USC Suzanne Dworak-Peck
School of Social Work

Social Work 613
Section # 60672

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

3 Units

Term Year Fall 2019

Instructor: Dorothy Nieto Manzer, MSW, LCSW
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Office Hours: 3pm-4pm or by appointment

Course Day: Tuesday
Course Time: 7:10-10:00pm
Course Location: MRF 320

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	**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	**Sessions 2 & 3:** Assessment & Case Conceptualization **Sessions 3 & 4:** Intervention Planning **Session 5:** Common Issues that Bring Parents into Care **Session 6:** Neurodevelopmental Disability & Developmental Disability **Session 7:** Child Maltreatment **Sessions 8 & 9:** Trauma **Sessions10 & 11 Behavior Problems** **Session 12 & 13 Depression** **Session 14 Anxiety** **Assignment 2:** Case Conceptualization Paper **Assignment 4**: Group Work **Assignment 5:** Class Participation

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.	**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.			**Session 6:** Neurodevelopmental Disability & Developmental Disability (Applied Behavioral Analysis **Session 7:** Child Maltreatment (Safe Care) **Sessions 8 & 9:** Trauma (CPP & TFCBT) **Sessions10 & 11:** Behavior Problems (PCIT & Parent Management Training) **Session 12 & 13:** Depression (PCIT with emotion regulation component & CBT) **Session 14:** 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 2 &3:** Assessment Ongoing through intervention presentation and use of Dashboards **Session 15:** Evaluating your Practice **Assignment 1:** Quizzes **Assignment 3:** Integrated MAP Dashboard **Assignment 4:** Class Participation

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Quizzes	**Week 3, 11, 15**	40%
Assignment 2: Case Conceptualization Paper	**6th week of class**	25%
Assignment 3: Integrated MAP Dashboard	**Week 13**	15%
Assignment 4: Group Work	**Throughout semester**	10%
Assignment 5: Class Participation	**Throughout Semester**	10%

Each of the major assignments is described below.

Assignment 1: Quizzes

In Class-20%: These are 2 short answer class quizzes on weeks 3, & 11. Each quiz is worth 10 points and will take only about 10 minutes to complete. The quizzes will cover the readings for the previous weeks, posted material, and class material. They will be short answers and multiple choice, delivered in different formats to ease anxiety and increase your learning.

Final Quiz-20%: A short final quiz on the last day of class highlighting important issues learned in the class.

Assignment 2: Case Conceptualization

This is a 3-5 page paper where you are asked to choose a vignette in which you will do an assessment from which you will develop a case conceptualization. In this you will explain the issues in the case from a theoretical perspective and begin to highlight the areas for intervention. More details will be presented in class.

Assignment 3: Integrated MAP Dashboard

This assignment will build on your case conceptualization where you develop an intervention plan, highlighting 6 sessions of the intervention, include practice elements, and complete a dashboard for the case. More details will be presented in class. It is due the 13th week of class.

Assignment 4: 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 5: Class Participation

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

Attendance: Since the USC Suzanne Dworak-Peck School of Social Work is a professional school, class attendance and participation is an essential part of your professional training and development. You are expected to attend all classes and meaningfully participate. Therefore, having more than 2 unexcused absences from class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions.

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. (2019). *Handbook of infant mental health* (4th ed.). New York, NY: Guilford Press.

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 Review of MAP ▪ Review of Behavior Theories	3 & 4 ON-GOING
2	▪ Review of Theories ▪ Assessment & Case Conceptualization	
3	▪ Assessment & Case Conceptualization ▪ Intervention Planning	
4	▪ Intervention Planning	
5	▪ Introduction to Infant Mental Health ▪ Common Issues That Bring Parents into Care ▪ Parental Mental Health	
6	▪ Neurodevelopmental Disorders	
7	▪ Child Maltreatment	
8	▪ Trauma in 0-5 Assessment and Treatment & Evaluation	
9	▪ Trauma in 6-12 Assessment and Treatment & Evaluation	
10	Behavior Problems 0-5 Assessment and Treatment & Evaluation	
11	▪ Behavior Problems 6-12 Assessment and Treatment & Evaluation	
12	▪ Depression 0-5 Assessment and Treatment & Evaluation	
13	▪ Depression 6-12 Assessment and Treatment & Evaluation	
14	▪ Anxiety 0-5 Assessment and Treatment & Evaluation ▪ 6-12 Assessment and Treatment & Evaluation	
15	▪ Evaluating Your Practice	

Course Schedule—Detailed Description

Unit 1: Course Introduction	August 27, 2019

Topics

- Introduction to Our Work
- Review of MAP
- Review of Theories & Relevance to Clinical Practice
- Using MAP in clinical practice

Required Readings

Required 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.

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: Review of Theories Assessment & Case Conceptualization	September 3, 2019

Topics

- Systems for Assessment
- Use of Instruments in Assessment
- Conceptualizing the Situation
- Diagnosis vs. Assessment
- Theory in Case Conceptualization
- "A Boy's Life"

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.

