

# USC Suzanne Dworak-Peck

School of Social Work

## Social Work 613

### Social Work Practice with Children and Families in Early and Middle Childhood 3 Units

#### Fall 2021

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<b>Office Hours</b>	By appointment Tuesday/Thursday 11-1pm
<b>Course Day(s)</b>	Tuesday
<b>Course Time(s)</b>	8:00am-10:50am / 1:00pm-3:50pm
<b>Course Location(s)</b>	MFR 320

#### Course Pre-requisites, Co-requisites, and Concurrent Enrollment

SOWK 544, SOWK 609, SOWK 610

#### 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.

#### 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.

### 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.

### 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, which are the basis of the student learning outcomes in the MSW program:

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

See **Appendix A** for an expanded table, which details the competencies and dimensions of competence highlighted in this course. The table also shows the course objective(s), behaviors/indicators of competence, and course content and assignments related to each competency highlighted in the course.

### Course Assignments, Due Dates, and Grading

Assignment	Due Date	% of Final Grade
Assignment 1: Quizzes	Week#: 3, 7, 10	30%
Assignment 2: Assessment and Case Conceptualization Paper	Week # 6	25%
Assignment 3: MAP Clinical Dashboard: Treatment Plan, Therapeutic Intervention and Evaluation	Week # 13	20%
Assignment 4: Educational Fact Sheet	Week # 15	15%
Assignment 5: Participation	Throughout Semester	10%

Each of the major assignments is described below.

#### Assignment 1: Quizzes

All quizzes will take place on Blackboard or VAC platform. The quizzes will cover the readings for the previous weeks, posted material, and class material. They will be true false, multiple answer, and multiple choice, delivered in different formats to ease anxiety and increase your learning.

**Quiz 1 (10%):** Quiz #1 will cover content from units #1-2. There will be 10 questions to respond to (open and close-ended questions). **It will open at the end of class on Week #3 (September 7, 2021) and close before start of class on Week #4 (September 14, 2021).** The Quiz window will be open for 45 minutes.

**Quiz 2 (10%):** Quiz #2 will cover content from units #3-6. There will be 10 questions to respond to (open and close-ended questions). **It will open at the end of class on Week #7 (October 5, 2021) and close before the start of class on Week #8 (October 12, 2021).** The Quiz window will be open for 45 minutes.

**Quiz 3 (10%):** Quiz #3 will cover relevant content from the semester but be most focused on content in the later units #7-9. There will be 10 questions to respond to (open and close-ended questions). **It will open the at the end of class week #10 (October 26, 2021) and close the end of week #11 (November 2, 2021).** The Quiz window will be open 45 minutes.

*This assignment relates to course objective 1-5 and social work competency 2 & 9.*

#### Assignment 2: Assessment and Case Conceptualization Paper

This is a 3-5 page paper where you are asked to choose a vignette (choices will be provided to you in class), 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 guidelines and rubric will be provided to you in class.

**Due: 6th week of class (September 28, 2021)**

*This assignment relates course objective 1-3 and social work competency 2 & 9.*

### **Assignment 3: MAP Clinical Dashboard: Treatment Plan, Therapeutic Intervention and Evaluation**

This assignment you will build on the assessment and case conceptualization from assignment 2 developing a treatment plan, highlighting 12 sessions of the intervention, include practice elements, and develop evaluation/outcome measures through the completion of a MAP clinical dashboard for the case. The assignment guidelines and rubric will be provided to you in class.

**Due 13<sup>th</sup> week of class (November 16, 2021)**

*This assignment relates to course objective 1-5 and social work competency 2 & 9*

### **Assignment 4: Educational Fact Sheet**

For this assignment you create an Educational Fact Sheet, a one-page handout with important concepts, information, and parenting tips on a topic or issue related to parenting and/or the understanding of social emotional issues for children in a developmental stage between age 0 and 12 years. When developing the fact sheet you need to determine what is important for parents to know, how to organize the information, and how to best communicate it in an understandable way. You will be expected to use evidenced based information, scholarly sources, and present the content in everyday jargon using words the average person can understand. The assignment guidelines and rubric will be provided to you in class.

**Due the 15<sup>th</sup> week of class (November 30, 2021)**

*This assignment relates to course objective 1, 2, 5 and social work competency 2.*

### **Assignment 5: Class Participation**

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

*This assignment relates to course objectives 1-5 and social work competency 2 & 9.*

### **Class participation will be assessed according to the following criteria:**

“A” grade range: Very Good to Outstanding Participation: Contributions in class reflect thorough preparation, and participation is substantial. Ideas offered are always substantive. Regularly provides one or more major insights and comments that provoke deeper thought. If this person were not a member of the class, the quality of discussion and class activities would be diminished markedly.

“B” grade range: Good Participation: Contributions in class reflect solid preparation. Ideas offered are usually substantive, and participation is regular. Provides generally useful insights and some comments that provoke thought. If this person were not a member of the class, the quality of discussion would be diminished somewhat.

“C+” or “C”: Adequate Participation: Contributions in class reflect some preparation. Ideas offered are somewhat substantive. Provides some insights, but seldom offers comments that provoke deeper thought. Participation is somewhat regular. If this person were not a member of the class, the quality of discussion would be diminished slightly. Please note: The minimum passing grade at the graduate level is “C”.

