorders. *Child and Adolescent Psychiatric Clinics of North America*, 21, 217-235.

Recommended 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.
- Emslie, G., Kennard, B., & Mayes, T. (2011). Predictors of treatment response in adolescent depression. *Psychiatric Annals, 41*(4), 213-219.
- Maalouf, F. T., & Brent, D. A. (2012). Child and adolescent depression intervention overview: What works, for whom and how well? *Child and Adolescent Psychiatric Clinics of North America, 21*(2), 299-312. doi:<http://dx.doi.org/10.1016/j.chc.2012.01.001>
- Melvin, G. A., Dudley, A. L., Gordon, M. S., Ford, S., Taffe, J., & Tonge, B. J. (2013). What happens to depressed adolescents? A follow-up study into early adulthood. *Journal of Affective Disorders, 151*(1), 298-305. doi:<http://dx.doi.org/10.1016/j.jad.2013.06.012>
- Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 34*(3), 164-182.
- Zetterqvist, M., Lundh, L., & Svedin, C. G. (2014). A cross-sectional study of adolescent non-suicidal self-injury: Support for a specific distress-function relationship. *Child and Adolescent Psychiatry and Mental Health, 8*(1), 23. doi:<http://dx.doi.org.libproxy2.usc.edu/10.1186/1753-2000-8-23>
- Zhou, X., Hetrick, S. E., Cuijpers, P., Qin, B., Barth, J., Whittington, C. J., . . . Xie, P. (2015). Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World Psychiatry : Official Journal of the World Psychiatric Association (WPA), 14*(2), 207-222. doi:<http://dx.doi.org.libproxy2.usc.edu/10.1002/wps.20217>

Unit 7: Bipolar Disorder in Youth

October 5

Topics

- Bipolar disorder—Realities and controversies in diagnosis and treatment
- Outcome trajectories based on onset.
- How does DSM 5 change the way we look at bipolar disorder in children?
- Evidence based practice for Bipolar Disorder in children and adolescents
- Psychopharmacology for Bipolar in children and adolescents
- How would bipolar disorder be viewed in a SOC approach?

This Unit relates to course objectives 1, 2, 4, 6, 7, 8, 9.

Required Readings

- Conus, P., Cotton, S., Schimmelmann, B. G., Berk, M., Daglas, R., McGorry, P. D., & Lambert, M. (2010). Pretreatment and outcome correlates of past sexual and physical trauma in 118 bipolar I disorder patients with a first episode of psychotic mania. *Bipolar Disorders, 12*(3), 244-252.
- Litrell, J., & Lyons, P. (2010). Pediatric bipolar disorder: Part I: Is it related to classical bipolar? *Children and Youth Services Review 32*, 945-964.
- West, A. E., Weinstein, S. M., Peters, A. T., Katz, A. C., Henry, D. B., Cruz, R. A., & Pavuluri, M. N. (2014). Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: A randomized clinical trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 53*(11), 1168-1178. doi:<http://dx.doi.org/10.1016/j.jaac.2014.08.013>

Recommended Readings

- Carlson, G. A. (2014). Symptom outcome in early-onset bipolar disorder: Could be better, could be worse. *The American Journal of Psychiatry*, 171(9), 910-912.
doi:<http://dx.doi.org/10.1176/appi.ajp.2014.14050677>
- Carlson, G. A. (2009). Treating the childhood bipolar controversy: A tale of two children. *American Journal of Psychiatry* 166, 18-24.
- Jenkins, M. M., Youngstrom, E. A., Youngstrom, J. K., Feeny, N. C., & Findling, R. L. (2013). Generalizability of evidence-based assessment recommendations for pediatric bipolar disorder. *Psychological Assessment* 24, 269-281.
- Leigh, E., Smith, P., Milavich, G., & Stringaris, A. (2013). Mood regulation in youth: research findings and clinical approaches to irritability and short-lived episodes of mania-like symptoms. *Current Opinion in Psychiatry*, 25(4), 271-276.
- Litrell, J., & Lyons, P. (2010). Pediatric bipolar disorder: An issue for child welfare. *Children and Youth Services Review*, 32, 965-973.

Unit 8 & 9: Psychosis in Children and Adolescents Schizophrenia

October 12
& 19

Topics

- Risk factors for psychosis in children and adolescents
- Assessment of psychosis in children and adolescents
- Childhood onset of schizophrenia
- Adolescent onset of schizophrenia
- The role of trauma and psychosocial adversity in psychosis
- Schizophrenia as an SED
- Treatment within SOC

This Unit relates to course objectives 1, 2, 4, 6, 7, 8, 9.

