

**Social Work 613**

**Social Work Practice with Children and Families in Early  
and Middle Childhood**

**67290**

**Virtual Academic Center**

**3 Units**

**Summer 2018**

**Instructor:** Sara Jimenez McSweyn, LCSW

**E-Mail:** mcsweyn@usc.edu

**Telephone:** (213) 220-4460

**Office:**

**Office Hours:** TBD

**Course Day:** Thursday

**Course Time:** 4:00PM – 5:15PM

**Course Location:** VAC

**I. COURSE PREREQUISITES**

SOWK 544, SOWK 609, SOWK 610

**II. CATALOGUE DESCRIPTION**

Provides understanding of the development of problems in early childhood, and skills for engagement, assessment, intervention, and evaluation of effectiveness for treatment of these problems.

**III. COURSE DESCRIPTION**

This advanced practice course builds on the skills learned in SOWK 544 and 609 to teach students to understand the causal factors in the development of problems with children and families in early childhood, how to do a thorough assessment, develop a treatment plan, choose an appropriate intervention, deliver that intervention, and evaluate its effectiveness within an ecological perspective. It will introduce a number of specific evidence-based interventions for problems, modularized interventions, and the skills to choose the appropriate intervention given factors in the child, family, worker, and agency constraints. Skills for making cultural adaptations and encouraging family choice are highlighted.

#### IV. COURSE OBJECTIVES

Objective #	Objectives
1	Present knowledge on the most common difficulties encountered by children and families in early and middle childhood, what the evidence tells us about the multiple causes of these problems, and the role that cultural differences plays in the expression of these difficulties.
2	Present students with a model of the process of assessment and intervention with young children and their families and how this process is integrated into choosing empirically supported interventions that have been shown to be effective with specific kinds of problems.
3	Present knowledge on particular tools for categorizing problems across service settings for reimbursement for services including the DSM, DC0-3, and ICD; the strengths and weakness of each; and the differences in application across practice setting.
4	Present knowledge on evidence-based interventions available for the problems, how to choose from one of these interventions, skills for implementation, the role of culture in the application of these interventions, and opportunities for practicing skills.
5	Present knowledge on how to evaluate the effectiveness of the intervention throughout the process.

#### 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:

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

\* 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><b>Competency 2: Engage Diversity and Difference in Practice</b> Social workers seek to further their comprehension as to how diversity and difference characterize and shape the human experience in relation to the critical formation of identity as families develop and children grow physically and emotionally. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers are aware of their own intersectionality of differences and how this may impact their practice with the children, youth and families they serve. Social workers who work with children, youth, and families seek to understand how life experiences arising from oppression, poverty, marginalization, or privilege and power, can affect family culture and identity, as well as individual growth and development. Social workers recognize the extent to which social structures, social service delivery systems, values and cultural systems may oppress, marginalize, alienate, exclude, or create or enhance privilege and power among children youth, and families.</p>	<p><b>1.</b> Present knowledge on the most common difficulties encountered by children and families in early and middle childhood, what the evidence tells us about the multiple causes of these problems, and the role that cultural differences plays in the expression of these difficulties. <b>4.</b> Present knowledge on evidence based interventions available for the problems, how to choose from one of these interventions, skills for implementation, the role of culture in the application of these interventions, and opportunities for practicing skills.</p>	<p><b>2a.</b> Apply and communicate understanding of the importance of diversity and difference in shaping life experiences of children and families when practicing at the micro, mezzo, and macro levels.</p>	<p>Values</p>	<p><b>Session 4:</b> Infant Mental Health <b>Session 6:</b> Chronic Illness <b>Session 7:</b> Trauma, Abuse, and Neglect <b>Session 8:</b> Neurodevelopmental Disability <b>Session 10:</b> Externalizing Behaviors <b>Session 14:</b> Environmental Trauma <b>Session 15:</b> Grief and Loss  <b>Assignment 2:</b> Take Home Final <b>Assignment 3:</b> Group Work <b>Assignment 4:</b> Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p><b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b> Social workers recognize that evaluation must be an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse children, youth, and families, and the groups, organizations and communities that play important parts in their lives. Social workers use their knowledge of qualitative and quantitative methods, and theories of human behavior in their evaluation of practice processes and outcomes of their work with children, youth, and families. Social workers engage in self-reflection to evaluate how their personal and professional experiences may have impacted their work. These formal and informal methods of evaluation advance the effectiveness of practice, policy, and service delivery to children, youth, and families.</p>	<p><b>5.</b> Present knowledge on how to evaluate the effectiveness of the intervention throughout the process.</p>	<p><b>9a.</b> Critically analyze, monitor, and evaluate intervention and program processes and outcomes when working with children, youth, and families.</p>	<p>Cognitive and Affective Processes</p>	<p><b>Session 7:</b> Trauma, Abuse, and Neglect (CPP and Safe Care)</p> <p><b>Session 8, 9:</b> Neurodevelopmental Disability ;Developmental Delays (Applied Behavioral Analysis)</p> <p><b>Session 10:</b> Externalizing Behaviors (Parent Management Training)</p> <p><b>Session 11:</b> Depression (Cognitive Behavioral Therapy)</p> <p><b>Session 12:</b> Anxiety (Coping Cat)</p> <p><b>Session 14:</b> Environmental Trauma (Trauma Focused- CBT)</p> <p><b>Assignment 1:</b> Midterm</p> <p><b>Assignment 2:</b> Final</p> <p><b>Assignment 4:</b> Class Participation</p>



## VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
<b>Assignment: 1 Midterm</b>	7th week of class	35%
<b>Assignment: 2 Final—Integrative Assessment</b>	2nd day of finals week	35%
<b>Assignment: 3 Group Work</b>	Throughout semester	20%
<b>Assignment: 4 Class Participation</b>	Throughout semester	10%

Each of the major assignments is described below.

### Assignment: Take Home Midterm

For the midterm, you will receive a set of case vignettes in class/on the wall **during Week 5**. You will choose **ONE** of the cases to utilize for your practice midterm. The objective of this assignment is for you to take one case and apply your practice skills. You are being asked to provide an assessment, develop a treatment plan, discuss therapeutic interventions for the issues identified in the treatment plan, and discuss resources coordination. Please denote which case you are responding to. Assignment should be written in the 3<sup>rd</sup> person.

Please cover:

**Assessment**—We are asking you to discuss the immediate issues being presented and discuss how you are going to prioritize the individual's needs. This is not just a restatement of the case but should also guide your reader as to what content areas you will address.

**Treatment Plan**—What will the treatment plan include? What is your primary focus when formulating the initial treatment plan? Consider immediate and on-going needs of the individual.

**Therapeutic Intervention**—Talk about initial interventions for this case and discuss areas of focus. This may include crisis stabilization, education, skills, grief and loss, etc.

**Resources Coordination**—What resources should you be presenting to the child/family? Consider both the immediate and long-term needs.

The mid-term should be 5-7 pages in length, NOT including any cover pages or reference page. Please include 5-7 references (cite all scales, intervention techniques, and resources presented), with a minimum of 2 outside the required reading on the syllabus.

Due the 7th week of class. More details on the assignment can be found at the end of the syllabus.

### Assignment: Final - Integrative Assessment

You will be provided with 2 in-depth cases that will include family history and clinical assessments (scales with scores) for a child (and family) age 5-12 years. **Select one case.** You will be asked to complete a(n): (i) assessment (ii) treatment plan, (iii) session by session (initial, middle & ending phases) discussion of your clinical work using an Evidenced-Based treatment model. In the form of a written paper, you will present the assessment, treatment, plan and intervention.

The final should be six to eight pages in length. NOT including any cover pages or reference page. APA format

### **Assignment: Group Work/In-Class Group Activity**

You will participate in groups over the semester to work on case material, share the readings, and present them to the class; exploring case dynamics, planning interventions, and implementing those plans. You will be evaluated on your willingness to engage in the exercises, your preparation for the exercises through knowledge of and ability to apply the readings, and your ability to work in a group format. More detail will be given in class.