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

*Gosh Ippen, C. M. (2018). Wounds from the past: Integrating historical trauma into a multicultural infant mental health framework. In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 134-156). New York, NY: Guilford Press.

Suggested Readings:

Unit 3: Assessment & Case Conceptualization Continued Intervention Planning	**September 10, 2019**

Topics

- The Evidence Based Services System Model
- The MAP
- Theory and Case Conceptualization
- How your understanding of the situation & theory leads to intervention planning
- Family Stress Model
- "A Boy's Life" continued.

Required Readings:

Webb, N. B. *Social Work with Children* 4th Ed. *(2019)*. Guilford Press: New York, NY
Chapter 4: The Biopsychosocial Assessment of the Child, pp. 58-97.

Kim, J., Nicodimos, S., Kushner, S. E., Rhew, I. C., McCauley, E., & Vander Stoep, A. (2018). Comparing mental health of US children of immigrants and non-immigrants in 4 Racial/Ethnic groups. *The Journal of School Health, 88*(2), 167-175. doi:http://dx.doi.org.libproxy1.usc.edu/10.1111/josh.12586

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.

View EBS systems framework on PracticeWise

View "Engagement" practice guide on PracticeWise

Suggested Readings:

Hodes, M., & Vostanis, P. (2019). Practitioner review: Mental health problems of refugee children and adolescents and their management. *Journal of Child Psychology and Psychiatry, 60*(7), 716-731. doi:http://dx.doi.org.libproxy2.usc.edu/10.1111/jcpp.13002

Coker, T. R., Elliott, M. N., Kanouse, D. E., Grunbaum, J. A., Schwebel, D. C., Gilliland, M. J., . . . Schuster, M. A. (2009). Perceived racial/ethnic discrimination among fifth-grade students and its association with mental health. *American Journal of Public Health, 99*(5), 878-884. doi:http://dx.doi.org.libproxy1.usc.edu/10.2105/AJPH.2008.144329

Unit 4: Intervention Planning Continued — September 17, 2019

Topics

- Setting Goals
- System Interventions
- Prioritizing
- Measuring Progress

Practice Area: Goal Setting
Effective Engagement with Caregiver/Effective Engagement with Child

Required Readings:

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.

Corcoran, J. & Nichols-Casebolt, A. (2004). Risk and resilience ecological framework for assessment and goal formulation. *Child and Adolescent Social Work Journal 21,* 211-235. https://doi-org.libproxy1.usc.edu/10.1023/B:CASW.0000028453.79719.65 (While this is a bit dated, it is an excellent resource for looking at making goals at the micro, mezzo, and macro level.)

View MAP process guide for treatment planning

Suggested 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.

Unit 5: Introduction to Infant Mental Health Common Issues that Bring Parents into Care Parental Mental Health	September 24, 2019

Topics

- Why Infant Mental Health
- Issues of Concern to Parents
- Family Stress Model revisited
- Maternal Depression, Substance Abuse & Other relevant parental problems

Practice Area: Support Networking

Required Readings

*Zeanah, C. H., Jr. & Zeanah, P. D. Infant Mental Health: The science of early experience. In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 5-24). New York, NY: Guilford Press.

*Larrieu, J. A., Middleton, M. A., Kelley, A. C., & Zeanah, C. H. Jr. (2018). Assessing the relational context of infants and young children. In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 279-295). New York, NY: Guilford Press.

*Murray, L., Halligan, S., & Cooper, P. (2018). Postnatal depression and young children's development. In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 172-186). New York, NY: Guilford Press.

Suggested Readings:

Brandt, Chapter 6. Attachment Theory: Implications for Young Children and Their Parents

*Boris, N. W., Renk, K., Lowell, A., & Kolomeyer, E. (2018). Parental substance abuse. In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 187-202). New York, NY: Guilford Press.

Unit 6: Neurodevelopmental Disorders	October 1, 2019

Topics

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

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

Required Readings:

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

*Barton, M. L., & Chen, J. Autism Spectrum Disorder. In In C. H, Zeanah, Jr. (Ed).). *Handbook of infant mental health* (4th ed., pp. 313-329). New York, NY: Guilford Press.

*Gleason, M. M. & Humphreys, K. L. (2019). Hyperactivity, impulsivity, and inattention in young children. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 301-312). 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:

Evans, S. W., Owens, J. S., Wymbs, B. T., & Ray, A. R. (2018). Evidence-based psychosocial treatments for children and adolescents with attention Deficit/Hyperactivity disorder. *Journal of Clinical Child and Adolescent Psychology, 47*(2), 157-198. doi:http://dx.doi.org.libproxy2.usc.edu/10.1080/15374416.2017.1390757

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.

Zuckerman, Katharine E,M.D., M.P.H., & Pachter, L. M., D.O. (2019). Race, ethnicity, socioeconomic factors, and attention-deficit hyperactivity disorder. *Journal of Developmental and Behavioral Pediatrics, 40*(2), 150. doi:http://dx.doi.org.libproxy2.usc.edu/10.1097/DBP.0000000000000645

Unit 7: Child Maltreatment	**October 8, 2019**

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: Attending

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.