Required Readings

- Gilmore, J. H. (2010). Understanding what causes schizophrenia: A developmental perspective. *The American Journal of Psychiatry*, 167(1), 8-10.
- Kaufman, J. (2013). Child abuse and psychiatric illness. *Biological Psychiatry*, 71, 280-281.
- Schimmelmann, B. G., & Schultze-Lutter, F. (2013). Early detection and intervention of psychosis in children and adolescents: Urgent need for studies. *European Child & Adolescent Psychiatry*, 21(5), 239-241.
- Wicks, S., Hjern, A., Gunnell, D., Lewis, G., & Dalman, C. (2005). Social adversity in childhood and the risk of developing psychosis: A national cohort study. *The American Journal of Psychiatry*, 162, 1652-1657.

Recommended Readings

- Bratlien, U., Øie, M., Haug, E., Møller, P., Andreassen, O. A., Lien, L., & Melle, I. (2014). Environmental factors during adolescence associated with later development of psychotic disorders—A nested case-control study. *Psychiatry Research*, 215(3), 579-585.
doi:<http://dx.doi.org/10.1016/j.psychres.2013.12.048>
- Granö, N., Karjalainen, M., Anto, J., Itkonen, A., Edlund, V. and Roine, M. (2011), Associations between number of different type of care meetings with social network and improvement in mental well-

being in adolescents at risk of first-episode psychosis. *Early Intervention in Psychiatry*, 5, 212–218.

Owen, M. J., O'Donovan, M. C., Thapar, A., & Craddock, N. (2011). Neurodevelopmental hypothesis of schizophrenia. *The British Journal of Psychiatry*, 198(3), 173-175.

Schimmelmann, B. G., Schmidt, S. J., Carbon, M., & Correll, C. U. (2013). Treatment of adolescents with early-onset schizophrenia spectrum disorders: In search of a rational, evidence-informed approach. *Current Opinion in Psychiatry*, 26(2), 219-230.
doi:<http://dx.doi.org/10.1097/YCO.0b013e32835dcc2a>

Vitiello, B., Correll, C., van Zwieten-Boot, B., Zuddas, A. Parellada, M., & Arango, C. (2009). Antipsychotics in children and adolescents: Increasing use, evidence for efficacy and safety concerns. *European Neuropsychopharmacology*, 19(9), 629-635.

Unit 10: Disruptive Behavior Disorders Attention Deficit Hyperactivity Disorder

October 26

Topics

- ADHD as SED
- Intervention with children, adolescents and their support systems
- Working with diverse groups
- Adapting previous knowledge to models for SED & SOC
- Engaging families in the process
- Evidence-based interventions
- The use of medications

This Unit relates to course objectives 1, 2, 4, 6, 7, 8, 9.

Required Readings

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology. Special Issue: Evidence-based psychosocial treatments for children and adolescents: A ten year update*, 37, 215-237.
(Instructor Note: Good source for overview of interventions that have been found to be effective.)

Comer, J. S., Chow, C., Chan, P. T., Cooper-Vince, C., & Wilson, L. A. S. (2013). Psychosocial treatment efficacy for disruptive behavior problems in very young children: A meta-analytic examination. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(1), 26-36.

Recommended Readings

Dore, M. M., & Mullin, D. (2007). Treatment family foster care: Its history and current role in the foster care continuum. *Families in Society*, 87, 475-482.

Leve, L. D., & Chamberlain, P. (2007). A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice*, 17, 657-663.

Linares, L. O., Montalto, D., Li, M. M., & Oza, V. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*, 74, 32-41.

Instructor Note: The following websites are good additional resources:

Collaborative Problem Solving
<http://www.explosivechild.com>

Multidimensional Treatment Foster Care.

<http://www.mtfc.com/index.html>

(Instructor Note: This website has a good deal of information about the intervention.)

Multisystemic Therapy.

