USC Suzanne Dworak-Peck
School of Social Work

Social Work 621
Section # 67204D

Social Work Practice with Adolescents, Young Adults and their Families

3 Units

Fall 2019

INSTRUCTOR: BIANCA HARPER, DSW, LCSW

E-Mail: bmharper@usc.edu

Course Day: Tuesday

Course Location: VAC

Course Time: 5:45PM-7:00PM(PST)

Office Hours: Tuesday 3:00PM-3:50PM (PST) and by appointment

I. COURSE PREREQUISITES

Social Work Practice with Adolescents, Young Adults and their Families is an advanced practice course of the School of Social Work, Department of Children, Youth and Families. Students will have successfully completed the generalist semester (SOWK 544 & SOWK 506) and the first semester departmental required courses (SOWK 608, SOWK 609, SOWK 610) before enrolling in this course.

II. CATALOGUE DESCRIPTION

The course focuses on intervention with adolescents and young adults, addressing developmental assets and challenges facing youth. The roles of various contexts in the development of problems and solutions will be addressed. Skills in engagement and evidence-based interventions in working with youth will be acquired.

III. COURSE DESCRIPTION

This course advances theoretical knowledge and practice skills in working with adolescents, young adults, and their families. The course uses biopsychosocial and systems/ecological perspectives in viewing adolescents and young adults in the context of their family and social environment. It focuses on understanding risk factors, developmental disruptions, and derailments for adolescents, young adults and their families. The role of schools, other social institutions, the

community, and the larger social environment, including state and national policies and their impact on adolescents, young adults and their families will be explored. Current research that informs theory and practice with these age groups, particularly neuroscience, the role of adverse childhood experiences, resilience, and protective factors will be further considered. Students will develop knowledge and skills of applying evidence-based practices and interventions, including engagement, assessment, and diagnosis, as well as intervention and evaluation with adolescents, young adults and their family.

IV. Course Objectives

The Social Work Practice with Adolescents, Young Adults and their Families course (SOWK 621) will:

Objective #	Objectives
1	Teach the use of critical thinking to integrate knowledge and perspectives on adolescence, young adulthood/ emerging adulthood and the developmental tasks and competencies associated with the transition to adulthood while focusing on youth in familial and cultural contexts.
2	Present contexts of practice with adolescents, transition age youth and young adults, including the family, and the systems and service systems that assist clients before and after age eighteen. Students will learn to locate resources at federal, state and county levels, and understand how these resources may differ depending on geographical location and the service-providing agency.
3	Provide perspectives, theories and research-based knowledge on major mental health issues that may affect adolescents and young adults, including physical, mental, behavioral and relational difficulties.
4	Teach students to critically consider and use current research, theory and evidence-based practices when working with adolescents, transition age youth, young adults and their families, while taking into account the impact of the complex social environment on youth and their families.
5.	Provide students with opportunities to develop skills in engaging, assessing, diagnosing, and intervening with adolescents, young adults and their families in diverse client populations.
6.	Provide opportunities for students to enhance self-awareness by critically examining thoughts, feelings, and practices with adolescents, young adults and their families.

V. Course Format and Instructional Methods

The class format consists of a combination of didactic lecture, class discussion, small group discussions and experiential exercises. Role-plays, case vignettes, small group discussions, and videos will also be incorporated to facilitate learning. Students will be invited to share case materials from field placement to illustrate and deepen content of class discussion, and to provide integration of knowledge and experience between the classroom and the field. Confidentiality of information shared in class will always be observed.

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 7: Assess Individuals, Families, Groups, Organizations, and Communities Social workers use their knowledge of theories of human behavior and the social environment to inform ongoing assessment as they work with diverse children, youth, and families, as well as with the groups, organizations, and institutions that play important parts in their lives. Social workers use culturally informed and varied assessment methods to capture the diverse strengths, resources, and needs of children, youth and	**1.** Teach the use of critical thinking to integrate knowledge and perspectives on adolescence and young adulthood and the developmental tasks and competencies associated with the transition to adulthood while focusing on youth in familial and cultural contexts. **4.** Teach students to critically consider and use current research, theory and evidence-based practices when working with adolescents, transition age youth, young adults and their families, while taking into account	**7b.** Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of children, youth and families and the communities in which they live.	Cognitive and Affective Processes	**Unit 2:** Assessment of Adolescents and Young Adults and their Families **Unit 3:** Interventions with Adolescents, Young Adults and Their Families **Unit 4:** Family Based Interventions **Unit 5:** Group-based and System-Based Interventions **Assignment 1:** Take-home Exam **Assignment 3:** Research Paper

families, which in turn advances the effectiveness of their practice. Social workers work collaboratively with other service providers involved in the family's life in order to obtain a comprehensive understanding of the family system to enhance the assessment process. Social workers are mindful of the potential influence of their personal experiences and affective reactions on the processes of assessment with children, youth, and families.	the impact of the complex social environment on youth and their families.			

Competency	Objectives	Behaviors	Dimensions	Content
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities Social workers are knowledgeable about the evidence-informed interventions for children, youth, and families that can best help them to achieve the goals of their diverse clients. Social workers are able to critically evaluate and apply theories of human behavior and the social environment to intervene effectively	**5.** Provide students with opportunities to develop skills in engaging, assessing, diagnosing, and intervening with adolescents, young adults and their families in diverse client populations.	**8a.** Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.	Skills	**Unit 5:** Group-based and System-Based Interventions **Unit 14:** Complex Issues of Adolescents and Young Adults **Unit 15:** Transition Age Youth Leaving the Child Welfare System **Assignment 2:** Group Work **Class Participation**

with their clients in child and family practice settings. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve family and agency goals. Social workers understand the importance of inter-professional teamwork and communication in interventions, and employ strategies of interdisciplinary, inter-professional, and inter-organizational collaboration to				

achieve beneficial outcomes for children, youth, and families.				

