USC Suzanne Dworak-Peck
School of Social Work

Social Work 613
Section # 61098

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

3 Units

Term Year Fall 2018

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Office: SWC 210
Office Hours: 11:00am – 12 noon (Thursday's)

Course Day: Thursday
Course Time: 1:00pm – 3:50pm
Course Location: MRF 206

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:

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
Competency 2: Engage Diversity and Difference in Practice 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 enhance privilege and power among children youth, and families.	**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.	**2a.** 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.	Value	**Session 1:** Infant Mental Health **Session 2:** Common Issues that Bring Parents into Care **Session 7:** Child Maltreatment **Session 8:** Trauma **Session 9:** Neurodevelopmental Disability & Developmental Disability **Session 14:** Chronic Illness & Grief & Loss **Assignment 2:** Take Home Final **Assignment 3:** Group Work **Assignment 4:** Class Participation
	4. Present knowledge on evidence based interventions available for the problems, how to choose from one of these interventions, skills for im-plementation, the role of culture in the application of these interventions, and opportunities for practicing skills.			**Session 4:** Modalities for working in Families with Infants, Toddlers & School Age Children (Child Parent Psychotherapy **Session 7:** Child Maltreatment (SafeCare) **Session 8:** Trauma (TFCBT, CPP) **Session 9:** Neurodevelopmental Disability and Developmental Disability (Applied Behavioral Analysis) **Session 10:** Depression (CBT) **Session 11:** Anxiety (Coping Cat)

Competency	Objectives	Behaviors	Dimensions	Content
Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities 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.	**5.** Present knowledge on how to evaluate the effectiveness of the intervention throughout the process.	**9a.** Critically analyze, monitor, and evaluate intervention and program processes and outcomes when working with children, youth, and families.	Cognitive and Affective Processes	**Session 1:** Introduction (Using MAP in Clinical Practice) **Session 3:** Assessment of Infants…. **Session 5:** Assessment of School Age… Ongoing through intervention presentation and use of Dashboards **Assignment 1:** Midterm **Assignment 2:** Final **Assignment 4:** Class Participation

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Midterm	**October 9**	40%
Assignment 2: Final—Integrative Assessment	**December 5**	40%
Assignment 3: Group Work	**Throughout semester**	10%
Assignment 4: Class Participation	**Throughout semester**	10%

Each of the major assignments is described below.

Assignment 1: Take Home Midterm

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

Please cover:
Assessment & Case Conceptualization—We are asking you to discuss the immediate issues being presented and discuss how you are going to prioritize the individual and family'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. What is your understanding of the situation, the important factors which led to the need for intervention looking at all the relevant systems involved?
Intervention Plan—What will the intervention plan include? What is your primary focus when formulating the initial intervention plan? Consider immediate and on-going needs of the child/family.

Planned Interventions—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. In this discussion, be aware of how the resource coordination fits into your case conceptualization and intervention plan. For example, if you are choosing a parent/child intervention, then a referral to a parenting group would not seem appropriate.

The mid-term should be 6-9 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 8th week of class. More details on the assignment can be found at the end of the syllabus.

Due Date: OCTOBER 9, 2018 --due before the start of class --
*****Please upload to Blackboard via Turnitin*****

Assignment 2: Final - Integrative MAP Assessment

You will be provided with 3 in-depth family/child situations that will include family history and clinical assessments (scales with scores) for a child (and family) age 5-12 years. You will be asked to complete a(n): (i) assessment/ case conceptualization (ii) intervention plan, (iii) a 6 session intervention using MAP practice areas. In the form of a written paper, you will write the assessment/case conceptualization,

intervention plan , and specific interventions . You will also attach a MAP clinical dashboard that denotes your use of the MAP practice areas across the sessions, includes scale info and scores, and has treatment notes.

The final should be 7-10 pages in length, NOT including any cover pages or reference page and include a minimum of 8 references. Please cite all scales and intervention techniques presented.

Due Date: DECEMBER 5, 2018 --due at 5:00pm PST --
*****Please upload to Blackboard via Turnitin*****

Assignment 3: Group Work

You will work in groups over the semester to work on case material, share the readings, and present them to the class; and to work 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 4: 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. (20012). *Handbook of infant mental health* (3rd ed.). New York, NY: Guilford Press. Course Reader.

