

Social Work 613
Sections: 67139 & 67140

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

Virtual Academic Center

3 Units

Instructor: Dorothy Nieto Manzer, MSW, LCSW
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Office Hour: 9:45am, 1:15 or by appointment

Course Day:
Monday
Course Time: 10:15am-
11:30am PST, 12:00pm-
1:15pm PST
Course Location: VAC

FALL 2020

SOWK 544, SOWK 609, SOWK 610

I. 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.

II. 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 several 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.

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.

III. COURSE FORMAT / INSTRUCTIONAL METHODS

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

VI. STUDENT LEARNING OUTCOMES

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

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

* Highlighted in this course

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

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 2: Engage Diversity and Difference in Practice Social workers seek to further their comprehension as to how diversity and difference characterize and shape the human experience in relation to the critical formation of identity as families develop and children grow physically and emotionally. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers are aware of their own intersectionality of differences and how this may impact their practice with the children, youth and families they serve. Social workers who work with children, youth, and families seek to understand how life experiences arising from oppression, poverty, marginalization, or privilege and power, can affect family culture and identity, as well as individual growth and development. Social workers recognize the extent to which social structures, social service delivery systems, values and cultural systems may oppress, marginalize, alienate, exclude, or create or enhance privilege and power among children youth, and families.</p>	<p>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. 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.</p>	<p>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.</p>	<p>Values</p>	<p>Session 4: Infant Mental Health Session 6: Chronic Illness Session 7: Trauma, Abuse, and Neglect Session 8: Neurodevelopmental Disability Session 10: Externalizing Behaviors Session 14: Environmental Trauma Session 15: Grief and Loss Assignment 2: Take Home Final Assignment 3: Group Work Assignment 4: Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>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.</p>	<p>5. Present knowledge on how to evaluate the effectiveness of the intervention throughout the process.</p>	<p>9a. Critically analyze, monitor, and evaluate intervention and program processes and outcomes when working with children, youth, and families.</p>	<p>Cognitive and Affective Processes</p>	<p>Session 7: Trauma, Abuse, and Neglect (CPP and Safe Care)</p> <p>Session 8, 9: Neurodevelopmental Disability ;Developmental Delays (Applied Behavioral Analysis)</p> <p>Session 10: Externalizing Behaviors (Parent Management Training)</p> <p>Session 11: Depression (Cognitive Behavioral Therapy)</p> <p>Session 12: Anxiety (Coping Cat)</p> <p>Session 14: Environmental Trauma (Trauma Focused- CBT)</p> <p>Assignment 1: Midterm</p> <p>Assignment 2: Final</p> <p>Assignment 4: Class Participation</p>

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment: Midterm Assessment and Case Conceptualization	7 th week of class	35%
Assignment: Final— Treatment Plan, Therapeutic Intervention and Evaluation Paper	TBA	35%
Assignment: Group Work/In Class Group Activity	Throughout semester	20%
Class Participation	Throughout semester	10%

Each of the major assignments is described below.

Assignment: Take Home Midterm: Assessment and Case Conceptualization

This is a 3-5 page paper where you are asked to choose a vignette (choices will be provided to you, complete an assessment, and develop a case conceptualization. You will explain the issues in the case from a theoretical perspective and begin to highlight the areas for intervention. The assignment prompt can be found on page 20 of the syllabus

Due the 7th week of class.

Assignment: Final - Treatment Plan, Therapeutic Intervention and Evaluation Paper

Using the vignette/case conceptualization from Assignment #2, you are being asked to develop a treatment plan, a 12 session intervention, and evaluation/outcomes in the form of a written paper. You will be asked to complete a(n): i) treatment plan, a (ii).12 session therapeutic intervention/s and (iii) evaluation/outcome measures for the client identified within the vignette you selected for assignment 2. The final should be 4-5 pages in length. NOT including any cover pages or reference page. APA format. The assignment prompt can be found on page 21 of the syllabus.

Assignment: Group Work/In-Class Group Activity: More details in Assignment Group Guidelines handout

You will be assigned to a group. The group will be assigned a vignette. As a member of the group, the group will develop a case conceptualization of the assigned vignette and present their case conceptualization to the class. The case presentation will simulate a traditional social work agency case conference discussion. You will be asked to draw upon readings, explore case dynamics, plan interventions and implement those plans. You will be evaluated on your willingness to engage as group member and your ability to work in a group format. More detail will be given in class.