### **Assignment: Class Participation**

Students will be expected to come to class on time, to have read the material, and to participate in all class discussions.

### **Guidelines for Evaluating Class Participation**

**10: Outstanding Contributor**—Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights, as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on-target behavior in role-plays, small-group discussions, and other activities.

**9: Very Good Contributor**—Contributions in class reflect thorough preparation and frequency in participation is high. Ideas offered are usually substantive, provides good insights, and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role-plays, small-group discussions, and other activities.

**8: Good Contributor**—Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights, but seldom offers a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role-plays, small-group discussions, and other activities.

**7: Adequate Contributor**—Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights, but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role-plays, small-group discussions, and other activities.

**6: Inadequate**—This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever-present material to the class from exercises. Does not appear to be engaged.



**5: Nonparticipant**—Attends class only.

**0: Unsatisfactory Contributor**—Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provides few if any insights, and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. Is unable to perform exercises and detracts from the experience.

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

### Required Textbooks

Zeanah, C. H., Jr. (2009). *Handbook of infant mental health* (3rd ed.). New York, NY: Guilford Press.

### On Reserve

All additional required readings are available online through electronic reserve (ARES)

**Recommended Guidebook for APA Style Formatting**

All additional required readings that are not in the above required text are available online through electronic reserve (ARES). The textbooks have also been placed on reserve at Levey Library.

## Course Overview

Unit	Topics	Assignments
1	■ Course Introduction	3 & 4 ON-GOING
2	■ Complications That May Influence Attachment and Development	
3	■ Case Conceptualization	
4	■ Infant Mental Health Assessment	
5	■ Common Issues That Bring Parents into Care	
6	■ Chronic Illness	
7	■ Child Maltreatment	
8	■ Neurodevelopmental Disability	
9	■ Developmental Disability and Delay	
10	■ Externalizing Behaviors	
11	■ Depression	
12	■ Anxiety	
13	■ Bullying	
14	■ Environmental Trauma	
15	■ Grief and Loss	
<b>STUDY DAYS / NO CLASSES</b>		
<b>FINAL EXAMINATIONS</b>		

## Course Schedule—Detailed Description

### Unit 1: Course Introduction

May 10, 2018

#### Topics

- Review of previous material on assessment and intervention
- Review of the multicausal perspective of problems in children and their families
- A process for general assessment of a child and family

#### Required Readings

Konrad, S. C. (2013). *Child and family practice: A relational perspective*. Chicago, IL: Lyceum. Chapter 4 (pp. 63–91). (review of article read for SOWK 609)

Van Hook, M. P. (2014). *Social work practice with families: A resiliency based approach*. Chicago, IL: Lyceum. *Chapter 2* Setting the Stage for Work with Families: Development of the Therapeutic Alliance, pp. 50–63 and *Chapter 3* Assessment of Families, pp. 64–108

#### Suggested Readings

Halle, T., Zaslow, M., Wessel, J., Moodie, S., & Darling-Churchill, K. (2011). Understanding and choosing assessments and developmental screeners for young children ages 3–5 years: Profiles of selected measures. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. [http://www.acf.hhs.gov/sites/default/files/opre/screeners\\_final.pdf](http://www.acf.hhs.gov/sites/default/files/opre/screeners_final.pdf)

### Unit 2: Complications That May Influence Attachment and Development

May 17, 2018

#### Topics

- Preterm birth
- Maternal substance use
- Maternal mental health
- Attachment

**Practice Area:** Attending

#### Required Readings

Boris, N. W. (2009). Parental substance use. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 171–179). New York, NY: Guilford Press.

Goodman, S. H., & Brand, S. R. (2009). Infants of depressed mothers: Vulnerabilities, risk factors and protective factors for the later development of psychopathology. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 153–170). New York, NY: Guilford Press.

Nix, C. M., & Ansermet, F. (2009). Prematurity, risk factors, and protective factors. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 214–229). New York, NY: Guilford Press.