<http://www.msts-services.com/>

Unit 11: Disruptive Behavior Disorders Oppositional Defiant Disorder and Conduct Disorder

November 2

Topics

- Intervention with children, adolescents and their support systems
- Etiology of ODD and CD
- Adapting previous knowledge to models for SED & SOC
- Engaging families in the process
- Evidence-based interventions

This Unit relates to course objectives 1, 2, 4, 6, 7, 8, 9

Required Readings

Cavanagh, M., Quinn, D., Duncan, D., Graham, T., & Balbuena, L. (2017). Oppositional defiant disorder is better conceptualized as a disorder of emotional regulation. *Journal of Attention Disorders, 21*(5), 381-389.

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. doi: 10.1111/j.17520606.2011.00244.x

Pardini, D., & Frick, P. J. (2013). Multiple developmental pathways to conduct disorder: Current conceptualization and clinical implications. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 22*(1), 20-15.

Schoorl, J., Van Rijn, S., De Wied, M., Van Goozen, S. H., M., & Swaab, H. (2016). Variability in emotional/behavioral problems in boys with oppositional defiant disorder or conduct disorder: the role of arousal. *European Child & Adolescent Psychiatry, 25*, 821-830.

Recommended Readings

Dore, M. M., & Mullin, D. (2007). Treatment family foster care: Its history and current role in the foster care continuum. *Families in Society, 87*, 475-482.

Leve, L. D., & Chamberlain, P. (2007). A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice, 17*, 657-663.

Linares, L. O., Montalto, D., Li, M. M., & Oza, V. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology, 74*, 32-41.

Instructor Note: The following websites are good additional resources:

Collaborative Problem Solving

<http://www.explosivechild.com>

Multidimensional Treatment Foster Care.

<http://www.mtfc.com/index.html>

(Instructor Note: This website has a good deal of information about the intervention.)

Multisystemic Therapy.

<http://www.msts-services.com/>

Unit 12: Special Populations with SED: Foster Youth and Transitional Age Youth

Nov 9

Topics

- Unique circumstances of foster youth
- Working with foster youth aging out of the system
- Assessing and treating transitional age youth
- Adapting previous knowledge to models for SED & SOC
- Engaging clients and social supports in the process
- Evidence-based interventions

This Unit relates to course objectives 1, 2, 3, 4, 5, 6, 7, 8, 9.

Required Readings

Landsverk, J. A., Burns, B. J., Stambaugh, L. F., & Rolls Reutz, J. A. (2009). Psychosocial interventions for children and adolescents in foster care: Review of research literature. *Child Welfare, 88*, 49-69.

Manteuffel, B., Stephens, R. L., Sondheimer, D. L., & Fisher, S. K. (2008). Characteristics, service experiences, and outcomes of transition-aged youth in systems of care: Programmatic and policy implications. *Journal of Behavioral Health Services & Research, 35*, 469-487.

Unit 13: Student Presentations

Nov 16

This Unit relates to course objectives 1, 2, 3, 4, 5, 6, 7, 8, 9.

Unit 14: Course Wrap Up

**November
30**

Topics

- Application of SOC in mental health settings
- Treatment options for youth with SED
- How to incorporate SOC principles in non-SOC settings
- Where do we go from here?

This Unit relates to course objectives 1, 2, 3, 4, 5, 6, 7, 8, 9.

Required Readings

Davis-Brown, K., Carter, N., & Miller, B. D. (2013). Youth advisors driving action: Hearing the youth voice in mental health systems of care. *Journal of Psychosocial Nursing & Mental Health Services, 50*(3), 39-43.

Kilmer, R.P., Cook, J.R., & Munsell, E.P. (2010). Moving from principles to practice: Recommended changes to promote family-centered care. *American Journal of Community Psychology, 46*, 332-341.

Munson, M. R., Hussey, D., Stormann, C., & King, T. (2009). Voices of parent advocates within the systems of care model of service delivery. *Children and Youth Services Review, 31*, 879-884.

STUDY DAYS / NO CLASSES

**December
2-5**

FINAL EXAMINATIONS

**December
6-13**

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 (mcsweyn@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. 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 Part B, Section 11, "Behavior Violating University Standards" <https://policy.usc.edu/scampus-part-b/>. 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>.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. <https://engemannshc.usc.edu/counseling/>

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. <http://www.suicidepreventionlifeline.org>

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. <https://engemannshc.usc.edu/rsvp/>

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: <http://sarc.usc.edu/>

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class. <https://equity.usc.edu/>

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. <https://studentaffairs.usc.edu/bias-assessment-response-support/>

Student Support & Advocacy – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student
EX: personal, financial, and academic. <https://studentaffairs.usc.edu/ssa/>

Diversity at USC – <https://diversity.usc.edu/>

Tab for Events, Programs and Training, Task Force (including representatives for each school),
Chronology, Participate, Resources for Students

XII. 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.”

XIII. 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.

XIV. 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.

XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

*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.