Assignment: Class Participation

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

Guidelines for Evaluating Class Participation

10: Outstanding Contributor—Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights, as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not

a member of the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on-target behavior in role-plays, small-group discussions, and other activities.

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

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

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

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

5: Nonparticipant—Attends class only.

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

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

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

(1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content, but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

(2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.

(3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.

(4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

(5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.

(6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

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 & RESOURCES

Required Textbooks

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

The Zeanah book is available online at the USC Library at no cost to students:

https://uosc.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_proquest_ebookcentral_EBC550025&context=PC&vid=01USC_INST:01USC&lang=en&search_scope=MyInst_and_CI&adaptor=Primo%20Central&tab=Everything&mode=Basic

On Reserve

All additional required readings that are not in the above required text are available online through electronic reserve (ARES) under Dorothy Nieto Manzer.

Recommended Guidebook for APA Style Formatting

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none">■ Course Introduction & Introduction to Infant, Early and Middle Childhood Mental Health	3 & 4 ON-GOING
2	<ul style="list-style-type: none">■ Complications That May Influence Attachment and Development	
3	<ul style="list-style-type: none">■ Case Conceptualization■ Adapting Case Conceptualization to Infants, Toddlers, Preschool Children & School-age children and their families	
4	<ul style="list-style-type: none">■ Infant Mental Health Assessment■ Assessment Measures■ Adaptations for Assessment & Case Conceptualization■ Relevant Systems for Assessment	
5	<ul style="list-style-type: none">■ Common Issues That Bring Parents into Care & Parental Mental Health	
6	<ul style="list-style-type: none">■ Chronic Illness	
7	<ul style="list-style-type: none">■ Child Maltreatment	
8	<ul style="list-style-type: none">■ Neurodevelopmental Disability	
9	<ul style="list-style-type: none">■ Developmental Disability and Delay	
10	<ul style="list-style-type: none">■ Externalizing Behaviors	
11	<ul style="list-style-type: none">■ Depression	
12	<ul style="list-style-type: none">■ Anxiety	
13	<ul style="list-style-type: none">■ Bullying	
14	<ul style="list-style-type: none">■ Environmental Trauma	
15	<ul style="list-style-type: none">■ Grief and Loss	

Course Schedule—Detailed Description

Unit 1: Course Introduction & Introduction to Infant and Childhood Mental Health

Topics

- Review of previous material on assessment and intervention
- Review of the multicausal perspective of problems in children and their families
- A process for general assessment of a child and family
- What is early childhood & infant mental health

Required Readings

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

Kolivoski KM, Weaver A, Constance-Huggins M. (2018). Critical race theory: Opportunities for application in social work practice and policy. *Families in Society*, 95(4), 269-276. doi:10.1606/1044-3894.2014.95.36

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

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

Suggested Readings

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

Excellent resources

- 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
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Zero to Three: <https://www.zerotothree.org/>

Unit 2: Complications That May Influence Attachment and Development

Topics

- Development and Context
- Risk & Protective Factors
- Maternal substance use
- Maternal mental health

Required Readings

- Finelli, J. Zeanah, C. H. Jr., & Symke. (2019). Attachment Disorders in early childhood. In Zeanah, C.H., Jr. (Ed.), *Handbook of infant mental health* (4th ed., 452-466). New York, NY: Guilford Press.
- Murray, L; Halligan, S; & Cooper, P. (2019). Postnatal Depression and Young Children's Development In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4rd ed., pp. 172–186). New York, NY: Guilford Press
- Piccoio, L.R., & Noble, K.G (2019). Infants of depressed mothers: Vulnerabilities, risk factors and protective factors for the later development of psychopathology. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 153–170). New York, NY: Guilford Press.
- Zeanah, C.H; & Zeanah, P.D. (2019). 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.

Unit 3: Case Conceptualization

Topics

- Case Conceptualization
- Assessment and Goal Setting: Biopsychosocial
- Adapting case conceptualization to infants, toddlers, preschool and school-age children and their families
- Application: 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.
- 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.
- Webb, N. B. *Social Work with Children* 4th Ed. (2019). Guilford Press: New York, NY
Chapter 5: Contracting, Planning Interventions, and Tracking Progress, pp. 98-105.

Suggested Readings

- Schechter, D S., Willheim, E. Suardi, F., & Serpa, S.R. (2019). The Effects of violent experiences on Infants and young children. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed.), pp. 279.–238). New York, NY: Guilford Press.