Weisz, J. R., & Kazdin, A. E. (2017). *Evidenced-based psychotherapies for children and adolescents,* 3rd.Ed. New York, NY: Guilford Press. ****You are purchasing this book for 621**.**

*** THIS ASTERISK SYMBOL ON THE SYLLABUS INDICATES READING IS FROM THE TEXTBOOK**

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 Leavey Library.

Course Overview

Unit	Topics	Assignments
1	▪ Course Introduction & Introduction to Infant and Early Childhood Mental Health	3 & 4 ON-GOING
2	▪ Common Issues That Bring Parents into Care & Parental Mental Health	
3	▪ Infant and Early Childhood Assessment ▪ Adapting Case Conceptualization to Infants, Toddlers& Preschool Children	
4	▪ Modalities for Working in Families with Infants, Toddlers & Preschool Children	
5	▪ Assessment of School Age Children and Their Families ▪ Adapting Case Conceptualization to School Age Children	
6	▪ Modalities for Working in Families with School Age Children	
7	▪ Child Maltreatment	
8	▪ Trauma	
9	▪ Neurodevelopmental Disability ▪ Developmental Disability and Delay	
10	▪ Depression	
11	▪ Anxiety	
12	▪ Behavior Problems	
13	▪ Bullying	
14	▪ Chronic Illness in the family	
15	▪ Evaluating Your Practice	
	STUDY DAYS / NO CLASSES	
	FINAL EXAMINATIONS	

Course Schedule—Detailed Description

Unit 1: Course Introduction & Introduction to Infant Mental Health	August 23, 2018

Topics

- Review of previous material on assessment and intervention
- Review of the multi-causal perspective of problems in children and their families
- Family Stress Model- Introduction
- What is early childhood & infant mental health
- Using MAP in clinical practice

Required Readings

Brandt, K. (2013). Core concepts in infant-family and early childhood mental health. In K. Brandt, B. D. Perry, S. Seligman, & Tronick, E. (Eds), *Infant and early childhood mental health: Core concepts and clinical practice* (pp. 1-20). American Psychiatric Publishing.

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 Reading

Chorpita, B. F., Daleiden, E. L., & Collins, K. S. (2014). Managing and adapting practice: A system for applying evidence in clinical care with youth and families. *Clinical Social Work Journal, 42*(2), 134-142.

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

Excellent resource

- Center on the Developing Child Harvard University http://developingchild.harvard.edu/
- California Evidence Based Clearinghouse for Child Welfare (CEBC) http://www.cebc4cw.org/
- Good resource for finding evidence based practices for children both in and out of child welfare

Unit 2: Common Issues That Bring Parents into Care & Parental Mental Health	August 30, 2018

Topics

- Affect regulation/temper tantrums
- Transitions/routines
- Sleep
- Biting
- Depression, Trauma, Substance Abuse and other Parental Mental Health Issues
- Application of Family Stress Model

Practice Area: Attending

Required Readings

*Boris, N. W. (2012). 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.

Masarik, A. S., & Conger, R. D. (2017). Stress and child development: a review of the family stress model. *Current Opinion in Psychology*, *13*, 85-90.

*Nix, C. M., & Ansermet, F. (2012). 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.

Resources

Tanyel, N. E. . (2009). Emotional Regulation: Developing Toddlers' Social Competence. *DIMENSIONS OF EARLY CHILDHOOD*, *37*(2), 11.
https://www.southernearlychildhood.org/upload/pdf/Emotional_Regulation_Developing_Toddlers_Social_Competence_Nur_E_Tanyel_Vol_37_No_2.pdf5

5 Tips for promoting Self-regulation in Preschool Children: A Parents Guide
https://www.tuw.org/5-tips-promoting-self-regulation-preschool-children-parents-guide

Power Paths program for social emotional development https://www.channing-bete.com/prevention-programs/paths/paths.html (program for early childhood education)

Unit 3: Infant and Early Childhood Assessment Adapting Case Conceptualization to Infants, Toddlers & Preschool Children — **September 6, 2018**

Topics

- Consideration for conceptualization of very young children and their families
- Relevant systems for assessment
- Assessment Instruments
- DC0-5

Practice Area: Effective engagement

Required Readings

*Carter, A. S., Leandra-Godoy, S. E., Marakovitaz, S. E., & Briggs-Gowan, M. J. (2012). 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. (2012). 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.