**Unit 3: Case Conceptualization**

**May 24, 2018**

**Topics**

- Case Conceptualization
- Assessment
- Application: A Boy's Life

**Practice Area:** Assessment; Antecedents/Stimulus Control

**Required Readings**

Christon, L. M., McLeod, B. D., & Jensen-Doss, A. (2015). Evidence-based assessment meets evidence-based treatment: An approach to science-informed case conceptualization. *Cognitive and Behavioral Practice, 22*(1), 36–48.

Lyneham, H. J. (2014). Case formulation and treatment planning for anxiety and depression in children and adolescents. In E. E. S. Sbulati, H. J. Lyneham, C. A. Schniering, & R. M. Rapeed (Eds.), *Evidence-based CBT for anxiety and depression in children and adolescents: A competencies-based approach* (pp. 114–127). Hoboken, NJ: Wiley-Blackwell.

**Unit 4: Infant Mental Health Assessment**

**May 31, 2018**

**Topics**

- Social-emotional problems in early childhood
- Infant mental health assessment

**Practice Area:** Effective engagement

**Required Readings**

Carter, A. S., Leandra-Godoy, S. E., Marakovitz, S. E., & Briggs-Gowan, M. J. (2009). Parent reports and infant-toddler mental health assessment. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 233–251). New York, NY: Guilford Press.

Oppenheim, D., & Koren-Karie, N. (2009). Infant-parent relationships assessment: Parents' insightfulness regarding their young children's internal worlds. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 266–279). New York, NY: Guilford Press.

Zeanah, C. H., Jr., & Smyke, A. T. (2009). Attachment disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 421–433). New York, NY: Guilford Press.

**Suggested Readings**

Brecht, C. J., Shaw, R. J., St. John, N. H., & Horwitz, S. M. (2012). Effectiveness of therapeutic and behavioral interventions for parents of low birth weight premature infants: A review. *Infant Mental Health Journal, 33*(6), 651–665. doi:<http://dx.doi.org/10.1002/imhj.21349>

Egger, H. L., & Angold, A. (2009). Classification of psychopathology in early childhood. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 285–300). New York, NY: Guilford Press.

Egger, H. L., & Emde, R. N. (2011). Developmentally sensitive diagnostic criteria for mental health disorders in early childhood: The diagnostic and statistical manual of mental disorders–IV, the research diagnostic criteria—preschool age, and the diagnostic classification of mental health and

developmental disorders of infancy and early childhood—Revised. *American Psychologist*, 66(2), 95–106. doi:http://dx.doi.org/10.1037/a0021026

**Unit 5: Common Issues That May Bring Parents Into Care**

**June 7, 2018**

**Topics**

- Affect regulation/temper tantrum
- Transitions/routines
- Sleep
- Biting
- Parent-child interaction therapy (PCIT)

**Practice Area:** Differential Reinforcement & Active Ignoring

**Required Readings**

Dozier, M., Zeanah, C. H., & Bernard, K. (2013). Infants and toddlers in foster care. *Child Development Perspectives*, 7(3), 166–171. doi:http://dx.doi.org/10.1111/cdep.12033

Owens, J., & Burnham, M. M. (2009). Sleep disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 362–376). New York, NY: Guilford Press.

Zisser, A., & Eyberg, S. M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 179–193). New York, NY: Guilford Press.

**Suggested Readings**

Benoit, D. (2009). Feeding disorders, failure to thrive, and obesity. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 377–391). New York, NY: Guilford Press.

**Websites for Interventions**

PCIT <http://www.pcit.org/>

**Unit 6: Chronic Illness**

**June 14, 2018**

**Topics**

- Illness
- Effect on child
- Effects on family
- Social support for families

**Practice Area:** Crisis Management

**Required Readings**

Compas, B. E., Jaser, S. S., Dunn, M. J., & Rodriguez, E. M. (2012). Coping with chronic illness in childhood and adolescence. *Annual Review of Clinical Psychology*, 8, 455–480.

Cousino, M. K., & Hazen, R. A. (2013). Parenting stress among caregivers of children with chronic illness: A systematic review. *Journal of Pediatric Psychology*, 38(8), 809–828.