VII. Course Assignments, Due Dates, and Grading

Assignment	Due Date	% of Final Grade
Assignment 1 (a & b): Two Quizzes	Unit 4 & 7	30%
Assignment 2: Group Work	TBA	20%
Assignment 3: Research Paper	Unit 14	40%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1: Two quizzes 15% each (30% of Course Grade)

These two quizzes consist of multiple-choice questions and/or brief questions. The first quiz will consist of questions on the material covered in the first four units of the semester while the second quiz will cover material learned in units four to seven. Students are expected to show knowledge and understanding of the required readings in all these units and be able to integrate the information learned through the assigned readings along with the class lectures, presentations, and discussions.

Due: Unit 4 and Unit 7

This assignment relates to student learning outcomes 1 & 4

Assignment 2: Small Group Class Presentation (20% of Course Grade)

Students will work in small groups of three individuals per group on this class presentation assignment addressing a problem that impacts adolescents, young adults and their families. Students will use literature from the course ***recommended*** readings as well as outside resources to explain the problem and its impact on the youth and their families. Students will explore issues of diversity and culture, family and service systems issues and their impact on the youth's problem. Students will demonstrate how the readings inform their understanding and practice with the problem. Finally, students will conduct a class discussion or activity on clinical and ethical issues relevant to the presented problem.

Due: Presentation date TBA

This assignment relates to student learning outcomes: 5

Assignment 3: Research-based Paper (40% of Course Grade)

In this assignment, students will write a research-based paper that integrates the theory and practice dimensions of the course. Students will select and examine a problem area that they are dealing with in field placement (such as substance abuse, sexual abuse, depression in adolescents and

young adults, etc.), include theories of etiology and effects on the problem on the youth in the context of the family and the systems in which the youth is being involved. The student will research and present an evidence-based intervention applicable to a client that they work with in their field placement. The student will explain in detail how the intervention is applied to the client from engagement, assessment, intervention, termination, evaluation and follow-up. The student will use a client from their fieldwork to illustrate the discussion and to explain what ethical and cultural issues may be present. Paper length is 7 pages.

Due: The evening before Unit 14

This assignment relates to student learning outcomes: 1& 4

Class Participation (10% of Course Grade)

It is expected that students will attend class regularly, participate in class discussions, and submit work promptly. Failure to meet these expectations may result in reduction in grades.

Your involvement in this class is considered essential to your growth as a practitioner. You will be asked to discuss the material assigned, participate in role-playing, exercises, and so on. Knowing the "right" answers is not nearly as important as being willing to risk, explore your ideas, and be open to new information and ideas. Your presence in class, along with preparation by having read and considered the assignments, and participation in discussion is essential. Participation on a course website (message board/chat room), if developed, also constitutes meaningful class participation.

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, provide 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 offer 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 student says little in class. Hence, there is not an adequate basis for evaluation. The student doesn't participate actively in exercises and sits mostly silently in group activities and in class discussions.

5: Non-participant: Attends class only. Does not appear to be engaged.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85–4.00	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
2.60–2.89	B–	80–82	B–
2.25–2.59	C+	76–79	C+
1.90–2.24	C	73-75	C
		70–72	C–

Within the USC Suzanne Dworak-Peck 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.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to

complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

VIII. Required and Supplementary Instructional Materials and Resources

Required Textbook

Weisz, J. R., & Kazdin, A. E. (Eds.). (2017). *Evidence-based psychotherapies for children and adolescents* (3rd ed.). New York, NY: Guilford Press.

On Reserve

All other required readings are available online through electronic reserve (ARES) (**under instructor name: Bianca Harper**).

Recommended Books

Laser J. A., & Nicotera, N. (2011). *Working with adolescents: A guide for practitioners*. New York, NY: Guilford Press.

MaleKoff, A. (2014). Group work with adolescents: Principles and practice. New York, NY: Guilford Press.

McLean, K. C., & Pasupathi, M. (2010). *Narrative development in adolescents: Creating the storied self.* New York, NY: Springer. Also available online.

Smith, W. (2011). *Youth leaving foster care: A developmental, relationship-based approach to practice*. New York, NY: Oxford University Press.

Steiner, H. & Hall, R. E. (2015). *Treating adolescents* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

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

Recommended Websites

U.S. Department of Health and Human Services, Office of Adolescents Health
http://www.hhs.gov/ash/oah/

Strengthening Families:

http://www.cssp.org/reform/strengtheningfamilies

http://www.strengtheningfamiliesprogram.org

Course Overview

Session	Topics	Assignments
1	■ Overview and Unique Considerations for Adolescents, Young Adults and Their Families	