*Humphreys, K. L., King, L. S., & Gotlib, I. H. (2018). Neglect**.** In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 239-258). New York, NY: Guilford Press.

*Smyke, A. T., & Breidenstine, A. S. (2018). Foster care in early childhood. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 553-566). New York, NY: Guilford Press.

Suggested Readings

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

*Dozier, M., & Bernard, K. (2018). Attachment and biobehavioral catch-up. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 514-526). New York, NY: Guilford Press.

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.

Websites

- SafeCare www.safecare.org

Unit 8: Trauma in 0-5 Assessment and Treatment & Evaluation	**October 15, 2019**

Topics

- Community violence
- Domestic violence
- Natural disaster
- Child parent psychotherapy (CPP)

Practice Area: Praise
Practice Area: Reward

Required Readings:

*Lieberman, A. F. (2019). Child-Parent Psychotherapy: A Trauma-Informed Treatment for Young Children and Their Caregivers. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 485-499). 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.

*Miron, D., & Sturdy, W. (2019). Posttraumatic stress disorder in young children. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 438-451). 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.

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).**

Unit 9: Trauma in 6-12 Assessment, Treatment & Evaluation — October 22, 2019

Topics

- Community violence
- Domestic violence
- Natural disaster
- Trauma-focused cognitive behavioral therapy (TF-CBT)

Practice Area: Narrative Trauma

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.

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**)

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

Lauren, F. C., & Klein, S. (2019). Racial/Ethnic differences in determinants of trauma symptomatology among children in the U.S. child welfare system exposed to intimate partner violence. *Journal of Family Violence, 34*(1), 33. doi:http://dx.doi.org.libproxy1.usc.edu/10.1007/s10896-018-9976-1

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 10: Behavior Problems 0-5 Assessment and Treatment & Evaluation — **October 29, 2019**

Topics

- Developmental differences in presentation of externalizing behaviors
- "Co-morbidity"
- Parent Child Interaction Therapy PCIT

Practice Area: Time Out

Required Readings:

*Biedzio, D., Wakschlag, L., (2019). Developmental emergence of disruptive behaviors beginning in infancy: Delineating normal-abnormal boundaries to enhance early identification. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 407-425). New York, NY: Guilford Press.

*Stevens, M. & N'zi, A. (2019). Parent-child interaction therapy. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 543-552). 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

- PCIT http://www.pcit.org/

Unit 11: Behavior Problems 6-12 Assessment, Treatment & Evaluation	**November 5, 2019**

Topics

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

Practice Area: Crisis Management

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.

Suggested Readings:

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

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

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.

Useful Websites for Interventions

- Parent Management Training: http://www.parentmanagementtraininginstitute.com/

Unit 12: Depression 0-5
Assessment, Treatment & Evaluation **November 12, 2019**

Topics
- Developmental differences in presentation of depression
- PCIT with emotion development component

Required Readings

*Luby, J. L., & Whalen, D. (2019). Depression in early childhood. In C. H, Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 426-437). New York, NY: Guilford Press.

Luby, J. L. (2013). Treatment of anxiety and depression in the preschool period. *Journal of the American Academy of Child and Adolescent Psychiatry, 52*(4), 346-358. doi:http://dx.doi.org.libproxy2.usc.edu/10.1016/j.jaac.2013.01.011

*

Suggested Readings:

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

Naylor, M. W., Wakefield, S. M., Morgan, W., & Aneja, A. (2019). Depression in children and adolescents involved in the child welfare system. *Child and Adolescent Psychiatric Clinics of North America, 28*(3), 303-314. doi:http://dx.doi.org.libproxy2.usc.edu/10.1016/j.chc.2019.02.001

Unit 13: Depression: Assessment, Treatment & Evaluation **November 19, 2019**

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.

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.

Lindsey, M. A., Brown, D. R., & Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of african american boys. *American Journal of Orthopsychiatry, 87*(4), 377-383. doi:http://dx.doi.org.libproxy2.usc.edu/10.1037/ort0000198

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 14: Anxiety 0-5 Assessment, Treatment & Evaluation
Anxiety 6-12 Assessment, Treatment & Evaluation
November 26, 2019

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

Suggested Readings:

*Franklin, M. E., Morris, S. H., Freeman, 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 15: Evaluating your Practice — December 2, 2019

Topics

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

Required Readings:

Review material on Dashboards

FINAL Quiz — December 2, 2018

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 (nietoman@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
USC Student Health Sexual Assault & Survivor Support: **https://studenthealth.usc.edu/sexual-assault/**

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

USC Policy Reporting to Title IX: **https://policy.usc.edu/reporting-to-title-ix-student-misconduct/**

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. If you feel you cannot discuss it with the instructor, contact the course lead instructor (mennen@usc.edu) to address your concern. If you feel your issue remains unresolved please feel free to contact your advisor and/or Chair of the MSW Program, 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.