XVI. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the lead instructor, Dr. Cara Pohle (caraelli@usc.edu). If you do not receive a satisfactory response or solution, contact your advisor and/or Dean Leslie Wind, PhD, for further guidance.

XVII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ 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.

Assignment 1: System of Care Paper

Due October 12, 2017

For this paper, students will define what the System of Care approach is, and discuss why / how it is an appropriate approach for professionals / agencies providing children's mental health services. Next students will choose a mental health problem, describe how it meets criteria for serious emotional disturbance, and detail how to assess and treat this problem from a system of care perspective.

Paper Format:

1. Paper introduction
2. Define the SOC framework
 - a. Provide a definition of SOC
 - b. Describe its purpose / why it was developed
 - c. Discuss why / how the SOC framework is an appropriate approach for children's mental health
3. Describe a mental health problem that affects youth
 - a. Give a brief introduction to the problem you chose (who does it affect, prevalence, prognosis)
 - b. Define SED
 - c. Discuss how the chosen problem meets criteria for SED
4. Describe how you would intervene with this problem using the SOC perspective (keep in mind the principles of SOC, such as family driven, youth involved, culturally competent, etc)
 - a. How would you assess the client using the SOC perspective? (ie. include an assessment of strengths as well as problems. What instruments might you choose to aid you in your assessment? Do not focus on diagnostic criteria but on a holistic assessment of the problem related to the SOC framework)
 - b. How would you develop your treatment plan using the SOC perspective?
5. Conclusion

Other Requirements

6. Use APA style. APA style includes the use of headings and subheadings. Remember to start with an introduction and end with a conclusion. Do not use lengthy quotations, paraphrase material to make your point. (Direct quotes should be kept to a minimum!) When you quote directly, you **must** include pagination and attribution. If you are unclear about APA style, please consult the manual or see me.
7. Use a variety of citations (minimum = 5). Do not rely solely on one or two texts or solely on classroom readings. Readings should primarily be from peer-reviewed sources. Thus, information on websites that is not peer reviewed is therefore not appropriate.
8. Length should be between eight to ten double spaced pages. Times or other font size 12.

Papers will be evaluated on attention to each of the requirements of the assignment, the cogency of the arguments, the adherence to SOC values and principles, and the quality of the written work.

The paper should be **8-10 pages in length, not including cover pages or references**. The paper should include 5-7 peer-reviewed references.

Final Presentation Guidelines

The final presentation is an exercise in a number of skills that will be helpful to you in effective practice. These skills relate to the ability to utilize the literature to understand problems and their treatment, to work effectively with colleagues, and to present knowledge to others. You will use these skills throughout your years of practice.

Each group will choose a problem of children with serious emotional disturbance. Your responsibility will be to present to your colleagues the following information:

1. Present the problem, its manifestations, current knowledge of the prevalence and etiology of the problem. Focus on a problem area, not a specific diagnosis
2. Present a treatment model (or models if you choose) for the problem that has (have) research support for effectiveness.
3. Present the treatment model from the engagement phase through termination.
 - a. You may include instruments that are used for assessment if this is appropriate.
 - b. Illustrate what the intervention would look like.
4. Include how you would evaluate the effectiveness with a particular client system.
5. Include how you would adapt this intervention to the system of care principles: (Family Driven Care, Individualized, Strength Based, Youth Involved, Community Based, Culturally Competent).
6. Discuss the research on this intervention. Be sure to include research on its cross cultural applicability. If research does not exist on this, speculate on whether you think it would have cross cultural applicability, and if so why or why not.
7. Present your thoughts on what might be necessary to improve the intervention knowledge for the treatment of this disorder.

You will have the class period for your presentation, but be sure to allow some time for discussion (this may be throughout the presentation or at the end, or both) since this will help students learn to incorporate the material.

Presentations will be evaluated according to:

1. The thoroughness of the material presented (including all the relevant aspects listed above).
2. The presentation style and its ability to engage the audience.
3. Your ability to work as a team.

Please use me as resources for your presentation. You may use any audio visual aids that you would like. If you have handouts, you can give them to me ahead of time and I will have them copied for you. Have fun!