Session	Topics	Assignments
2	Assessment of Adolescents and Young Adults and Their Families	
3	Engagement and Interventions with Adolescents, Young Adults and Their Families	
4	Family-Based Interventions	
5	Group-based and System-Based Interventions	
6	Neurodevelopment Disabilities and Their Impact on Adolescents, Young Adults and Their Families	
7	Trauma and PTSD	Assignment 1 is due
8	Relational-Based Problems	
9	Anxiety and Self-Injury	
10	Depression and Suicidality	
11	Bipolar Mood Disorder and Schizophrenia	
12	Disruptive and Impulse Control Problems	
13	Substance Use and Abuse	
14	Complex Issues of Adolescents and Young Adults	
15	Transition Age Youth Leaving Child Welfare System	
	STUDY DAYS / NO CLASSES	
	Assignment 3 Due: Unit 14	

Course Schedule — Detailed Description

Unit 1: Overview and Unique Considerations for Adolescents, Young Adults and Their Families — August 27

Topics

- Introduction to the course
- Overview of developmental and ecological context of practice with adolescents, young adults and their families, unique identity development experiences: Racial/ethnic identity and sexual identity/ orientation
- Ethical considerations in working with adolescents, young adults and their families
- Strengths-based perspective and resilience in adolescents and young adults

Required Readings

- Arnett, J. J. (2016). Does emerging adulthood theory apply across social classes? National data

on a persistent question. *Emerging Adulthood, 4(4),* 227–235.

- Davis, J., Dumas, T. & Roberts, B. (2018). Adverse childhood experiences and development in emerging adulthood. *Emerging Adulthood,6(4),* 223-234.
- Hope, E. C., Hoggard, L. S., & Thomas A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science,1*(4), 342–351.
- Schwartz, S. J. (2016). Turning point for a turning point: Advancing Emerging adulthood theory and research. *Emerging Adulthood, 4, 307-317.*
- Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention*. Child Development Perspectives, 7*(3), 215–220.

Recommended Readings

- Allen, J. P., & Miga, E. (2010). Attachment in adolescence: A move to the level of emotional regulation. *Journal of Social and Personal Relationships, 27*(2), 181-190.
- Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A systematic review of strengths and resilience outcome literature relevant to children and adolescents. *Child and Adolescent Social Work Journal*, *30(5),* 435-459.
- Friedman M., Marshal, M., Guadamuz, T., Wei, C., Wong, C., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health, 101*(8), 1481-1494.
- Maholmes, V. (2014). Thriving in adversity: Toward a framework of hope, optimism and resilience. In *Fostering resilience and well-being in children and families in poverty*. (Chapter 2 pp. 13-33). New York, NY: Oxford University Press.

Unit 2: Assessment of Adolescents and Young Adults and Their Families — September 3

Topics

- Strengths-based, culturally-informed, and motivation-considerate assessment of adolescents and young adults
- The role of the family, and other involved adults in youth assessment
- General and problem-focused measurements of adolescents assessment
- Consideration and Implication of diagnosing adolescents and young adults

Required Readings

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

- American Psychologist Association (2015). APA Guidelines for clinical practice with transgender and gender non-conforming people. *American Psychologist, 70*(9), 832-864.

- De Los Reyes, A., Augenstein, T. M., Aldao, A. (2017). Assessment issues in child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed. pp. 537- 554). New York, NY: Guilford Press.

- Kuhn, C., Aebi, M., Jackobson, H., Banaschewski, T., Poustka, L., Grimmer, Y., …& Steinhausen, H. (2017). Effective mental health screening in adolescents: Should we collect data from youth, parents or both? *Child Psychiatry & Human Development, 48 (3),* 385-392.

Recommended Readings

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

- Delgado, M., Killoren, S., & Updegraff, K. (2013). Economic hardship and Mexican-origin adolescents' adjustment: Examining adolescents' perceptions of hardship and parent-adolescent relationship quality. *Journal of Family Psychology,* 27(5), 827-837.

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

- Friedberg, R. D., & McClure, J. M. (2015). Case conceptualization. In *Cognitive therapy with children and adolescents: The nuts and bolts* (Chapter 2 pp.9-41). New York, NY: Guilford Press.

- Segrin, C., Givertz, M., Swaitkowski, P., & Montgomery, N. (2015). Overparenting is associated with child problems and a critical family environment. *Journal of Child and Family Studies*, *24,* 740-749. DOI: 10.1007/s10826-013-9858-3

Unit 3: Engagement and Interventions with Adolescents, Young Adults and Their Families — September 10

Topics

- Engagement and introducing treatment
- Identifying intervention goals and objectives
- Selecting an EBI
- Assessing intervention using measurements
- Social worker's advocacy role in working with adolescents & young adults

Required Readings

- Dixon, L., Holoshitz, Y., & Nossel, I. (2016). Treatment engagement of individuals experiencing mental illness: Review and update. *World Psychiatry, 15(1),* 13-20.

- Huey Jr. S.J., & Polo, A. (2017). Evidence-Based Psychotherapies with Ethnic Minority Children and Adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based*

psychotherapies for children and adolescents (3rd ed. pp. 361-378). New York, NY: Guilford Press.

- Kim, H., Munson M., R., & McKay, M. (2012). Engagement in mental health treatment among adolescents and young adults: A systematic review. *Child and Adolescence Social Work, 29,* 241-266.

- Dean, S., Britt, E., Bell, E., Stanley J., & Collin, S. (2016). Motivational interviewing to enhance adolescent mental health treatment engagement: A randomized clinical trial. *Psychological Medicine 46,*1961-1969.