“C-” or “D”: Inadequate Participation: Says little in class and does not adequately participate in activities or present insights or ideas. Does not appear to be engaged. Submits late work. If this person were not a member of the class, the quality of discussion would not be affected.

“F”: Nonparticipant/Unsatisfactory Participation: Misses class. When present, contributions in class, if any, reflect inadequate preparation. Ideas offered are seldom substantive, and behavior may be inappropriate and/or disrespectful. Unable to work effectively on in-class assignments/activities and detracts from the learning process. Regularly misses assignment deadlines, if work is submitted at all.

Class grades will be based on the following:

Grade Points		Letter Grades	
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+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

See **Appendix B** for additional details regarding the definitions of grades and standards established by faculty of the School.

### **Attendance and Participation**

Students' active involvement in the class is considered essential to their growth as practitioners. Consistent attendance, preparation for and participation in class discussions and activities, timely completion of coursework and assignments, and personal conduct that fosters a respectful, collegial, and professional learning environment are expected. Having more than 2 unexcused absences in class may result in the lowering of the grade. For VAC and remote/hybrid Ground courses, substantive participation includes maintaining an active screen in live sessions and completing all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete 2 or more asynchronous units before the live class, without prior instructor permission, also may result in a lowered grade.

### **Required Instructional Materials and Resources**

#### ***Required Textbooks***

1. 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\\_EBC5500255&context=PC&vid=01USC\\_INST:01USC&lang=en&search\\_scope=MyInst\\_and\\_CI&adaptor=Primo%20Central&tab=Everything&mode=Basic](https://uosc.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_proquest_ebookcentral_EBC5500255&context=PC&vid=01USC_INST:01USC&lang=en&search_scope=MyInst_and_CI&adaptor=Primo%20Central&tab=Everything&mode=Basic)

2. Weisz, J. R., & Kazdin, A. E. (2017). *Evidenced-based psychotherapies for children and adolescents*, 3<sup>rd</sup>.Ed. New York, NY: Guilford Press.

**The Weisz and Kazdin book is available online at the USC Library at no cost to students:**

[https://uosc.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi\\_askewsholts\\_vlebooks\\_9781462530076&context=PC&vid=01USC\\_INST:01USC&lang=en&search\\_scope=MyInst\\_and\\_CI&adaptor=Primo%20Central&tab=Everything&mode=Basic](https://uosc.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_askewsholts_vlebooks_9781462530076&context=PC&vid=01USC_INST:01USC&lang=en&search_scope=MyInst_and_CI&adaptor=Primo%20Central&tab=Everything&mode=Basic)

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

#### **On Reserve**

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

**Recommended USC Resources for APA Style Formatting and Writing**

<https://libguides.usc.edu/writingguide>

<https://libguides.usc.edu/APA7th>

<https://libguides.usc.edu/SWG>

*Notes:*

- Additional required and recommended readings may be assigned by the instructor throughout the course.
- See **Appendix C** for recommended instructional materials and resources

Course Overview (Fall 2021)

Unit/Week #	Topics	Assignments
1	<ul style="list-style-type: none"> <li>■ Course Introduction &amp; Introduction to Infant, Early and Middle Childhood Mental Health</li> <li>■ Using MAP in clinical practice</li> </ul>	
2	<ul style="list-style-type: none"> <li>■ Infant Mental Health Assessment and Complications That May Influence Attachment and Development</li> <li>■ Assessment Measures</li> <li>■ Adaptations for Assessment</li> <li>■ Relevant Systems for Assessment</li> </ul>	
3	<ul style="list-style-type: none"> <li>■ Assessment and Case Conceptualization</li> <li>■ Connecting Research, Theory, and Assessment</li> <li>■ Family Stress Model- Introduction</li> <li>■ A Boys Life first 19 minutes and worksheet</li> <li>■ MAP Caregiver Coping</li> </ul>	Quiz 1 opens
4	<ul style="list-style-type: none"> <li>■ Case Conceptualization, Intervention Planning, and Goal Setting</li> <li>■ Adapting Case Conceptualization to Infants, Toddlers, Preschool Children &amp; School-age children and their families</li> <li>■ A Boy's Life remaining (50 minutes) video and worksheet</li> <li>■ MAP Praise</li> </ul>	Quiz 1 closes
5	<ul style="list-style-type: none"> <li>■ Depression</li> <li>■ CBT</li> <li>■ PCIT-Emotion Development</li> <li>■ MAP: Cognitive Depression</li> </ul>	
6	<ul style="list-style-type: none"> <li>■ Child Maltreatment</li> <li>■ SAFECARE</li> <li>■ MAP: Attending</li> </ul>	Assignment 2 due
7	<ul style="list-style-type: none"> <li>■ Environmental Trauma</li> <li>■ Caregiver Psychoeducation Trauma</li> </ul>	Quiz 2 opens
8	<ul style="list-style-type: none"> <li>■ Trauma Focused Therapies:</li> <li>■ CPP</li> <li>■ TF-CBT</li> <li>■ MAP Child Psychoeducation Trauma</li> </ul>	Quiz 2 closes
9	<ul style="list-style-type: none"> <li>■ Externalizing Behaviors: Young Children 0-5 Common Issues That Bring Parents into Care</li> <li>■ PCIT: Parent-Child Interaction Therapy</li> <li>■ MAP Time Out</li> </ul>	
10	<ul style="list-style-type: none"> <li>■ Externalizing Behaviors: School Age Children 6-12</li> <li>■ Parent Management Training: PMT</li> <li>■ MAP Cognitive Disruptive Behaviors</li> </ul>	Quiz 3 opens
11	<ul style="list-style-type: none"> <li>■ Anxiety</li> <li>■ CBT: Coping Cat</li> <li>■ MAP Cognitive Anxiety Stop</li> </ul>	Quiz 3 closes
12	<ul style="list-style-type: none"> <li>■ Neurodiversity</li> <li>■ MAP Rewards</li> </ul>	
13	<ul style="list-style-type: none"> <li>■ Developmental Disability and Delay</li> <li>■ Incredible Years</li> <li>■ MAP Active Ignoring</li> </ul>	Assignment 3 due
14	<ul style="list-style-type: none"> <li>■ Chronic Illness</li> <li>■ MAP Support Networking</li> </ul>	
15	<ul style="list-style-type: none"> <li>■ Bullying Behavior</li> <li>■ Second Step</li> </ul>	Assignment 4 due