Epstein, R. H. (2001, June 26). Love, anger and guilt: Coping with a child's chronic illness. *New York Times*. Retrieved from <http://www.nytimes.com/2001/06/26/health/love-anger-and-guilt-coping-with-a-child-s-chronic-illness.html>.

**Unit 7: Child Maltreatment**

**June 21, 2018**

- Trauma
- Abuse and neglect
- Child-parent psychotherapy
- SafeCare

**Practice Area:** Cognitive Anxiety STOP

**Required Readings**

Edwards, A., & Lutzker, J. R. (2008). Iterations of the SafeCare® model. An evidence-based child maltreatment prevention program. *Behavior Modification, 32*, 736–756.

Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology, 52*(7), 671–690. doi:<http://dx.doi.org.libproxy1.usc.edu/10.1002/dev.20494>

Lieberman, A. F., & Van Horn, P. (2009). Child-parent psychotherapy: A developmental approach to mental health treatment in infancy and early childhood. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 439–449). New York, NY: Guilford Press.

Symke, A. T., & Breidenstine, A. S. (2009). Foster care in early childhood. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 500–515). New York, NY: Guilford Press.

**Suggested Readings**

Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child Development, 83*(2), 623–636. doi:<http://dx.doi.org/10.1111/j.1467-8624.2011.01712.x>

Child Welfare Information Gateway. (2013). *Long term effects of child abuse and neglect*. Retrieved from [https://www.childwelfare.gov/pubpdfs/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf).

Dozier, M., Bick, J., & Bernard, K. (2011). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. *Zero to Three, 31*(3), 17–22.

**Websites**

SafeCare [www.safecare.org](http://www.safecare.org)

**PROF McSWEYN ON VACATION THE WEEK OF JUNE 25, 2018**

**Unit 8: Neurodevelopmental Disability**

**June 28, 2018**

**Topics**

- Autism
- ADHD
- Applied behavioral therapy (for autism)

**Required Readings**

Applied Behavioral Strategies. (n.d.). *Getting to know applied behavioral analysis (ABA)*. Retrieved from <http://www.appliedbehavioralstrategies.com/what-is-aba.html>.

Carr, T., & Lord, C. (2009). Autism spectrum disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 301–317). New York, NY: Guilford Press.

Tarver, J., Daley, D., & Sayal, K. (2014). Attention-deficit hyperactivity disorder (ADHD): An updated review of the essential facts. *Child: Care, Health and Development, 40*(6), 762–774.

## Suggested Readings

Williams, M. E., & Haranin, E. C. (2016). Preparation of mental health clinicians to work with children with co-occurring autism spectrum disorders and mental health needs. *Journal of Mental Health Research in Intellectual Disabilities*, 9(1-2), 83–100.

Windsor, J., Reichle, J., & Mahowald, M. C. (2009). Communication disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 318–331). New York, NY: Guilford Press.

**PROF McSWEYN ON VACATION THE WEEK OF JULY 5, 2018**

### Unit 9: Developmental Disability and Delay

July 5, 2018

#### Topics

- Learning disabilities
- Down syndrome
- Incredible Years

**Practice Area:** Rewards

#### Required Readings

Cortiella, C., & Horowitz, S. H. (2014). *The state of learning disabilities: Facts, trends and emerging issues*. New York: National Center for Learning Disabilities. (Read pp. 1–24). Retrieved from <https://www.nclld.org/wp-content/uploads/2014/11/2014-State-of-LD.pdf>

Tomasello, N. M., Manning, A. R., & Dulmus, C. N. (2010). Family-centered early intervention for infants and toddlers with disabilities. *Journal of Family Social Work*, 13(2), 163–172.

Webster-Stratton, C., & Reid, J. (2010). The Incredible Years parent, teachers, and children training series: A multifaceted treatment approach for young children with conduct problems. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 194–210). New York, NY: Guilford Press.