Recommended Readings

- Allan, D., Power, L., & Robinson, E. (2010). What works with adolescents? Family connections and involvement in interventions for adolescent problem behaviors. *Australian Institute of Family Studies,16*,1-13.
- Laser J. A., & Nicotera, N. (2011). Challenges in clinical work with adolescents. In *Working with adolescents a guide for practitioners* (pp. 3-13). New York, NY: Guilford Press.
- Pineda, J., & Dadds, M. R. (2013). Family intervention for adolescents with suicidal behavior: A randomized controlled trial and mediation analysis. *Journal of the American Academy Child and Adolescent Psychiatry, 52*(8), 851-862.

Unit 4: Family-Based Engagement and Interventions — September 17

Topics

- Methods for family engagement: Special consideration to diversity and culture
- Family-based interventions: Brief Strategic Family Therapy
- Working with families impacted by adversity:
  - Single-parenting
  - Mental illness
  - Immigration and deportation

Required Readings

- Carr, A. (2014). The evidence base for family therapy and systemic Interventions for child-focused problems. *Journal of Family Therapy, 36 (2),* 107-157.
- Henderson S. W., & Baily, C. (2013). Parental deportation, families, and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(5), 451-453.
- Stein, H. C., Osborn, L. A., & Greenberg, S. C. (2016). Understanding young adults' reports of contact with their parents in a digital world: Psychological and familial relationship factors. *Journal of Child and Family Studies, 25(6),* 1802 – 1814.
- Szapocznik, J., Zarate, M., Duff, J., & Muir, J. (2013). Brief strategic family therapy: Engaging drug using/problem behavior adolescents and their families in treatment. *Social Work in Public Health*, *28*(3-4), 206-223.

Recommended Readings

- Johnson, E., & Easterling, B. (2012). Understanding unique effects of parental incarceration on children: Challenges, progress, and recommendations. *Journal of Marriage and Family, 74*(2), 342-356.

- Kaslow, N. J., Broth, M. R., Smith, C. O., & Collins, M. H. (2012). Family-Based interventions for child and adolescent disorders. *Journal of Marital and Family Therapy, 38*(1), 82-100.

- Nichols, M. P. (2014). Strategic family therapy. In *The essentials of family therapy* (6th ed., Chapter 6, pp. 89-109). Boston, MA: Allyn and Bacon.

Unit 5: Group-Based and System-Based Interventions September 24

Topics

- Group interventions with adolescents, young adults and their families
- Systems-involved interventions with adolescents, young adults and their families
- EBI Group and system-based interventions in the context of schools, health systems, and CPS
- Termination and evaluation of system-based and group-based interventions

Required Readings

- Cole, A., Jenfskey, N., Ben-David, S., & Munson, M. (2016). Feeling connected and understood: The role of creative arts in engaging young adults in their mental health services. *Social Work with Groups*,1-15. doi: 10.1080/01609513.2016.1258619

- D'Amico, E. J., Houck, J. M., Hunter, S. B., Miles, J. N. V., Osilla, K. C., & Ewing, B. A. (2015). Group motivational interviewing for adolescents: Change talk and alcohol and marijuana outcomes. *Journal of Consulting and Clinical Psychology, 83*(1), 68-80 http://dx.doi.org/10.1037/a0038155

- Sheets, E. S., Wilcoxon, E., Brosse, A., Hauser, M., Madsen, J., & Craighead, E. (2013). Prevention of recurrence of major depression among emerging adults by a group cognitive-behavioral/interpersonal intervention. *Journal of Affective Disorders, 147(1*), 425-430.

- Liddle, H.A. (2016). Multidemensional family therapy: Evidence base for transdiagnostic treatment outcomes, change mechanisms, and implementation in community setting. *Family Process, 55* (3), pp. 558-576. doi: 10.1111/famp.12243

Recommended Readings

- Rhoades, K. A., Chamberlain, P., Roberts, R., & Leve, L. (2013). MTFC for high-risk adolescent girls: A comparison of outcomes in England and the United States. *Journal of Child & Adolescent Substance Abuse*, *22,* 435-449. ISSN: 1067-828X print/1547-0652 online. doi: 10.1080/1067828X.2013.788887.

Unit 6: Neurodevelopment Disorders and Their Impact on Adolescents, Young Adults and Their Families — October 1

Topics

- Impact of neurodevelopmental problems on adolescents, young adults and their families
  - Executive system deficits and their impacts on adolescents and young adults with: Autism Spectrum Disorders and ADHD
- Interventions with ADHD
- Interventions with ASD: Communication and social engagement interventions

Required Readings

- Gotham, K., Brunwasser, S. M., & Lord, C. (2015). Depressive and anxiety symptom trajectories from school age through young adulthood in samples with autism spectrum disorder and developmental delay. *Journal of the American Academy of Child & Adolescent Psychiatry*, *54*(5), 369-376. doi: http://dx.doi.org/10.1016/j.jaac.2015.02.005
- Schohl, K., Van Hecke, A., Carson. A., Dolan, B., Karst, J. & Stevens, S. (2014). A replication and extension of the PEERS intervention: Examining effects on social skills and social anxiety in adolescents with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 44(3),* 532-545.
- Van den Berg, S., Scheeren, A., Bergeer, S., Koot, H., & Geurts, H. (2014). Age related differences of executive functioning problems in everyday life of children and adolescents in the autism spectrum. *Journal of Autism and Developmental Disorders, 44, 1959-1971.*
- Walkup, J., Stossel, L., & Rendleman, R. (2014). Beyond rising rates: Personalized medicine and public health approaches to the diagnosis and treatment of attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 53* (1), 14-16.