## Course Schedule—Detailed Description

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

August 24, 2021

#### Topics

- Review of previous material on theory, 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
- Using MAP in clinical practice

This unit relates to course objective(s) 1-5.

#### Required Readings

- 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
- Van Hook, M. P. (2014). *Social work practice with families: A resiliency-based approach*. Chicago, IL: Lyceum. Chapter 3 Assessment of Families, pp. 64–108
- Suárez-Orozco, M. (2018). An Integrative Risk and Resilience Model for Understanding the Adaptation of Immigrant-Origin Children and Youth. *The American Psychologist*, 73(6), 781–796. <https://doi.org/10.1037/amp0000265>
- \*Zeanah, C.H; & Zeanah, P.D. (2019). The Science of Early Experience. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., pp. 5–24). New York, NY: Guilford Press

#### Suggested Readings

- Chorpita, B. F., Daleiden, E. L., & Collins, K. S. (2014). Managing and adapting practice: A system for applying evidence in clinical care with youth and families. *Clinical Social Work Journal*, 42(2), 134-142.
- Halle, T., Zaslow, M., Wessel, J., Moodie, S., & Darling-Churchill, K. (2011). Understanding and choosing assessments and developmental screeners for young children ages 3–5 years: Profiles of selected measures. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. [http://www.acf.hhs.gov/sites/default/files/opre/screeners\\_final.pdf](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/)
- <http://www.cebc4cw.org/>
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Zero to Three: <https://www.zerotothree.org/>

<https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training#chapter-1536>



**Unit 2: Infant Mental Health Assessment and Complications That  
May Influence Attachment and Development**

**August 31, 2021**

**Topics**

- Social-emotional problems in early childhood
- Infant mental health assessment
- Assessment Measures
- DC 0-5
- Development and Context
- Risk & Protective Factors
- Maternal Depression, Substance use and other relevant parental problems.

This unit relates to course objective(s) 1-5.

**Required Readings**

- \*Boris, N., Renk, K., Lowell, A., & Kolomeyer, E., (2019). Parental Substance Use. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., pp. 187-197). New York, NY: Guilford Press.
- \*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* (4<sup>th</sup> 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* (4<sup>th</sup> (ed.), pp. 279-295). 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* (4<sup>rd</sup> ed., pp. 172–186). New York, NY: Guilford Press

**Suggested Readings**

- 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., & 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
- Finelli, J. Zeanah, C. H. Jr., & Symke. (2019). Attachment Disorders in early childhood. In Zeanah, C.H., Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., 452-466). New York, NY: Guilford Press.
- Piccoio, L.R., & Noble, K.G (2019).Poverty, Early Experience, and Brain Development. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., pp. 157–171. New York, NY: Guilford Press.

**Unit 3: Assessment and Case Conceptualization**

**September 7, 2021**

**Topics**

- Assessment and Case Conceptualization
- Connecting Research, Theory, and Assessment
- Family Stress Model-Introduction
- Application: A Boy's Life

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Praise

**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.
- \*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.
- Masarik, A. S., & Conger, R. D. (2017). Stress and child development: a review of the family stress model. *Current Opinion in Psychology, 13*, 85-90.
- Webb, N. B. (2019). The biopsychosocial assessment of the child. In *Social Work with Children, 4<sup>th</sup> edition* (pp. 58-97). Guilford Press: New York, NY

**Suggested Readings**

- Hodes, M., & Vostanis, P. (2019). Practitioner review: Mental health problems of refugee children and adolescents and their management. *Journal of Child Psychology and Psychiatry, 60*(7), 716-731. doi:http://dx.doi.org.libproxy2.usc.edu/10.1111/jcpp.13002
- \*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* (4<sup>th</sup> (ed.)., pp. 279.–238). New York, NY: Guilford Press.

