

**LOYOLA UNIVERSITY CHICAGO**

**SCHOOL OF SOCIAL WORK**

**COURSE SYLLABUS**

**SOWK 620**

**Social Work Practice with Children**

**[Add Semester and Year]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Name, Title, and Pronouns:**

**Email:**

**Telephone:**

**Office Hours:** [Add days, times, in-person/virtual]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Day and Time:**

**Class Location:** [Add building and room number or note online via zoom]

**Credits/Length of Course:**

**Method of Delivery:** [Note: In-person/hybrid/online]

**Prerequisites:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL OF SOCIAL WORK MISSION & IDENTITY STATEMENT**

Loyola University Chicago School of Social Work provides transformative education for practice-informed social work. The school advances rich and diverse knowledge grounded in empowering work with clients and organizations from a participatory, person-in-environment perspective. We promote social justice through macro, meso, and micro practice. “Transformative education” reflects our commitment to engaging students to be effective change agents for social justice in a global context. “Practice-informed social work” refers to a strengths-based, client-centered focus in working with individuals, families, groups, communities, and environmental systems.

**Course Description**

**Relationship to other courses:** This course is an advanced-level practice elective. It helps the students integrate knowledge from Human Behavior and the Social Environment, Research, Policy, and Practice into their engagement, assessment, treatment planning, and evaluation components of clinical social work with children.

**Course description:** This course focuses on learning about clinical social work with children through helping students deeply understand a clinical relationship that children find meaningful in advancing their self-determination. In keeping with the present and future of clinical social work, this course includes a multicultural and global focus.

This is an advanced-level methods course designed to help students attain a mastery of the central concepts in direct social work treatment of children. The course will address the various modalities available for clinical social work practice with children and will focus upon individual treatment of children. Direct work with parents and significant others will be addressed as an essential component of treatment plans for children. This course also addresses the treatment of children under three years old. Particular attention is given to vulnerable children, who experience a range of biopsychosocial difficulties, including severe mental illnesses, learning disabilities, abuse, and behavioral disorders. The theoretical base of the course draws on an eco-systemic perspective, which has been developed in previous course work (i.e., SOWK 500, 501, 503, and 504), modern relational psychodynamic theories, and neurobiology. Since behavior modification and cognitive approaches are often utilized with children, students will have the opportunity to become acquainted with some application of those theories as well (through required readings in the assigned text and through course assignments).

Readings draw from classics in the field as well as from more recent work. Material on child development and research on practice with children informs all readings so that the course fosters student integration of content from the Human Behavior in the Social Environment and Research Sequences with the practice emphasis of this course. The course draws from ethnic-sensitive practice, which recognizes the many ways in which ethnicity and race influence child development and hence, the treatment of children. Gender identity issues and issues of gender bias as they affect the treatment of children also will be addressed throughout the course and issues of social justice will be addressed as they pertain to issues such as access to resources necessary for children and their families to function well.

Recognizing that treatment of children occurs in many different settings, ranging from outpatient clinics to schools to residential centers, the course content is designed to be applicable to treatment within a variety of contexts. Case material, presented by both students and instructor, will be drawn from diverse settings. This course affirms the value and dignity of all persons, including children and family members. As an extension of this value, students are taught the role of clinical social workers as advocates for their clients through assigned readings in the required text and from case discussions.

**Learning Objectives & EPAS Related Competencies\***

\*Framed by the Council on Social Work Education’s Educational Policy and Accreditation Standards (EPAS)

**Competency 2: Engage Diversity and Difference in Practice**

|  |  |  |
| --- | --- | --- |
| **Assignment** | Puzzling moment/conceptual analysis  | K, V, S, C/A |
| **Assignment** | Midterm | K, S |

**Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**

|  |  |  |
| --- | --- | --- |
| **Assignment** | Puzzling moment/conceptual analysis  | K, V, S, C/A |
| **Assignment** | Midterm | K, V, S, C/A |
| **Assignment** | Final | K, V, S, C/A |

**Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities**

|  |  |  |
| --- | --- | --- |
| **Assignment** | Puzzling moment/conceptual analysis  | K, V, S, C/A |
| **Assignment** | Midterm | K, V, S, C/A |
| **Assignment** | Final assignment  | K, V, S, C/A |

**Competency 8: Intervene with Individuals, Families, Groups, Orgs, & Communities**

|  |  |  |
| --- | --- | --- |
| **Assignment** | Puzzling moment/conceptual analysis  | K, V, S, C/A |
| **Assignment** | Midterm | K, V, S, C/A |
| **Assignment** |  Final | K, V, S, C/A |

**Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities**

|  |  |  |
| --- | --- | --- |
| **Assignment** | Puzzling moment/conceptual analysis  | K, V, S, C/A |
| **Assignment** | Midterm | K, V, S, C/A |
| **Assignment** | Final | K, V, S, C/A |