Recommended Readings

- Daley, D., van der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese S., & Sonuga-Barke, E. (2014). Behavioral interventions in attention-deficit/hyperactivity disorder: A meta-analysis of randomized controlled trials across multiple outcome domains. *Journal of the American Academy of Child & Adolescent Psychiatry***,** *53* (8), 825-829.
- Kulage, K., Smaldone A., & Cohn. E. (2014). How will DSM-5 affect autism diagnosis? A systematic literature review and meta-analysis. *Journal of Autism and Developmental Disorders, 44,* 1918-1932.
- Laugeson, E., Frankel, F. Gantman A., Dillon A., & Mogil, C. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS program. *Journal of Autism and Developmental Disorders, 42*(6), 1025-1036.
- Young, R., & Rodi, M. (2014). Redefining autism spectrum disorder using DSM-5: The implications of the proposed DSM-5 criteria for autism spectrum disorders. *Journal of Autism and Developmental Disorders, 44,* 758–765.

Unit 7: Trauma and PTSD — October 8

Topics

- Trauma and PTSD reactions in adolescents and young adults
- Neuroscience of trauma and post-trauma recovery
- Assessment in trauma and PTSD
- Trauma Interventions

Required Readings

- Lereya, S. T., Copeland, W., E. Costello, J. & Wolke, D. (2015). Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries. *Lancet Psychiatry, 2:* 524–31.

- Cohen, J. A., Mannarino, A. P., Jankowski, K., Rosenberg, S., Kodya, S., & Wolford, G. L. (2016). A Randomized Implementation Study of Trauma-Focused Cognitive Behavioral Therapy for Adjudicated Teens in Residential Treatment Facilities. Child Maltreatment, 21(2), 156–167. https://doi.org/10.1177/1077559515624775

- Ginwright, S. (2018). The future of healing: From trauma informed care to healing centered engagement. *Kinship Carers Victoria 25,*

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

Recommended Readings

- Black, P., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology, 53*(3), 192-203.

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

- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds). (2012). *Trauma-focused CBT for children and adolescents: Treatment Applications.* New York, NY: Guilford Press. Note: This is the manual for TF-CBT.

- McKenzie-Mohr, S., Coates, J., & McLeod, H. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. Children and Youth Services Review, 34(1), 136-143.

Unit 8: Relational-Based Problems October 15

Topics

- Rapture/conflicts with parents, familial alienation
- Peer relations, LGBT social support
- Intimate-partner relationship and dating violence

Required Readings

- Moed, A., Gershoff, E., Eisenberg, N., Hofer, C., Losova, S., Spinrad, T., & Liew, J. (2015). Parent–adolescent conflict as sequences of reciprocal negative emotion: Links with conflict resolution and adolescents' behavior problems. *Journal of Youth and Adolescence, 44*(8), 1607-1622.
- Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health, 106*(3), 527-533. doi:10.2105/AJPH.2015.302976
- Stonard, K. E., Bowen, E., Walker K., & Price, S. (2015). "They'll always find a way to get to you:" Technology use in adolescent romantic relationships and its role in dating violence and abuse. *Journal of Interpersonal Violence*, 1-35. doi: 10.1177/0886260515590787

Recommended Readings

- Almaida, J., Jonson, R., Corliss, H. & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38*, 1001- 1014.
- Foshee, V. A., Heath L., McNaughton R., Ernett, S. T., Ennett, Cance, D., Bauman, K. E., & Bowling, M. (2012). Assessing the effects of families for safe dates, a family-based teen dating abuse prevention program. *Journal of Adolescent Health, 51,* 349-356.
- Konishi, C., & Saewyc, E. (2014). Still a target: Sexual diversity and power of caring. *School Psychology International, 35*(5), 504-515.
- Shulman, S., Scharf, M. & Shachar-Shapira, L. (2012). The intergenerational transmission of adolescents romantic relationships. In Kerig, P., Schulz, M. S. & Hauser, S. T. (Eds.), *Adolescence and beyond: Family processes and development.* (pp 113- 133). New York, NY: Oxford University Press.

Unit 9: Anxiety and Self-injury October 22

Topics

- Anxiety in adolescence and young adulthood
- Non-suicidal self-injury
- Interventions

Required Readings

- Ehrenreich-May, J., Rosenfield D., Queen, A., Kennedy, S. M., Remmes, C., Barlow, D. H. (2017). An initial waitlist-controlled trial of the unified protocol for the treatment of emotional disorders in adolescents. Journal of Anxiety Disorders, 46, 46-55.
- LeCloux, M. (2013). Understanding the meanings behind adolescent non-suicidal self-injury: Are we missing the boat? *Clinical Social Work Journal, 41*(4), 324-332. doi:10.1007/s10615-012-0417-y
- Topper, M., Emmelkamp, P.G., Watkins, E., & Ehring, T. (2017). Prevention of anxiety disorders and depression by targeting excessive worry and rumination in adolescents and young adults: A randomized controlled trial. Behavior Research and Therapy, 90, 123-136.
- Young, J., Makover, H., Cohen, J., Mufson, L., Gallop, R., & Benas, J. (2012). Interpersonal psychotherapy-adolescent skills training: Anxiety outcomes and impact of comorbidity. *Journal of Clinical Child and Adolescent Psychology, 41*(5), 640-653.