**Unit 4: Case Conceptualization, Intervention Planning and Goal Setting**

**September 14, 2021**

**Topics**

- Adapting Case Conceptualization to Infants, Toddlers, Preschool Children & School-age children and their families
- A Boy's Life remaining (50 minutes)

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Caregiver Coping

**Required Readings**

- Becker-Haimes, T. (2020). Evidence Base Update for Brief, Free, and Accessible Youth Mental Health Measures. *Journal of Clinical Child and Adolescent Psychology, 49*(1), 1–17. <https://doi.org/10.1080/15374416.2019.1689824>
- Manassis K., (2014) Benefits of case formulation and a conceptual framework. In *Case formulation with children and adolescents* (pp.1-23). New York, NY: Guilford Press.

Webb, N. B. (2019). Contracting, planning interventions, and tracking progress In *Social Work with Children*, 4<sup>th</sup> edition (pp. 98-105). Guilford Press: New York, NY

### **Suggested Readings**

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

## **Unit 5: Depression**

**September 21, 2021**

### **Topics**

- Depression
- Developmental differences in the presentation of depression
- CBT: Cognitive behavioral therapy
- PCIT-Emotion Development

This unit relates to course objective(s) 1-5.

**MAP Practice Guide: Cognitive Depression**

### **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.

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

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

### **Suggested Readings**

Acevedo-Garcia, R. (2013). Future directions in research on institutional and interpersonal discrimination and children's health. *American Journal of Public Health* (1971), 103(10), 1754–1763. <https://doi.org/10.2105/AJPH.2012.300986>

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.

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

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 6: Child Maltreatment**

**September 28, 2021**

**Topics**

- Trauma
- Abuse and neglect
- Safe Care

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Attending

**Required Readings**

- Edwards, A., & Lutzker, J. R. (2008). Iterations of the SafeCare® model. An evidence-based child maltreatment prevention program. *Behavior Modification, 32*, 736–756.
- \*Humphreys, K. L., King, L. S., & Gotlib, I. H. (2018). Neglect. In C. H. Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 239-258). New York, NY: Guilford Press.
- \*Symke, A. T., & Breidenstine, A. S. (2019). Foster care in early childhood. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> 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
- Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J., & Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. *Child Abuse & Neglect, 70*, 190.
- Dozier, M., Bick, J., & Bernard, K. (2011). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. *Zero to Three, 31*(3), 17–22.

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

**Unit 7: Environmental Trauma**

**October 5, 2021**

- Community violence
- Domestic violence
- Natural disaster

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Caregiver Psychoeducation Trauma

**Required Readings**

- Gonzalez, C. L., & Bell, H. (2016). Child-centered play therapy for Hispanic children with traumatic grief: Cultural implications for treatment outcomes. *International Journal of Play Therapy, 25*(3), 146.
- Kousky, C. (2016). Impacts of natural disasters on children. *The Future of Children, 26*(1), 73–92. https://doi.org/10.1353/foc.2016.0004

\*Miron, D., & Sturdy, W. (2019). Posttraumatic stress disorder in young children. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., p. 438-451). New York, NY: Guilford Press.

### ***Suggested Readings***

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>

## **Unit 8: Trauma Therapies:**

**October 12, 2021**

### **Topics**

- CPP: Child Parent Psychotherapy
- TF-CBT: Trauma Focused Cognitive Behavior Therapy

This unit relates to course objective(s) 1-5.

**MAP Practice Guide: Child Psychoeducation Trauma**

### ***Required Readings***

\*Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). Trauma-focused cognitive-behavioral therapy for traumatized children. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3<sup>rd</sup> , pp. 253–271). New York, NY: Guilford Press.

Cohen, M. (2019). Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Separation. *Child Abuse & Neglect*, 92, 179–195.  
<https://doi.org/10.1016/j.chiabu.2019.03.006>

\*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.

### ***Suggested Readings***

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

Crean, H. F., & Johnson, D. B. (2013). Promoting alternative thinking strategies (PATHS) and elementary school aged children’s aggression: Results from a cluster-randomized trial. *American Journal of Community Psychology*, 52(1-2), 56–72.

### **Websites:**

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) <https://tfcbt2.musc.edu/>
- Child Parent Psychotherapy (CPP) <https://childparentpsychotherapy.com/>

This unit relates to course objective(s) 1-5.

**Unit 9: Externalizing Behaviors: Young Children 0-5  
Common Issues that Bring Parents into Care**

**October 19, 2021**

**Topics**

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

This unit relates to course objective(s) 1-5.