Zero to Three (2016). DC0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Washington, DC (Authors).
Axis IV: Psychosocial Stressors (pp153-158)
Axis V: Developmental Competence (pp159-185)

Suggested Readings

Egger, H. L., & Angold, A. (2012). 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

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

*Zeanah, C. H., Jr., & Smyke, A. T. (2012). Attachment disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 421–433). New York, NY: Guilford Press.

Unit 4: Modalities for Working in Families with Infants, Toddlers & Preschool Children — **September 13, 2018**

Topics

- Dyadic Interventions
- Parent Focused Interventions
- Adaptation for Children in Out of Home Settings
- Child Parent Psychotherapy
- PCIT

Practice Area: Praise

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

Kronberg, M. E. (2014). Child Parent psychotherapy: An overview. In B. Allen, B., & M. E. Kronenberg, (EDS., 104-120). *Treating traumatized children: A casebook of evidence-based therapies* Guilford.

Many, M. M. (2014). CPP with an infant boy in the child welfare system. In B. Allen, B., & M. E. Kronenberg, Eds. pp. 121-130). *Treating traumatized children: A casebook of evidence-based therapies* Guilford.

*Owens, J., & Burnham, M. M. (2012). Sleep disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 362–376). New York, NY: Guilford Press.

Suggested Readings

Benoit, D. (2012). 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.

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

Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *Don't hit my mommy!: a manual for child-parent psychotherapy with young children exposed to violence and other trauma 2nd Ed.*. Washington, DC: Zero to Three. ***Note: This is the Manual for Child Parent Psychotherapy***

Zisser-Nathenson, A., Herschell, A. D & Eyberg, S. M. (2017). 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* (3rd ed, pp 103-121). New York, NY: Guilford Press.

Websites for Interventions

Attachment and Biobehavioral Catch up (ABC) http://www.abcintervention.org/
Parent Management Training (PCIT): http://www.parentmanagementtraininginstitute.com/
PCIT http://www.pcit.org/

Unit 5: Assessment of School Age Children and Their Families **September 20, 2018**
Adapting Case Conceptualization to School Age Children

Topics
- Relevant systems for assessment
- Assessment Instruments
- DSM 5 problems and uses in assessment
- Adaptations for assessment & case conceptualization with families and their school age children

Practice Area: Rewards

Required Readings

Achenbach, T. M. (2017). Future directions for clinical research, services, and training: evidence-based assessment across informants, cultures, and dimensional hierarchies. *Journal of Clinical Child & Adolescent Psychology*, *46*(1), 159-169.

Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., ... & Mandell, D. S. (2015). Free, brief, and validated: standardized instruments for low-resource mental health settings. *Cognitive and Behavioral Practice*, *22*(1), 5-19.

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. Sburlati, H. J. Lyneham, C. A. Schniering, & R. M. Rapee (Eds.), *Evidence-based CBT for anxiety and depression in children and adolescents: A competencies based approach* (pp. 114–127). Hoboken, NJ: Wiley-Blackwell.

Unit 6: Modalities for Working in Families with School Age Children **September 27, 2018**

Topics
- Family Interventions
- Individual Interventions
- Group Interventions
- Cognitive Behavioral Therapy
- Adaptations for Children in Out of Home Care

Required Readings

Konrad, S. C. (2013). *Child and family practice: A relational perspective*. Chicago, IL: Lyceum. Chapter 6: Working with parents, (pp121-143). (Text for 609)

Malekoff, A. (2017). Strengths-Based Group Work with Children and Adolescents. In C. D. Garvin, L. J., Gutierrez, & M. J. Galinsky, *Handbook of social work with Groups, 2nd ed.* New York: Guilford Press.