Recommended Readings

- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds). (2012). *Trauma-focused CBT for children and adolescents: Treatment applications.* New York, NY: Guilford Press.
- Gulbas, L. E., Hausmann-Stabile, C., De Luca, S. M., Tyler, T. R., & Zayas, L. H. (2015). An exploratory study of non-suicidal self-injury and suicidal behaviors in adolescent Latinas. *American Journal of Orthopsychiatry,85*(4), 302-314. doi:10.1037/ort0000073
- Hoffman, R., Gimenez, M., & White, V. (2010). Letter writing as an intervention in family therapy with adolescents who engage in nonsuicidal self-injury*. The Family Journal: Counseling and Therapy for Couples and Families, 18 (*1), 24-30.
- Schore, J., & Schore, A. (2012). Modern attachment theory: The central role of affect regulation in development and treatment. In *The science of the art of psychotherapy* (pp. 28-51). New York, NY: W.W. Norton.
- Thompson, E. D., May, A., & Whiting, S. E. (2011). Evidence-based treatment of anxiety and phobia in children and adolescents: Current status and effects on the emotional response. *Clinical Psychology Review, 31*(4), 592-602.

Unit 10: Depression and Suicidality — October 29

Topics

- Depression & suicidality in adolescence and young adulthood
- Assessment of depression & Suicidality
- Empirically supported interventions for depression and suicidality

Required Readings

- Brent, D. A., Poling, K. D., & Goldstein, T. R. (2011). Assessment and treatment of suicidal ideation and behavior. In *Treating depressed and suicidal adolescents: A clinician's guide* (Chapter 2, pp.42-84). New York, NY: Guilford Press.
- Eckshtian D., Kuppens, S., Ugueto, A., Ng, M., Vaughn-Coaxum, R. …Weisz, J. (2019).

  Meta-analysis: 13- year follow-up of psychotherapy effects on youth depression. *Journal of American Academy of Child & Adolescent psychiatry.*
- Jacobson, C. M., Mufson, L., & Young, J. F. (2017). Treating adolescent depression using interpersonal psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed. pp. 66-84). New York, NY: Guilford Press.
- Hunt, M.G., Marx, R., Lipson, C., & Young, G. (2018). No more FOMO: Limiting Social Media decreases loneliness and depression. Journal of Social and Clinical Psychology. 37(10). 751-768.

Recommended Readings

- Boeninger, D. K., & Coger, R. D. (2012). Risk and protective factors for suicidality during the transition to adulthood: Parenting, self-regulatory processes and successful resolution of stage-salient tasks. In Kerig, P., Schulz, M. S. & Hauser, S. T. (Eds.). *Adolescence and beyond: Family processes and development* (pp. 43- 63). New York, NY: Oxford University Press.
- Cummings, J. R., & Druss, B. G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(2),160-70.
- Ford-Paz, R. E., Reinhard, C., Kuebbeler, A., Contreras, R., & Sánchez, B. (2015). Culturally tailored Depression/Suicide prevention in Latino youth: Community perspectives. *The Journal of Behavioral Health Services & Research, 42*(4), 519-533. doi:10.1007/s11414-013-9368-5
- Varghese, D., Scott J., Welham, J., Bor, W., Najma, J., O'Callaghan, M., William, G., & McGrath, J. (2011). Psychotic-like experiences in major depression and anxiety disorders: A population-based survey in young adults. *Schizophrenia Bulletin 37*(2), 389-393. doi:10.1093/schbul/sbp083

Unit 11: Bipolar and Schizophrenia November 5

Topics

- Bipolar disorder
- Schizophrenia Prodromal and early phases
- Interventions

Required Readings

- Fisher, M., Loewy, R., Hardy, K., Schlosser, D., & Vinogradov, S. (2013). Cognitive interventions targeting brain plasticity in the prodromal and early phases of Schizophrenia. *Annual Review of Clinical Psychology, 9,* 435-463. http://doi.org/10.1146/annurev-clinpsy-032511-143134.
- Goldstein, T.R., Fersch-Podrat, R.K., Rivera, M., Axelson, D.,Merranko, J., YU, B., Brent, D.A.,& Birmaher, B. (2015). Dialectical Behavior Therapy for Adolescents with bipolar disorder: Results from a pilot randomized trial. *Journal of Child and Adolescent Psychopharmacology, 25*, 140-149. doi:10.1089/cap.2013.0145.
- Inder, M., Crowe, M., Moor, S., Carter, J., Luty, S.…Joyce, P. (2018). Three-Year follow-up after psychotherapy for young people with bipolar disorder. *Bipolar Disorders, 20(5),* 441-447.
- Kurtz, M.M. (2016). Psychological and psychosocial treatment. In *Schizophrenia and its Treatment: Where is the Progress* (Chap. 8, pp. 159-179). New York, NY: Oxford Press University.

Recommended Readings

- Kozloff, N., Cheung, A. Schaffer, A., Cairney, J., Dewa C., Veldhizen S., Kurdyak P., & Levitt, A. (2010). Bipolar disorder among adolescents and young adults: Results from an epidemiological sample. *Journal of Affective Disorders, 125* (1), 350-354.
- Painter, K., & Scannapieco, M. (2015). Bipolar disorder. In *Understanding the Mental Health Problems of Children and Adolescents* (159- 173). Chicago; Lyceum.