**MAP Practice Guide: Time Out**

**Required Readings**

- \*Biedzio, D., Wakschlag, L., (2019). Developmental emergence of disruptive behaviors beginning in infancy: Delineating normal-abnormal boundaries to enhance early identification. In C. H. Zeanah, Jr. (Ed). *Handbook of infant mental health* (4th ed., pp. 407-425). New York, NY: Guilford Press
- Hatch, V., Swerbenski, H., & Gray, S. (2020). Family Social Support Buffers the Intergenerational Association of Maternal Adverse Childhood Experiences and Preschoolers' Externalizing Behavior. *American Journal of Orthopsychiatry*, 90(4), 489–501. <https://doi.org/10.1037/ort0000451>
- \*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.
- \*Zisser, A., & Eyberg, S. M. (2017). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (3<sup>rd</sup> ed., pp. 103–121). 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* (4<sup>th</sup> 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>
- Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child and Adolescent Psychology*, 46(4), 477-499. doi: <http://dx.doi.org.libproxy2.usc.edu/10.1080/15374416.2017.1310044>
- \*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

**Websites for Interventions: PCIT** <http://www.pcit.org/>

This unit relates to course objective(s) 1-5.

**NO CLASS October 26, 2021**  
**Instructor at a conference!**

**Unit 10: Externalizing Behaviors: School Age Children 6-12**

**November 2, 2021**

**Topics**

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

This unit relates to course objective(s) 1-5.

**MAP Practice Guide: Cognitive Disruptive Behaviors**

**Required Readings**

- Johnston, O., & Burke, J. (2020). Parental Problem Recognition and Help-Seeking for Disruptive Behavior Disorders. *The Journal of Behavioral Health Services & Research*, 47(1), 146–163. <https://doi.org/10.1007/s11414-018-09648-y>
- Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child and Adolescent Psychology*, 46(4), 477-499.  
doi:<http://dx.doi.org.libproxy2.usc.edu/10.1080/15374416.2017.1310044>
- \*Kazdin, A. E. (2017). 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* (3<sup>rd</sup> ed., pp. 142.158). 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**

- Forgatch, M. S., & Patterson, G. R. (2017). 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* (3rd ed., pp. 85-102). New York, NY: Guilford Press.

**Useful Websites:** Parent Management Training:

<http://www.parentmanagementtraininginstitute.com/>

**Unit 11: Anxiety**

**November 9, 2021**

**Topics**

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

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Cognitive Anxiety STOP

**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.
- \*Kendall, P. C., Furr, J. M., & Podell, J. L. (2017). Child-focused treatment of anxiety. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidenced-based psychotherapies for children and adolescents* (3rd ed., pp. 17-34). New York, NY: Guilford Press. (Instructors note: This describes the Coping Cat) Intervention.
- Washington, W. (2017). Family-level factors, depression, and anxiety among African American children: A systematic review. *Child & Youth Care Forum, 46*(1), 137–156.  
<https://doi.org/10.1007/s10566-016-9372-z>

**Suggested Readings**

- 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.
- 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

**Unit 12: Neurodiversity**

**November 16, 2021**

**Topics**

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

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Rewards

**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* (4<sup>th</sup> ed., pp. 313–329). New York, NY: Guilford Press.



- \*Gleason, M.M., & Humphreys, K.L. (2019). Hyperactivity, impulsivity, and inattention in young children. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., pp. 301-312). New York, NY: Guilford Press.
- Haney, J.L., (2018) Reconceptualizing autism: An alternative paradigm for social work practice. *Journal of Progressive Human Services*, 29, 61-80.  
<https://doi.org/10.1080/10428232.2017.1394689>
- Zuckerman, K., & Pachter, L. M. (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**

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

## **Unit 13: Developmental Disability and Delay**

**November 23, 2021**

### **Topics**

- Intellectual disabilities
- Down syndrome
- Incredible Years

This unit relates to course objective(s) 1-5.

**MAP Practice Guide: Active Ignoring/Differential Reinforcement**

### **Required Readings**

- Cortiella, C., & Horowitz, S. H. (2014). *The state of learning disabilities: Facts, trends and emerging issues*. New York: National Center for Learning Disabilities. (Read pp. 1–24). Retrieved from <https://www.nclld.org/wp-content/uploads/2014/11/2014-State-of-LD.pdf>
- \*Hodapp, R.M., & Dykens, E.M. (2019) Intellectual disabilities. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (4<sup>th</sup> ed., pp. 358-372). New York, NY: Guilford Press.
- \*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.

**Suggested Readings**

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

**Websites for Interventions:** Incredible Years: [www.incredibleyears.com](http://www.incredibleyears.com)

**Unit 14: Chronic Illness** **November 30, 2021**

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

This unit relates to course objective(s) 1-5.

MAP Practice Guide: Support Networking

**Required Readings**

Fairfax, A., Brehaut, J., Colman, I., Sikora, L., Kazakova, A., Chakraborty, P., & Potter, B. K. (2019). A systematic review of the association between coping strategies and quality of life among caregivers of children with chronic illness and/or disability. *BMC pediatrics, 19*(1), 215.

Couseneau, T., M., Hobbs, L. M., & Arthur, K. C. (2019). The role of compassion and mindfulness in building parental resilience when caring for children with chronic illness or disability: A conceptual model. *Frontiers in Psychology, 10*, 1602.

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 15: Bullying** **November 30, 2021**

- Topics**
- The roles youth play in bullying behavior
  - Youth who engage in bullying behavior
  - Youth who are bullied
  - Bystanders: youth who witness bullying behavior
  - Second Step: School-level intervention

This unit relates to course objective(s) 1-5.