Suggested Readings

Friedberg, R. D., & McClure, J. M. (2015). *Cognitive therapy with children and adolescents: The nuts and bolts* (2nd ed., pp. 213–265). New York, NY: Guilford Press**. (This is an excellent book to help you understand all about using CBT with children. It gives very specific instructions on what to do and you can also purchase a companion workbook that gives you specific exercises to use.)**

Kelch-Oliver, K., & Smith, C. O. (2015). Using an evidence-based parenting intervention with african american parents. *The Family Journal, 23*(1), 26-32. doi:http://dx.doi.org/10.1177/1066480714555697

Powell, N., Lochman, J., Boxmeyer, C. L., Barry, T. D., & Pardini, D, A. (2017). The Coping Power Program for aggressive children. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based*

psychotherapies for children and adolescents (3rd ed., pp. 159-176.). New York, NY: Guilford Press.

Webster-Stratton, C. & Reid, M. J. (2017). The Incredible Years parents, teachers, and children training series: A multifaceted treatment program for young children with conduct problems. In . In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 122-141). New York, NY: Guilford Press.

Websites

- Website for Cognitive Behavioral Intervention for Trauma in Schools: https://cbitsprogram.org/

You can register here for more information and to sign up for training.

Unit 7: Child Maltreatment	**October 4, 2018**

Topics

- Abuse and neglect
- Development and its relationship to child maltreatment
- Child Welfare involvement in child maltreatment
- Foster care vs. in home services
- 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

*Symke, A. T., & Breidenstine, A. S. (2012). 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.* Retrived from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf.

Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J., & Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. *Child Abuse & Neglect, 70*, 190.

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

Unit 8: Trauma **October 11, 2018**

Topics
- Community violence
- Domestic violence
- Natural disaster
- Child parent psychotherapy
- Trauma-focused cognitive behavioral therapy

Practice Area: Narrative Trauma

MIDTERM DUE BEFORE START OF CLASS

Required Readings

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). Trauma-focused cognitive-behavioral therapy for traumatized children. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 253–271). 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. (2012). 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. (2017). *Treating trauma and traumatic grief in children and adolescents (2nd Ed).* 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

Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *Don't hit my mommy! 2nd Ed.)* Washington, DC: Zero to Three.(**Note: This is the manual for Child parent psychotherapy).**

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.

Websites
- Trauma Focused Cognitive Behavioral Therapy (TFCBT) https://tfcbt2.musc.edu/

Unit 9: Neurodevelopmental Disability and Delays **October 18, 2018**

Topics
- Autism
- ADHD
- Learning disabilities
- Down syndrome
- Applied behavioral therapy (for autism)

Practice Area: Antecedents/Stimulus Control

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. (2012). 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.

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 http://www.hopkintonsepac.org/wp-content/uploads/2015/12/2014-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.

Suggested Readings

Ippen, C. G., Noroña, C. R., & Lieberman, A. F. (2014). Clinical considerations for conducting Child-Parent Psychotherapy with young children with developmental disabilities who have experienced trauma. *Pragmatic Case Studies in Psychotherapy*, *10*(3), 196-211.

Pelham, Jr., W. E., Gnagy, E. M., Greiner, A. R., Fabiano,G. A., Weaschbusch, D. A., & Doles, E. K. (2017). Summer treatment program for attention-deficit/hyperactivity disorder. In In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 215-232). New York, NY: Guilford Press.

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. (2012). Communication disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 318–331). New York, NY: Guilford Press.

Unit 10: Depression **October 25, 2018**

Topics

- Developmental differences in presentation of 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. (2012). 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 11: Anxiety **November 1, 2018**

Topics
- Anxiety
- Developmental Differences in presentation of 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. (2017). Child-focused treatment of anxiety. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 17-34). New York, NY: Guilford Press. (Instructors note: This describes the Coping Cat) Intervention

*Franklin, M. E., Morris, S. H., Frreman, J. B. & March, J. S. (2017). Treating pediatric obsessive-compulsive disorder in children: Using exposure-based cognitive-behavioral therapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 17-34). New York, NY: Guilford Press.