Unit 4: Infant Mental Health Assessment

Topics

- Social-emotional problems in early childhood
- Infant mental health assessment
- Assessment Measures
- DC 0-5

Required Readings

Godoy, L., Davis, A., Heberie, A, Gowan-Briggs, M & Carter, A.S (2019). Caregiver reports and infant-toddler mental health assessment. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 259–278). New York, NY: Guilford Press.

Larrieu, J.A; Middleton., Kelley, A.C. & Zeanah, C.H. Jr. (2019). Assessing the relational context of infants and young children. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th (ed.)., pp. 219-238). New York, NY: Guilford Press.

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

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

Zero to Five (2016). DC0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Washington, DC (Authors).
Axis IV: Psychosocial Stressors (pp154-158)
Axis V: Developmental Competence (pp159-185)

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

Egger, H. L., & Emde, R. N. (2011). Developmentally sensitive diagnostic criteria for mental health disorders in early childhood: The diagnostic and statistical manual of mental disorders–IV, the research diagnostic criteria—preschool age, and the diagnostic classification of mental health and developmental disorders of infancy and early childhood–Revised. *American Psychologist*, 66(2), 95–106. doi:http://dx.doi.org/10.1037/a0021026

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

Unit 5: Common Issues That May Bring Parents Into Care & Parental Mental Health

Topics

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

Required Readings

Owens, J., & Burnham, M. M. (2019). Sleep disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 373–391). New York, NY: Guilford Press.

Stevens, & N'z., (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.

Zeanah, C. H., & Lieberman, A.F. Relationship-specific disorder of early childhood. (2019). In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 467–479). New York, NY: Guilford Press.

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

Suggested Readings

Keren, M. (2009). Feeding and eating disorders in early childhood. Disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 392–406). New York, NY: Guilford Press.

Dozier, M., Zeanah, C. H., & Bernard, K. (2019). Infants and toddlers in foster care. *Child Development Perspectives*, 7(3), 166–171. doi:<http://dx.doi.org/10.1111/cdep.12033>

Websites for Interventions

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

Unit 6: Chronic Illness

Topics

- Illness
- Effect on child
- Effects on family
- Social support for families
- Child-Parent Psychotherapy

Required Readings

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

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

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

Lieberman, A. F., Hernandez, M.D., & Ippen, C.M.G. (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.

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

Unit 7: Child Maltreatment

- Trauma
- Abuse and neglect
- Child-parent psychotherapy
- Safe Care

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.

Symke, A. T., & Breidenstine, A. S. (2019). Foster care in early childhood. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed. pp. 553–565). New York, NY: Guilford Press.

Suggested Readings

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

Child Welfare Information Gateway. (2013). *Long term effects of child abuse and neglect*. Retrived from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf.

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

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>

Websites

SafeCare www.safecare.org

Unit 8: Neurodevelopmental Disability

Topics

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

Required Readings

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

Barton, M.L., & Chen, J. (2019). Autism spectrum disorder. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 313–329). New York, NY: Guilford Press.

Gleason, MM., & 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.

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>

Suggested Readings

Soto, T.W., Clramitaro, V.M., & Carter, A.S. (2019). Sensory overresponsivity. (2019). In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 330-344). 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. (2009). Communication disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 318–331). New York, NY: Guilford Press.

Unit 9: Developmental Disability and Delay

Topics

- Intellectual disabilities
- Down syndrome
- Incredible Years

Required Readings

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

Hodapp, R.M., & Dykens, E.M. (2019) Intellectual disabilities. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., pp. 358-372). New York, NY: Guilford Press.

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

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

Websites for Interventions

Incredible Years: www.incredibleyears.com

Unit 10: Externalizing Behaviors

Topics

- Oppositional defiant disorder
- Conduct disorder
- DSM 5 & Disruptive, Impulse-Control & Conduct Disorder- developmental differences in presentation
- Parent management training

Required Readings

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

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

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>

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.

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

Useful Websites for Interventions

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

Unit 11: Depression

Topics

- Depression
- Developmental differences in the presentation of depression
- Cognitive behavioral therapy

Required Readings

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

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

Luby, J. L., & 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.