**Required Readings**

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

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

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

***Suggested Readings***

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

**SOWK 613**  
**Assignment #2 - Assessment and Case Conceptualization**

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Your task for this assignment is to develop a **case conceptualization** utilizing the process of **assessment** and **conceptualization** by means of research and theory for one of the vignettes provided to you in class.

**Introduction:**

1. Identifying data
2. Presenting problem and concerns/issue(s), reason for referral that brought the child/family to care/attention
3. Relevant background information

**Assessment: will include the following:**

1. Relevant biopsychosocial, cultural, spiritual information
2. Risk and protective factors of the child/family
3. 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).
4. Identified resource needs for child and/or family.

**Case Conceptualization and Intervention Plan: Grounded in research and theory** develop a hypothesis on how the issues/presenting problem developed, factors maintaining it, risk factors and strengths in the child/family that can be used in the intervention.

There are 3 areas you will want to address in this process and section. Be clear in your discussion how you applied research, theory, and critical thinking skills to support your conceptualization and understanding of the case and presenting issues/concerns.

*Case Conceptualization:* Using 1-2 theories or theoretical frameworks (e.g., attachment, behavioral, cognitive, family systems, family stress, critical race theory, etc.) clearly explain how these theories help you understand the child and family's presenting concerns.

1. Based on your understanding using theory and research what are factors contributing to the development of the problems, issues, concerns.
2. Based on your understanding using theory and research what are factors contributing to the maintenance of the problems, issues, concerns.
3. Include a discussion on how you will consider the risk and protective factors/strengths in your work/intervention.

*Intervention Plan:*

1. Identify target areas for intervention relevant to the case which may include a focus in the areas of micro (ex. individual, family), mezzo (ex. school, community), and macro level (ex. public policy, culture, society). You do not

need to think about specific interventions you will use but the areas that you will address.

2. Are there resource needs identified for the child/family you want to target? In thinking about resources, prioritize what is realistic given the agency setting and the demands on the family.
3. What standardized measurements/assessment tools would you consider using in this case?
4. What potential barriers to treatment or engagement will you consider in your work with the child/family? (cultural competence, counter transference, scope of the agency, characteristics of child/family)?

### Writing Guidelines

The paper should be a **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.

1. Use APA 7<sup>th</sup> 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 7<sup>th</sup> style, please consult the following website <https://libguides.usc.edu/APA7th> or see me.
2. Use a variety of citations (minimum = 4) academic or scholarly sources are required. 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.  
Late paper submissions= 1 point for each day late.

### SOWK 613 - Assignment #3 Clinical Dashboard Guidelines

Using the vignette/case conceptualization from Assignment #2, you are being asked to **complete a 12-session intervention using MAP practice areas**. You will need to present a clinical dashboard for the client in the vignette you have chosen. You must complete all elements of the dashboard to show a visual progression the child's progress and techniques used. The MAP clinical dashboard will show your use of the MAP practice areas across the sessions, includes scale info and scores, and has treatment notes. You may choose new areas for intervention from those in your case conceptualization if you feel that different or additional areas of focus would be more appropriate.

#### **THERAPEUTIC INTERVENTIONS**

1. The therapeutic intervention should be framed using the Treatment Planner to think through the 12-week plan, including the practice areas you will use during the Connect, Cultivate, and Consolidate periods.
2. On the clinical dashboard you will first select 12 dates (weekly) to simulate your 12-week intervention. These same 12 dates should be used on the data practices, data notes, and data progress pages.
  - a. On the **practices pages**, you will select your identified practice areas on the week you will carry them out. Do not select them again unless you plan to implement the practice guide for a second time. For example, you may teach relaxation during the 2<sup>nd</sup> session and then plan to start later sessions with a relaxation exercise. You would not select the relaxation practice guide during the later weeks, but your notes should indicate that you are implementing an activity, and the purpose of the activity implementation
  - b. You will select **Practice Guides**: practice areas found on the Practicewise website to construct your 12-week intervention. You can use any of the 40 practice guides (you are not restricted to those we have covered in class). Remember, that some guides may take more than one week to cover (or you may want to repeat the learning and practice activities); you are not expected (nor is it recommended) that there is a different practice guide each week.
  - c. On the **notes page**, you will discuss which practice element you use each week and should include a discussion regarding why the practice technique(s) was selected and how it was implemented (why did you choose it, what did you do, how did you do it). For example, you may use Cognitive Anxiety STOP. You would tell me you chose it because of fears the child is presenting. You would tell me how you taught, modeled and had the child practice the technique. You would share any creative/expressive activities used in teaching, modeling, and practicing the technique.

### **EVALUATION & USE OF CLINICAL DASHBOARD**

3. On the **data progress tab** 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 on the data progress tab. Beyond the use of empirical tools, you **will also want to measure other data points** (i.e. reduction in hitting behaviors). If this is the case, be clear how you will measure the progress session by session (Example: creating a self-anchored rating scale). You will be creating this data on your own; be creative!

Your dashboard will be evaluated on the thoroughness of the assignment, including thoughtfulness of the intervention plan, clarity of the intervention techniques (rationale and implementation thoroughness and creativity), and completeness of the clinical dashboard.