Unit 12: Disruptive Behavior and Aggression November 12

Topics

- Behavior and aggression issues in adolescence and young adulthood
- Young offenders
- Interventions for aggression
- Intervention in delinquency of young adults: MST, MTFC & Anger Management Training

Required Readings

- Alcorn. T. (2014). Rethinking mental health care for young offenders. *The Lancet, 383, 1283-4.*
- Bostic, J., Thurau, L., Potter, M., & Drury, S. (2014). Policing the teen brain. *Journal of Child and Adolescent Psychiatry, 53(2),* 127-129.
- Henggeler, S. W. & Schaeffer, C. (2017). Treating serious antisocial behavior using multi-systemic therapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp.197- 214). New York, NY: Guilford Press.
- Mulford, C. F., Blachman-Demner, D. R., Pitzer, L., Schubert, C. A., Piquero, A. R., & Mulvey, E. P. (2018). Victim Offender Overlap: Dual Trajectory Examination of Victimization and Offending Among Young Felony Offenders Over Seven Years. Victims & Offenders, 13(1), *1 - 27*, DOI: 10.1080/15564886.2016.1196283

Recommended Readings

- Barrett, D. E., Ju, S., Katsiyannis, A., & Zhang, D. (2015). Females in the juvenile justice system: Influences on delinquency and recidivism. *Journal of Child and Family Studies, 24*(2), 427-433.
- Darnell, A. J., & Schuler, M. S. (2015). Quasi-experimental study of Functional Family Therapy effectiveness for juvenile justice aftercare in a racially and ethnically diverse community sample. *Children and Youth Services Review, 50,* 75-82.
- Farrington, D. P., Loeber, R. & Howell, J. C. (2012). Young adult offenders: The need for more effective legislative options and justice processing. *Criminology & Public Policy, 11 (4), 729-750.*
- Henggeler, S. W., & Sheidow, A. J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy, 38,* 30-58.
- Robbins, M. S., Alexander, J. F., Turner, C. W., & Hollimon, A. (2016). Evolution of functional family as an evidence-based practice for adolescents with disruptive behavior problems. *Family Process, 55*(3), 543-557.

Unit 13: Substance Use and Abuse — November 19

Topics

- Substances experimentation vs. use vs. substance abuse in adolescence and young adulthood
- Impact of drugs on adolescents and young adults
- Assessment and intervention with substance use
- Harm-reduction intervention
- Family-based treatment of substance use in adolescents

Required Readings

- Patton, R., Deluca, P., Kaner, E., Newbury-Birch, D., Phillips, T., & Drummond, C. (2013). Alcohol screening and brief intervention for adolescents: The how, what and where of reducing alcohol consumption and related harm among young people. *Alcohol & Alcoholism*, *49* (2), 207-212. http://dx.doi.org/10.1093/alcalc/agt165
- Stockings, E., Hall, W., Lynskey M., Morley, K., Reavley, N., Strang J.. Pattan G., & Dengenhardt, L. (2016). Prevention, early intervention, harm reduction, and treatment of substance use in young people. *The Lancet Psychiatry*, *3*(3), 280-296.
- Tanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment, 51,* 1-18.
- Waldron, H. B., Brody, J. L. & Hope, H. (2017). Functional family therapy for adolescent substance use disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (2nd ed., pp. 401-416). New York, NY: Guilford Press.

Recommended Readings

- Down, A. B., Seedall, R. B., Taylor, N. C., & Downs, K. J. (2014). Attachment-based considerations for addressing adolescent substance use (ASU) in a family context. *The American Journal of Family Therapy*, *43,* 28-43. DOI: 10.1080/01926187.2014.935683
- Burrow-Sanchez, J., & Wrona, M. (2012). Comparing culturally accommodated versus standard group CBT for Latino adolescents with substance use disorders: A pilot study. Cultural Diversity and Ethnic Minority Psychology, 18(4), 373-383.
- Hock, R., Priester, M. A., Iachini, A. L., Browne, T., DeHart, D., & Clone, S. (2015). A review of family engagement measures for adolescent substance use services. *Journal of Child and Family Studies, 24*(12), 3700-3710. doi:10.1007/s10826-015-0178-7
- Rowe, C. L. (2012). Family therapy for drug abuse: Review and updates 2003–2010. *Journal of Marital and Family Therapy, 38*(1), 59-81. doi:10.1111/j.1752-0606.2011.00280.x
- Santisteban, D., & Maite, M. (2009). Culturally informed and flexible family-based treatment for adolescents: A tailored and integrative treatment for Hispanic youth. *Family Process, 48*(2), 253-268.
- Wetherill, R., & Tapert, S. F. (2013). Adolescent brain development, substance use, and psychotherapeutic change. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors, 27*(2), 393-402. doi:10.1037/a0029111

Unit 14: Complex Issues of Adolescents and Young Adults November 26

Topics

- Teen Parenthood: Impacts on parents and baby development
- Interventions in Teen Parenthood
- Homeless adolescents and young adults
- Intervention with homeless youth

Required Readings

- Bender, K. A., Thompson S., Ferguson, K., Yoder, J. R., & Kern, L. (2014). Trauma among street-involved youth. *Journal of Emotional and Behavioral Disorders, 22(1), 53-64.*
- Coren, E., Hossain, R., Pardo, J. P., Veras, M. M., Chakraborty, K., Harris, H. & Martin, A. J. (2013). Interventions for promoting reintegration and reducing harmful behavior and lifestyles in street-connected children and young people*. Evidence-Based Child Health, 8,* 1140–1272.
- Mollborn, S. (2017) Teenage mothers today: What we know and how it matters. *Child Development Perspectives, 11*, 62-69.