Suggested Readings

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

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

Unit 12: Anxiety

Topics

- Anxiety
- Developmental Differences in presentation of anxiety
- Coping Cat

Required Readings

Drake, K. L., & Ginsburg, G. S. (2012). Family factors in the development, treatment, and prevention of childhood anxiety disorder. *Clinical Child and Family Psychology Review*, 15, 144–162.

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

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

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

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 13: Bullying

Topics

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

Required Readings

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

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

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

Suggested Readings

Committee for Children. (2015). Second Step: Skills for social and academic success. Retrieved from http://www.cfchildren.org/Portals/1/SS_K5/K-5_DOC/K-5_Review_Research_SS.pdf.

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

Unit 14: Environmental Trauma

Topics

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

Required Readings

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

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

Miron, D., & Sturdy, W. (2019). Posttraumatic stress disorder in young children. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4th ed., p. 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.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press. (Note: This is the manual for TF-CBT)
- Crean, H. F., & Johnson, D. B. (2013). Promoting alternative thinking strategies (PATHS) and elementary school aged children's aggression: Results from a cluster-randomized trial. *American Journal of Community Psychology*, 52(1-2), 56–72. doi:http://dx.doi.org/10.1007/s10464-013-9576-4
- DiGangi, J. A., Gomez, D., Mendoza, L., Jason, L. A., Keys, C. B., & Koenen, K. C. (2013). Pretrauma risk factors for posttraumatic stress disorder: A systematic review of the literature. *Clinical Psychology Review*, 33(6), 728–744. doi:http://dx.doi.org/10.1016/j.cpr.2013.05.002
- Trickey, D., Siddaway, A. P., Meiser-Stedman, R., Serpell, L., & Field, A. P. (2012). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, 32, 122–138.

Websites

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) <https://tfcbt2.musc.edu/>

Unit 15: Grief and Loss

Topics

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

Required Readings

- Aldridge, J., Shimmon, K., Miller, M., Fraser, L. K., & Wright, B. J. D. (2017). "I can't tell my child they are dying": Helping parents have conversations with their child. *Archives of Disease in Childhood*. doi: 10.1136/archdischild-2016-311974
- Walter, C., & McCoyd, J. (2015). Infancy and toddlerhood. In C. Walkter & J. McCoyd (Eds.), *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed., pp. 59–82). New York, NY: Springer.
- Walter, C., & McCoyd, J. (2015). Elementary-school age children. In C. Walkter & J. McCoyd (Eds.), *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed., pp. 83–109). New York, NY: Springer.

Take Home Midterm

Due week 7

Assignment #2 - Assessment and Case Conceptualization

Your task for this assignment is to do an assessment and develop a case conceptualization of one of the vignettes you will be given in class. Your assessment will note the issue(s) that brought the child/family to attention, risk and protective factors of the child/family, and address the systems related to the situation (example—if a child was referred because of being bullied in class, you would need to attend to the school environment as well as the child and family situation). Your case conceptualization is your hypotheses about how this situation came about, the factors maintaining it, the risk factors in the child/family as well as the strengths that can be used in intervention. There are 3 areas you will want to address in this process.

1. What do you understand are factors contributing to and maintaining the situation/issues and the reason for referral? Discuss and apply theory, evidence and critical thinking skills to support your conceptualization and understanding. For example, make sure to identify 1-2 theories or theoretical frameworks (e.g., attachment, behavioral, cognitive, family systems, family stress, etc.) and clearly explain how these theories help you understand the child and family's presenting concerns.
2. Identify the targets for intervention at the micro, mezzo, and macro level. What are the resources this child/family needs? In thinking about resources, prioritize what is realistic given the agency setting and the demands on the family. You do not need to think about specific interventions you will use but the areas that you will address.
3. What are the potential barriers to treatment or engagement (cultural competence, counter transference, scope of the agency, characteristics of child/family)?

The paper should be 3-5 pages not including cover or reference page, and you should include a minimum of 4 references that are cited in your paper. Readings may come from those on your syllabus as well as outside resources that help you understand the situation.

Your paper will be evaluated on your ability to address the material, the coherence of your arguments, thoroughness, and quality of your written work.

Writing Guidelines

1. Use APA style. APA style includes the use of headings and subheadings. Remember to start with an introduction and end with a conclusion. Do not use lengthy quotations, paraphrase material to make your point. When you quote directly, you must include pagination and attribution. If you are unclear about APA style, please consult the manual or see me.
2. Use a variety of citations (minimum = 4). Do not rely solely on one or two texts or solely on classroom readings. Readings should primarily be from peer-reviewed sources. Thus, information on websites that are not peer reviewed are therefore not appropriate.
3. Include page numbers.