#### Websites for Interventions

Incredible Years: [www.incredibleyears.com](http://www.incredibleyears.com)

### Unit 10: Externalizing Behaviors

July 12, 2018

#### Topics

- Oppositional defiant disorder
- Conduct disorder
- Parent management training

**Practice Area:** Time Out

#### Required Readings

Forgatch, M. S., & Patterson, G. R. (2010). Parent management training–Oregon model: An intervention for antisocial behavior in children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 159-178). New York, NY: Guilford Press.

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



Wakschlag, L. S., & Danis, B. (2009). Characterizing early childhood disruptive behavior: Enhancing developmental sensitivity. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 392–408). New York, NY: Guilford Press.

### Suggested Readings

Frick, P. J. (2012). Developmental pathways to conduct disorder: Implications for future directions in research, assessment, and treatment. *Journal of Clinical Child and Adolescent Psychology*, 41(3), 378–389.

### Useful Websites for Interventions

Parent Management Training: <http://www.parentmanagementtraininginstitute.com/>

## Unit 11: Depression

July 19, 2018

### Topics

- Depression
- Cognitive behavioral therapy

**Practice Area:** Activity Selection

### Required Readings

Friedberg, R. D., & McClure, J. M. (2015). Working with depressed children and adolescents. In R. D. Friedberg & J. M. McClure (Eds.), *Cognitive therapy with children and adolescents: The nuts and bolts* (2nd ed., pp. 213–265). New York, NY: Guilford Press.

Gibb, B. E. (2014). Depression in children. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (3rd ed., pp. 374–390). New York, NY: Guilford Press.

Luby, J. L. (2009). Depression. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 409–420). New York, NY: Guilford Press.

### Suggested Readings

Friedberg, R. D., & McClure, J. M. (2015). Identifying and connecting feelings and thoughts. In R. D. Friedberg & J. M. McClure (Eds.), *Cognitive therapy with children and adolescents: The nuts and bolts* (2nd ed., pp. 97–120). New York, NY: Guilford Press.

Pandya, S. P. (2016). Childhood depression and spirituality: Insights for spiritually sensitive child-centered social work interventions. *Social Work in Mental Health*, 1–24.

## Unit 12: Anxiety

July 26, 2016

### Topics

- Anxiety
- Coping Cat

**Practice Area:** Exposure

### Required Readings

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.

Friedberg, R. D., & McClure, J. M. (2015). Working with anxious children and adolescents. In R. D. Friedberg & J. M. McClure (Eds.), *Cognitive therapy with children and adolescents: The nuts and bolts* (2nd ed., pp. 266–315). New York, NY: Guilford Press.

Kendall, P. C., Furr, J. M., & Podell, J. L. (2010). Child-focused treatment of anxiety. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 45–60). New York, NY: Guilford Press. (Instructors note: This describes the Coping Cat Intervention)

### Unit 13: Bullying

August 2, 2018

#### Topics

- Bullies
- Victims
- School-level intervention: Second Step

#### Required Readings

Fergusson, D. M., Boden, J. M., & Horwood, J. L. (2014). Bullying in childhood, externalizing behaviors, and adult offending: Evidence from a 30-year study. *Journal of School Violence, 13*(1), 146–164.

van Noorden, T. H., Haselager, G. J., Cillessen, A. H., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. *Journal of Youth and Adolescence, 44*(3), 637–657.

Wang, C., Berry, B., & Swearer, S. M. (2013). The critical role of school climate in effective bullying prevention. *Theory Into Practice, 52*(4), 296–302.

#### Suggested Readings

Committee for Children. (2015). Second Step: Skills for social and academic success. Retrieved from [http://www.cfchildren.org/Portals/1/SS\\_K5/K-5\\_DOC/K-5\\_Review\\_Research\\_SS.pdf](http://www.cfchildren.org/Portals/1/SS_K5/K-5_DOC/K-5_Review_Research_SS.pdf).

Sullivan, T. N., Sutherland, K. S., Farrell, A. D., & Taylor, K. A. (2015). An evaluation of Second Step: What are the benefits for youth with and without disabilities? *Remedial and Special Education, 36*(5), 286–298. doi:0741932515575616.