**SOWK 613 - Assignment #4  
Educational Fact Sheet**

**Assignment Description:**

For this assignment you will create an **Educational Fact Sheet**, a one-page handout with important concepts, information, and parenting tips on a *topic or issue related to parenting and/or the understanding of social emotional issues for children in a developmental stage between age 0 and 12 years.* When developing the fact sheet you need to determine what is important for parents to know, how to organize the information, and how to best communicate it in an understandable way. You will be expected to use evidenced-based information, scholarly sources, and present the content in everyday jargon using words the average person can understand. Avoid using professional or clinical terminology. Write in the present tense when possible, keeping information and content brief. **Font: Arial 12pt**

**Steps and Format:**

1. Identify population and issue/topic
  - a. Research issue/topic you want to address in fact sheet
2. **Title** of document should list: Fact Sheet: then include subject of the fact sheet
3. **Introduction:**
  - a. 1-3 sentences describing the goal or purpose of the content in fact sheet.
  - b. Bullet points or key concepts or issues that will be highlighted in the fact sheet.
4. **Body of Fact Sheet:** Skills, Concepts, Relevant Information on issue.
  - a. What you want parents to know
  - b. Positive Parenting Tips
  - c. Divide into sections, using subheadings followed by facts or relevant content.
  - d. Provide statistics to support the facts and information
  - e. When possible use graphs, charts, tables to reinforce skills, concepts, or information
  - f. Provide at least 3 outside weblinks for parents to access to support the psychoeducation in the fact sheet.
  - g. Include 3 scholarly references (2010 and later) at the bottom of fact sheet to support your information.

**Grading:** See grading rubric

**Additional Information: Examples:**

<https://www.coloradononprofits.org/advocacy/public-policy-resources/how-create-fact-sheet>  
<https://www.cdc.gov/ncbddd/adhd/materials-multimedia/factsheets.html>

**Dissemination:** Fact sheets will be distributed to your colleagues to help build resources you can utilize in your clinical practice.



**List of Appendices**

- A. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
- B. Definitions of Grades and Standards Established by Faculty of the School
- C. Recommended Instructional Materials and Resources
- D. Suzanne Dworak-Peck School of Social Work DEI Statement
- E. Statement on Academic Conduct and Support Systems
- F. Support Systems and Additional Resources
- G. Emergency Preparedness and Response Resources

**Appendix A: Detailed Description of Social Work Core Competencies Highlighted in this Course**

Competency	Objective(s)	Behavior(s)	Dimension(s)	Content
<p><b>Competency 2: Engage Diversity and Difference in Practice</b> Social workers seek to further their comprehension as to how diversity and difference characterize and shape the human experience in relation to the critical formation of identity as families develop and children grow physically and emotionally. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers are aware of their own intersectionality of differences and how this may impact their practice with the</p>	<p><b>1.</b> Present knowledge on the most common difficulties encountered by children and families in early and middle childhood, what the evidence tells us about the multiple causes of these problems, and the role that cultural differences plays in the expression of these difficulties.</p> <p><b>4.</b> Present knowledge and teach on evidence based interventions available for the problems, how to choose from one of these interventions, skills for implementation, the role of culture in the application of these interventions, and opportunities for practicing skills</p>	<p><b>2a.</b> Apply and communicate understanding of the importance of diversity and difference in shaping life experiences of children and families when practicing at the micro, mezzo, and macro levels.</p>	<p>Skills and Values</p>	<p><b>Unit 1 &amp; 2:</b> Introduction to Infant and Early Childhood Mental Health</p> <p><b>Unit 3 &amp; 4:</b> Assessment and Case Conceptualization, Intervention Planning, and Goal Setting</p> <p><b>Unit 5:</b> Depression: Cognitive Behavior Therapy</p> <p><b>Unit 6:</b> Child Maltreatment: Safe Care</p> <p><b>Unit 7:</b> Environmental Trauma</p> <p><b>Unit 8:</b> Trauma Focused Therapies: (CPP &amp; TF-CBT)</p> <p><b>Unit 9 &amp; 10:</b> Externalizing Behaviors (PCIT &amp; PMT)</p> <p><b>Unit 11:</b> Anxiety (Coping Cat)</p> <p><b>Unit 12:</b> Neurodiversity (Applied Behavioral Analysis)</p> <p><b>Unit 13:</b> Developmental Delay Incredible Years</p>

<p>children, youth and families they serve.</p> <p>Social workers who work with children, youth, and families seek to understand how life experiences arising from oppression, poverty, marginalization, or privilege and power, can affect family culture and identity, as well as individual growth and development. Social workers recognize the extent to which social structures, social service delivery systems, values and cultural systems may oppress, marginalize, alienate, exclude, or create or enhance privilege and power among children youth, and families.</p>				<p><b>Unit 14:</b> Chronic Illness</p> <p><b>Unit 15:</b> Bullying (Second Step)</p> <p><b>Assignment 2:</b> Assessment and Case Conceptualization Paper</p> <p><b>Assignment 4:</b> Educational Fact Sheet</p> <p><b>Assignment 5:</b> Class Participation</p>
<b>Competency</b>	<b>Objective(s)</b>	<b>Behavior(s)</b>	<b>Dimension(s)</b>	<b>Content</b>
<p><b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b></p> <p>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</p>	<p><b>5.</b> Present knowledge and teach on how to evaluate the effectiveness of the intervention throughout the process.</p>	<p><b>9a.</b> Critically analyze, monitor, and evaluate intervention and program processes and outcomes when working with children, youth, and families.</p>	<p>Cognitive and Affective Processes</p>	<p><b>Unit 2:</b> Infant Mental Health Assessment and Evaluation</p> <p><b>Unit 3:</b> Assessment and Case Conceptualization</p> <p><b>Unit 4:</b> Case Conceptualization, Intervention Planning, and Goal Setting</p>