Unit 12: Externalizing Behaviors **November 8, 2018**

Topics
- Developmental differences in presentation of externalizing behaviors
- "Co-morbidity"
- DSM5 categories of Oppositional Defiant Disorder and Conduct Disorder
- Parent Child Interaction Therapy PCIT
- Parent management training

Practice Area: Time Out

Required Readings

*Forgatch, M. S., & Gerwirtz, A. H.. (2017).The evolution of the Oregon model of parent management training: An intervention for antisocial behavior in children and adolescents.. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 85-102). New York, NY: Guilford Press.

*Kazdin, A. E. (2017). Parent management training and problem-solving skills training for oppositional defiant disorder and conduct disorder. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 211–226). New York, NY: Guilford Press.

*Wakschlag, L. S., & Danis, B. (2012). 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.

*Zisser-Nathenson, A., Herschell, A. D & Eyberg, S. M. (2017). 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* (3rd ed, pp 103-121). 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.

Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child and Adolescent Psychology, 46*(4), 477-499. doi:http://dx.doi.org.libproxy2.usc.edu/10.1080/15374416.2017.1310044

Useful Websites for Interventions

- Parent Management Training: http://www.parentmanagementtraininginstitute.com/
- PCIT http://www.pcit.org/

Unit 13: Bullying — November 15, 2018

Topics

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

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

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.

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: Chronic Illness in the Family — November 29, 2018

Topics

- Illness
- Effects on child and family
- Social support group for children and families

Practice Area: Crisis Management

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

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.

Mirza, M., Krischer, A., Stolley, M., Magaña, S., & Martin, M. (2018). Review of parental activation interventions for parents of children with special health care needs. *Child: care, health and development*, *44*(3), 401-426.

Morawska, A., Calam, R., & Fraser, J. (2015). Parenting interventions for childhood chronic illness: A review and recommendations for intervention design and delivery. *Journal of Child Health Care*, *19*(1), 5-17.

Suggested Readings

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 15: Evaluating your Practice **November 29, 2018**

Topics

- Measuring Change in Clinical Practice
- Using Dashboards to track progress
- Importance of Self Reflection for Monitoring Practice

Required Readings

Davis, T. D. (2017). Practice evaluation strategies among social workers: Why an evidence-informed dual-process theory still matters. *Journal of Evidence-Informed Social Work, 14*(6), 389-408. doi:http://dx.doi.org.libproxy1.usc.edu/10.1080/23761407.2017.1367344

STUDY DAYS / NO CLASSES **12/1/2018-12/4/2018**

FINAL ASSIGNMENT **December 5, 2018**

Take Home Midterm

ASSESSMENT

The assessment should include a discussion regarding the immediate issues or areas of concern you will focus on in the family and child and how you will prioritize them. For example, family strengths, behaviors of concern, health or medical issues, financial issues, housing issues, relationship issues, family conflicts, parenting issues, etc. should be noted. In other words, you are identifying the issues you will address with the family 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 intervention plan, specific interventions, and resources sections.

CASE CONCEPTUALIZATION and INTERVENTION PLAN

In this section you want to pull together the situation and your conclusion about how you conceptualize what brought the family to attention (note both strengths and problems). This will lead to your intervention plan Your intervention plan should include a brief discussion regarding how you will address each problem you identified in your assessment. For those areas that are beyond your area of practice include what other resources/professional you will call on. If you identify any high risk issues in your assessment you want to follow up in your intervention plan and state how you are going to address those issues. 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 child/family to a support group or for individual counseling/therapy as part of your resources coordination. Think holistically about resources. Another example might be a referral to legal services for a situation where DV is an issue. It is acceptable to cite resources you may be familiar with in your geographical area. Remember in this section to be cognizant of the family's situation and avoid overlapping services (ex: you provide a family intervention and also refer to a parenting class) that are duplicative and overtax the family's resources.

The mid-term should be 6-9 pages in length, NOT including any cover pages or reference page. Please include 6-8 references (cite all scales, intervention techniques, and resources presented), with a minimum of 2 outside the required reading on the syllabus.

Due the 8th week of class.

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 = 6). 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.