### Unit 14: Environmental Trauma

August 9, 2018

#### Topics

- Community violence
- Domestic violence
- Natural disaster
- Trauma-focused cognitive behavioral therapy

**Practice Area:** Narrative Trauma

#### Required Readings

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.

Ekanayake, S., Prince, M., Sumathipala, A., Siribaddana, S., & Morgan, C. (2013). “We lost all we had in a second”: Coping with grief and loss after a natural disaster. *World Psychiatry, 12*(1), 69–75.

Scheeringa, M. S. (2009). Posttraumatic stress disorder. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., p. 345). New York, NY: Guilford Press.

### Suggested Readings

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

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press. (Note: This is the manual for TF-CBT)

Crean, H. F., & Johnson, D. B. (2013). Promoting alternative thinking strategies (PATHS) and elementary school aged children's aggression: Results from a cluster-randomized trial. *American Journal of Community Psychology*, 52(1-2), 56–72. doi:http://dx.doi.org/10.1007/s10464-013-9576-4

DiGangi, J. A., Gomez, D., Mendoza, L., Jason, L. A., Keys, C. B., & Koenen, K. C. (2013). Pretrauma risk factors for posttraumatic stress disorder: A systematic review of the literature. *Clinical Psychology Review*, 33(6), 728–744. doi:http://dx.doi.org/10.1016/j.cpr.2013.05.002

Trickey, D., Siddaway, A. P., Meiser-Stedman, R., Serpell, L., & Field, A. P. (2012). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, 32, 122–138.

## Unit 15: Grief and Loss

## LAST DAY OF CLASS

August 16, 2018

### Topics

- Developmental experiences of loss
- Loss of loved one
- Social support group for children

### Required Readings

Aldridge, J., Shimmon, K., Miller, M., Fraser, L. K., & Wright, B. J. D. (2017). "I can't tell my child they are dying": Helping parents have conversations with their child. *Archives of Disease in Childhood*. doi: 10.1136/archdischild-2016-311974

Walter, C., & McCoyd, J. (2015). Infancy and toddlerhood. In C. Walkter & J. McCoyd (Eds.), *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed., pp. 59–82). New York, NY: Springer.

Walter, C., & McCoyd, J. (2015). Elementary-school age children. In C. Walkter & J. McCoyd (Eds.), *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed., pp. 83–109). New York, NY: Springer.

STUDY DAYS / NO CLASSES

Month Date

FINAL EXAMINATIONS

Month Date

## Take Home Midterm

### **ASSESSMENT**

Utilize a Biopsychosocial frame as your assessment guide. Remember to frame this around the domains you learned about in case conceptualization (i.e. biological, psychological, familial, etc).

The assessment should include a discussion regarding the immediate issues or areas of concern you will focus on in the case and how you will prioritize them. For example, internalizing or externalizing behaviors, health or medical issues, financial issues, housing issues, relationship issues, parenting issues, etc. In other words, you are identifying the issues you will address with the client and how you will prioritize them. You should make a statement regarding the rationale for why this is an important area of concern. For example, if you identify hitting as an immediate issue to address you might state that hitting is exacerbated by the parent-level fighting described by parents. You should identify any risk factors if they seem pertinent to your vignette including depression, anxiety, danger to others or potential for violent behavior, domestic violence, child abuse, substance abuse, etc. If any of these risk factors are relevant to your vignette you should note them in the assessment (remember, you are noting behaviors in an assessment, not giving a diagnosis). This issues you raise in the assessment should then be addressed as part of your treatment plan, interventions, and resources sections.

### **TREATMENT PLAN**

Your treatment plan should include a brief discussion regarding how you will address each problem you identified in your assessment. For example, if depression is an immediate area of concern you will want to include a statement about referring your patient/client to a psychiatrist for a medication evaluation or to a mental health professional for counseling as a longer-term goal. If you identify any high-risk issues in your assessment you want to follow up in your treatment plan and state how you are going to address. You want to prioritize the most critical issues (short-term) to address as well as the (longer term) issues. The longer term, on-going issues can be addressed once the higher risk areas are dealt with.