<p>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>Ongoing through evidenced based intervention presentations and use of case studies.</p> <p><b>Assignment 1:</b> Quizzes</p> <p><b>Assignment 3:</b> Treatment Plan, Therapeutic Interventions, and Evaluation Paper</p> <p><b>Assignment 5:</b> Class Participation</p>
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## Appendix B: Definitions of Grades and Standards Established by Faculty of the School

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.

**Appendix C: Recommended Instructional Materials and Resources**

*Recommended Guidebook for APA Style Formatting*

<https://libguides.usc.edu/APA7th>

*Recommended Websites*

<https://libguides.usc.edu/writingguide>

<https://libguides.usc.edu/SWG>

**Appendix D: Suzanne Dworak-Peck School of Social Work Diversity, Equity, and Inclusion Statement**

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote diversity, equity and inclusion in our courses and professional practice. We value the diverse backgrounds and perspectives that our students bring into the classroom as strengths and resources that enrich the academic and learning experience. We offer and value inclusive learning in the classroom and beyond. We integrate readings, materials and activities that are respectful of diversity in all forms, including race, ethnicity, culture, gender identity and expression, sexual orientation, age, ability and disability, socioeconomic status, religion, and political perspectives. Collectively, we aspire to co-create a brave space with students and instructors to critically examine individual and collective sources of bias, prejudice, discrimination, and systematic oppression that affect the ability of people and communities to thrive. In this way, we fulfill our professional responsibility to practice the [NASW Code of Ethics](#), abide by the [CSWE Educational Policy and Accreditation Standards](#), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work](#).

## Appendix E: University Policies and Guidelines

### 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 (jcederba@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 Policies and Procedures](#) for additional information on attendance policies.

### Statement on 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code.

Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, "Behavior Violating University Standards," as well as information in SCampus and in the university policies on scientific misconduct.

### 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."

### 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.

### 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.

### 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.

### **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.

### **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 (Optional)**

- Be mindful of getting proper nutrition, exercise, rest and sleep!
- Come to class.
- Complete required readings and assignments BEFORE coming to class.
- BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- Come to class prepared to ask any questions you might have.

- Participate in class discussions.
- AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- Keep up with the assigned readings.

## Appendix F: Support Systems and Additional Resources

### Counseling and Mental Health

<https://studenthealth.usc.edu/counseling/>

Phone number (213) 740-9355

On call 24/7

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

### National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Phone number 1 (800) 273-8255

On call 24/7

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)

<https://studenthealth.usc.edu/sexual-assault/>

Phone Number (213) 740-9355(WELL), press “0” after hours

On call 24/7

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

### USC Office of Equity, Equal Opportunity, and Title IX

<https://eeotix.usc.edu/>

Phone number (213) 740-5086

Title IX Office (213) 821-8298

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

### Reporting Incidents of Bias or Harassment

[https://usc-advocate.symplcity.com/care\\_report/index.php/pid422659?](https://usc-advocate.symplcity.com/care_report/index.php/pid422659?)

Phone number (213) 740-5086 or (213) 821-8298

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

### Office of Student Accessibility Services (OSAS)

<https://osas.usc.edu/>

Phone number (213) 740-0776

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

### USC Campus Support and Intervention

<https://campussupport.usc.edu/>

Phone number (213) 821-4710

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

### **Diversity at USC**

<https://diversity.usc.edu/>

Phone number (213) 740-2101

Information on events, programs and training, the Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

### **USC Emergency**

<https://dps.usc.edu/>

UPC phone number (213) 740-4321

HSC phone number (323) 442-1000

On call 24/7

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**

<https://dps.usc.edu/>

UPC phone number (213) 740-6000

HSC phone number (323) 442-120

On call 24/7

Non-emergency assistance or information.

### **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.

**Appendix G: USC Earthquake Procedures  
Emergency Preparedness and Response Resources**

**USC Earthquake Procedures:**

<https://fsep.usc.edu/usc-emergency-procedures/emergency-procedures-for/during-an-earthquake/>

**USC Emergency Procedures Video:**

<https://usc.edu/emergencyvideos>

**Campus Building Emergency Information Fact Sheets:**

<https://fsep.usc.edu/emergency-planning/building-emergency-fact-sheets/>

**USC ShakeOut Drill: (morning of October 21, 2021)**

<https://fsep.usc.edu/shakeout/>

**Personal Preparedness Resources, such as preparing your home, etc.**

<https://fsep.usc.edu/personal-preparedness/>