Recommended Readings

- Asheer, S., Berger, A., Meckstroth, A., Kisker, E., & Keating, B. (2014). Engaging pregnant and parenting teens: Early challenges and lessons learned from the evaluation of adolescent pregnancy prevention approaches. *Journal of Adolescent Health, 54*(3), S84-S91. doi:10.1016/j.jadohealth.2013.11.019
- Fielding, K., & Forchuk, C. (2013). Exploring the factors associated with youth homelessness and arrests. *Journal of Child and Adolescent Psychiatric Nursing*, *26,* 225–233. doi: 10.1111/jcap.12056
- Patel, P. H., & Sen, B. (2012). Teen motherhood and long-term health consequences*. Maternal and Child Health Journal, 16(*5),1063- 1071.
- Wong, C., Clark L., & Marlotte, L. (2014). The impact of specific and complex trauma on the mental health of homeless youth. *Journal of Interpersonal Violence*, *31* (5),831- 854. doi: 10.1177/0886260514556770

Unit 15: Special Issues of Transition Age Youth Leaving the Child Welfare System — December 3

Topics

- Youth leaving systems of care: Strengths & challenges
- Planning the transition and Programs for Youth leaving care
- EBP for system-involved youth

Required Readings

- Batsche, C., Hart, S., Ort, R., Armstrong, M., Strozier, A., & Hummer, V. (2014). Post secondary transitions of youth emancipated from foster care. *Child & Family Social Work, 19*(2), 174-184.
- Curry, S. R., & Abrams, L. S. (2015). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child & Adolescent Social Work Journal, 32*(2), 143-153. doi:10.1007/s10560-014-0346-4
- Hollywood Homeless Youth Partnership. (2009). *The ARC framework for runaway and homeless youth serving agencies*. Retrieved from www.hhyp.org
- Nesmith, A., & Christopherson, K. (2014). Smoothing the transition to adulthood: Creating ongoing supportive relationships among foster youth. *Child and Youth Services Review*,*37*, 1-8.

Recommended Readings

- California Child Welfare Co-Investment Partnership. (2010). Understanding outcomes for youth aging out of foster care. *Insights, 3.*
- Ferguson, K. M., Kim, M. A., & McCoy, S. (2011). Enhancing empowerment and leadership among homeless youth in agency and community settings: A grounded theory approach. *Child and Adolescent Social Work Journal, 28*(1),1-22. doi:10.1007/s10560-010-0217-6
- Linda, W. P., Marroquín, B., & Miranda, R. (2012). Active and passive problem solving as moderators of the relation between negative life event stress and suicidal ideation among suicide attempters and non-attempters. *Archives of Suicide Research, 16*(3), 183-197. doi:10.1080/13811118.2012.695233
- Pottick, K., Warner, L., Stoep, A., & Knight, N. (2014). Clinical characteristics and outpatient mental health service use of transition-age youth in the USA. *The Journal of Behavioral Health Services & Research, 41*(2), 230-243.
- Powers, L., Greenen, S., Powers J., Summer-Pommier, S., Turner A., Dalton L., Drummond, D., & Swank, P. (2012). My life: Effects of a longitudinal, randomized study of self-determination enhancement on the transition outcomes of youth in foster care and special education. *Child and Youth Services Review*, *34*(11), 2179–2187.
- Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child and Adolescent Social Work Journal*, *29*(1), 61-83. doi:10.1007/s10560-011-0247-8
- Smith, W. (2011). The child welfare system as context. In *Youth leaving foster care: A developmental, relationship-based approach to practice* (pp. 5-19). New York, NY: Oxford University Press.

- Wagner, M., & Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbances. *Psychiatric Rehabilitation Journal*, *35*(3), 199- 208.

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 (xxx@usc.edu) of any anticipated absence or reason for tardiness.

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

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

X. ACADEMIC CONDUCT

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

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call
engemannshc.usc.edu/counseling
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline – 1 (800) 273-8255
www.suicidepreventionlifeline.org
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP) – (213) 740-4900 – 24/7 on call
USC Student Health Sexual Assault & Survivor Support: https://studenthealth.usc.edu/sexual-assault/
Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

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
equity.usc.edu, titleix.usc.edu

Information about how to get help or help a survivor of harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants. The university prohibits discrimination or harassment based on the following protected characteristics: race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, age, physical disability, medical condition, mental disability, marital status, pregnancy, veteran status, genetic information, and any other characteristic which may be specified in applicable laws and governmental regulations.

Bias Assessment Response and Support – (213) 740-2421
USC Policy Reporting to Title IX: https://policy.usc.edu/reporting-to-title-ix-student-misconduct/
Incidents of bias, hate crimes and micro aggressions need to be reported allowing for appropriate investigation and response.

The Office of Disability Services and Programs (213) 740-0776
dsp.usc.edu
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, and assistance with architectural barriers, assistive technology, and support for individual needs.

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

Diversity at USC – (213) 740-2101
diversity.usc.edu
Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call
dps.usc.edu, emergency.usc.edu
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call
dps.usc.edu
Non-emergency assistance or information.
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

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 by the instructor and reported on the official "Incomplete Completion Form."

XIV. Policy on Late or Make-Up Work

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

XV. Policy on Changes to the Syllabus and/or Course Requirements

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

XVI. Code of Ethics of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 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

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student's advisor and/or the Chair of your program.

Tips for Maximizing Your Learning Experience in this Course

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

Don't procrastinate or postpone working on assignments.