### **THERAPEUTIC INTERVENTIONS**

The therapeutic interventions section should include a discussion regarding the practice techniques most pertinent to the vignette you selected. The therapeutic interventions section should also include a discussion regarding the specific interventions you will use, i.e. what actual practice techniques you will use as well as an explanation why you chose it. For Example, you may use guided imagery, relaxation, breathing exercises or any behavioral technique with your patient/client.

### **RESOURCES COORDINATION**

The resources coordination section should include a discussion regarding what specific resources you will provide to your patient/client. For example, you may provide a referral to a housing or substance abuse program, whatever is applicable to the vignette you choose. You may also refer your patient/client/family to a support group or for individual counseling/therapy as part of your resources coordination. It is acceptable to cite resources you may be familiar with in your geographical area.

The mid-term should be 5-7 pages in length, NOT including any cover pages or reference page. Please include 5-7 references (cite all scales, intervention techniques, and resources presented), with a minimum of 2 outside the required reading on the syllabus.

Due the 7<sup>h</sup> week of class. ~~More details on the assignment can be found at the end of the syllabus.~~

#### Writing Guidelines

1. 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. When you quote directly, you must include pagination and attribution. If you are unclear about APA style, please consult the manual or see me.
2. Use a variety of citations (minimum = 5-7). 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 are not peer reviewed are therefore not appropriate.
3. Include page numbers.

## Final - Integrative Assessment

Choose **one** in-depth cases from those that you have been provided. You will be asked to complete a(n): (i) assessment (ii) treatment plan, and (iii). therapeutic Intervention/s for the client identified within the vignette you selected. In the form of a written paper, you will write the assessment, treatment, and intervention.

### **ASSESSMENT**

Utilize a Biopsychosocial perspective as your assessment guide. Remember to frame this around the domains you learned about in case conceptualization (i.e. biological, psychological, familial, etc). The assessment should include a discussion regarding the immediate issues or areas of concern you will focus on in the case and how you will prioritize them. In other words, you are identifying the issues you will address with the client and how you will prioritize them. You should make a statement regarding the rationale for why this is an important area of concern. You want to highlight the issues that brought the child/family into treatment (versus focusing on the diagnosis). These issues you raise in the assessment should then be addressed as part of your treatment plan, interventions, and resources sections. Provide a succinct, yet complete clinical conceptualization of the case.

### **TREATMENT PLAN**

Your treatment plan should include a brief discussion regarding how you will address each problem you identified in your assessment. For example, if depression is an immediate area of concern you will want to include a statement about referring your patient/client to a psychiatrist for a medication evaluation or to a mental health professional for counseling as a longer-term goal. If you identify any high-risk issues in your assessment, you want to follow up in your treatment plan and state how you are going to address.

### **THERAPEUTIC INTERVENTIONS**

The therapeutic intervention should be framed within the context of Best Practices- Evidenced-Based Practice Models. Identify the Evidenced-Based Model you selected, along with the technique/s which you believe best fit the client's presenting concerns. Discuss your work over the course of 12 sessions, focusing upon the beginning, middle and ending phases of treatment.

The final should be **6-8 pages in length**, NOT including any cover pages or reference page. Please cite all scales and intervention techniques presented.

#### Writing Guidelines

1. 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. When you quote directly, you must include pagination and attribution. If you are unclear about APA style, please consult the manual or see me.
2. Include page numbers. 6-8 references.

Your paper will be evaluated on the thoroughness of the assignment, including attention to the assessment, treatment plan, intervention techniques (rationale and implementation, thoroughness and creativity),

## University Policies and Guidelines

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### 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 ([xxx@usc.edu](mailto:xxx@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 chair of the Children, Youth, and Families Department, Lawrence Palikas (palinkas@usc.edu). If you do not receive a satisfactory response or solution, contact your advisor and/or Vice Dean Dr. Leslie Wind 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.

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*Don't procrastinate or postpone working on assignments.*

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