Assignment 2: Final - Integrative MAP Assessment

Choose **one** in-depth case from those that you have been provided. You will be asked to complete a(n): (i) assessment (ii) treatment plan, (iii) 6 session intervention using MAP practice areas. In the form of a written paper, you will write the assessment, treatment, and intervention. You will also attach a MAP clinical dashboard that denotes your use of the MAP practice areas across the sessions, includes scale info and scores, and has treatment notes.

ASSESSMENT

The assessment should include a discussion regarding the immediate issues or areas of concern you will focus with the family and child 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. Remember to frame this around the domains you learned about in case conceptualization (i.e. biological, psychological, familial, etc). You want to highlight the issues that brought the child/family into treatment (versus focusing on the diagnosis). This issues you raise in the assessment should then be addressed as part of your treatment plan, interventions, and resources sections.

CASE CONCEPTUALIZATION and INTERVENTION PLAN

In this section you want to pull together the situation and your conclusion about how you conceptualize what brought the family to attention (note both strengths and problems). This will lead to your intervention plan. It should include a brief discussion regarding how you will address each problem you identified in your assessment and whether you will need to use other resources outside your agency to provide what is needed. If you identify any high risk issues in your assessment you want to follow up in your intervention plan and state how you are going to address these issues.

THERAPEUTIC INTERVENTIONS

The therapeutic intervention should be framed using the Practice Areas (practioners guides) learned in MAP/Practicewise. You will discuss which you use each week (you may repeat one if you perceive it is needed) and should include a discussion regarding why the practice techniques was selected and how it was implemented (why did you choose it, what did you do, how did you do it). For Example, you may use Cognitive Anxiety STOP. You would tell me you chose it because of fears the child is presenting. You would tell me how you taught, modeled and had the child practice the technique. And you would share any creative/expressive activities used in teaching, modeling, and practicing the technique.

EVALUATION & USE OF CLINICAL DASHBOARD

You need to say specifically how you will evaluate your outcomes including the use of an empirical assessment tool. If one is not available, then you need to be clear how you will measure the progress session by session (Example: creating a self-anchored rating scale). You will need to present a clinical dashboard for the client in the vignette you have chosen. You must complete all elements of the dashboard to show a visual progression the child's progress and techniques used. You should include notes regarding sessions in the dashboard.

The final should be 7-10 pages in length, NOT including any cover pages or reference page and include a **minimum** of 8 references. 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.

Your paper will be evaluated on the thoroughness of the assignment, including attention to the assessment, case conceptualization and intervention plan, intervention techniques (rationale and implementation thoroughness and creativity), completeness of the clinical dashboard, the theoretical and empirical support for your ideas (citations) and the quality of your written work.

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. 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. www.suicidepreventionlifeline.org

Relationship and 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. 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: 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. equity.usc.edu

Bias Assessment Response and Support
Incidents of bias, hate crimes and micro aggressions need to be reported allowing for appropriate investigation and response. studentaffairs.usc.edu/bias-assessment-response-support

The Office of Disability Services and Programs
Provides certification for students with disabilities and helps arrange relevant accommodations. dsp.usc.edu

USC Support and Advocacy (USCSA) – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. studentaffairs.usc.edu/ssa

Diversity at USC
Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. diversity.usc.edu

USC Emergency Information
Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. emergency.usc.edu

USC Department of Public Safety – UPC: (213) 740-4321 – HSC: (323) 442-1000 – 24-hour emergency or to report a crime. Provides overall safety to USC community. dps.usc.edu

XII. ADDITIONAL RESOURCES

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

XIII. STATEMENT ABOUT INCOMPLETES

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

XIV. POLICY ON LATE OR MAKE-UP WORK

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

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

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

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

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly
https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Preamble

The primary mission of the social work profession is to enhance human well-being 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 well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

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

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

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

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

XVII. ACADEMIC DISHONESTY SANCTION GUIDELINES

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

XVIII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor (mcsweyn@usc.edu). If you feel cannot discuss it with the instructor, contact the chair of the course, Dr Ferol Mennen (mennen@usc.edu)
If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

XIX. 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.