Due the 7th week of class.

4. Late paper submissions= 2 points for each day late.

Final Assignment: Treatment Plan, Therapeutic Intervention and Evaluation Paper

Using the vignette/case conceptualization from Assignment #2, you are being asked to develop a treatment plan and 12 session intervention in the form of a written paper. You will be asked to complete a(n): i) treatment plan, a (ii).12 session therapeutic intervention/s and (iii) evaluation/outcome measures for the client identified within the vignette you selected.

TREATMENT PLAN

Your treatment plan should include a brief discussion regarding how you will address the targeted problems in your therapeutic intervention identified in your assessment and case conceptualization.

- Include a brief discussion with how you used the assessment tools to support your treatment plan and subsequent interventions.
- You will want to include and specifically state short term and long-term goals for the child and/or family.

THERAPEUTIC INTERVENTIONS

The therapeutic intervention should be framed within the context of Best Practices- Evidenced-Based Practice Models and the treatment plan. Once the EBP has been selected use this as a framework to think through the 12 session plan. You will identify and provide rationale for the selection of the Evidenced-Based Model, along with the technique/s which you believe best fit the client's presenting concerns. Discuss what strategies and techniques used and how they are specifically relevant and appropriate for the client.

In your discussion with the 12-session intervention you will discuss which practice technique you plan to use each week being mindful of the evidenced based practice model you are implementing. You will need to include a discussion regarding why the practice techniques was selected and how it was implemented (why did you choose it, what did you do, how did you do it).

*For example, you may use an automatic thought record or feeling thermometer in a session for a child with depression or anxiety. You would explain why you chose that technique, how you taught it, modeled and had the child practice the technique. You would share any creative/expressive activities used in teaching, modeling, and practicing the technique.

EVALUATION

You need to say specifically how you will evaluate your outcomes including the use of an empirical assessment tool. You will be provided with data for all 3 vignettes which you must include as part of the evaluation. Beyond the use of empirical tools, you will also want to measure other data points (i.e. reduction in hitting behaviors, increase in school attendance). If this is the case, be clear how you will measure the progress. Example: creating a self-anchored rating scale). You will be creating this data on your own; be creative!

The final should be 4-5 pages in length, NOT including any cover pages or reference page. Please cite all scales and intervention techniques presented.

Writing Guidelines

1. Use APA style. APA style includes the use of headings and subheadings. Remember to start with an introduction and end with a conclusion. Do not use lengthy quotations, paraphrase material to make your point. When you quote directly, you must include pagination and attribution. If you are unclear about APA style, please consult the manual or see me.
2. Include page numbers. 3-4 references.
3. See rubric for details. (distributed with the vignettes).
4. Late paper submissions= 2 points for each day late.

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

University Policies and Guidelines

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

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

National Suicide Prevention Lifeline – 1 (800) 273-8255

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

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

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

Sexual Assault Resource Center

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

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

Works with faculty, staff, visitors, applicants, and students around issues of protected class. equity.usc.edu

Bias Assessment Response and Support

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

The Office of Disability Services and Programs

Provides certification for students with disabilities and helps arrange relevant accommodations. dsp.usc.edu

USC Support and Advocacy (USCSA) – (213) 821-4710

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

Diversity at USC

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

USC Emergency Information

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

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

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

USC Student Health Sexual Assault & Survivor Support: <https://studenthealth.usc.edu/sexual-assault/>

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.

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.

XII. STATEMENT ABOUT INCOMPLETES

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

XIII. POLICY ON LATE OR MAKE-UP WORK

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

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

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

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

Approved by the 1996 NASW Delegate Assembly and revised by the 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.

XVI. 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.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the [xxx]. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

XVIII. Tips for Maximizing Your Learning Experience in this Course (Optional)

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class on a regular basis.
- ✓ Complete required readings and asynchronous material on a weekly basis.
- ✓ *Before* coming to class, review the materials for the current 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.
- ✓ Feel free to, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.
- ✓ Feel free to reach out to your instructor and keep her/him informed of any ongoing challenges, impacting your participation and learning within the program.

“Tell me and I forget. Teach me and I remember. Involve me and I learn.”

Benjamin Franklin

<https://learninginbloom.com/learning-quotes/>