**Methods of Instruction**

**Sakai**

This course will be conducted ***in person*** with content available via Sakai. Sakai is the learning platform used at Loyola University Chicago. The platform offers a variety of tools that allow students and instructors to communicate, turn in assignments, participate in discussions, provide/receive feedback, and track students’ grades and progress. Make sure to do the following before the first day of the semester:

* Verify that your credentials to access the course are working properly
* Locate and access the course within Sakai
* Familiarize yourself with the Sakai tools

This course is taught with both didactic material and experiential components. The Ignatian Pedagogy includes the process of praxis – reflection and action which is reflected in the teaching methodology. The classes follow a seminar format and depend heavily on group discussion of topics. The content of the instructor’s presentations may come from additional readings outside the syllabus, designed to augment the readings rather than repeat them.  The discussion is dedicated to students’ clarification of the readings they have done prior to class and to a respectful and stimulating exchange of ideas.  Guest speakers, role play, media, and student presentations supplement the course content. It is expected that course objectives will be achieved through evaluations of students’ performance in each of these areas through class assignments and class participation. To better accomplish these goals, **all electronics must be shut off for the duration of class unless engaged in a class assignment or individual students express the need for a special accommodation to the instructor. The purpose of this protocol is to minimize multitasking, enhance learning from and listening to each other, and encourage the development of a contemplative spirit when considering course content and clinical relationships.**

**Minimum Technical Requirements**

The course is delivered ***in person;*** however, students are expected to have basic knowledge and command of a computer/tablet and be familiar with the following software and tools:

* Web browsers such as Firefox. Tools such as VoiceThread work better with Firefox
* Reliable high-speed internet access
* Access to an active e-mail account. Be sure to check your Loyola University e-mail regularly, including the Spam folder.
* Word processing program (Microsoft Word recommended)
* Antivirus software
* Adobe Acrobat
* Access to a Windows, Chromebook, or Mac computer to complete assignments in the event your mobile device does not meet the minimum technical requirements

**POLICIES & RESOURCES**

**LUC SSW BSW/MSW Student Handbooks**

Each student is expected to read and be familiar with the student handbook and refer to that document with any class concerns. Please familiarize yourself with all content in the [MSW Handbook](https://www.luc.edu/socialwork/student-support/forms/).

The syllabus is a document that provides the framework, schedule, and Course Content/ Mutual Expectations of students and instructors for the course. However, it is important to recognize that unforeseen circumstances lead to changes in assignments, reading, and assignment due dates, some aspects of the course may change. Any modifications/updates/edits in the syllabus will be sent to students via Emails/Sakai if the syllabus is revised. As a result, it is each student’s responsibility to check his or her LUC e-mail, mail folders, and the Sakai website regularly and at multiple times during each week through the semester.

**Students with Special Needs – Student Accessibility Center**

Loyola University Chicago provides reasonable accommodations for students with disabilities. Any student requesting accommodations related to a disability or other condition is required to register with the Student Accessibility Center (SAC). Professors will receive an accommodation notification from SAC, preferably within the first two weeks of class. Students are encouraged to meet with their professors individually in order to discuss their accommodations. All information will remain confidential. Please note that in this class, the software may be used to audio record class lectures in order to provide equal access to students with disabilities.  Students approved for this accommodation use recordings for their personal study only and recordings may not be shared with other people or used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity.  Recordings are deleted at the end of the semester.  For more information about registering with SAC or questions about accommodations, please contact SAC at 773-508-3700 or SAC@luc.edu.

**Respect for Diversity**

Guided by the NASW Code of Ethics and the mission of the University, the School of Social Work is committed to the recognition and respect for variations in racial, ethnic, and cultural backgrounds and with regard to class, gender, age, physical and mental ability/disability, religion, sexual orientation, gender identity, and gender expression. The school values ethnically sensitive and culturally competent social work education and practice. Students must uphold the ethical standards set forth by the profession and the Jesuit ideals of the university. (See: [Respect for Diversity](https://www.luc.edu/socialwork/aboutus/) for more information).

**Gender Pronouns and Name on Roster**

Addressing one another at all times by using appropriate names and gender pronouns honors and affirms individuals of all gender identities and gender expressions. Misgendering and heteronormative language exclude the experiences of individuals whose identities may not fit the gender binary, and/or who may not identify with the sex they were assigned at birth. Explicit identification of pronouns is increasingly used in professional identification (e.g., conference nametags, Twitter handles, etc.).

As part of our professionalization and in the spirit of our professional values, during our first class as we introduce ourselves, you may choose to share your name and gender pronouns (e.g., Hello, my name is Sam and my gender pronouns are she/her/hers or Hello, my name is Lou, and my gender pronouns are they/them/theirs). If you would only like to introduce yourself by name, without pronouns, that is also completely fine. If you do not wish to be called by the name listed on the roster, please inform the class. You may also choose to add your pronouns to your zoom account profile (e.g., Sam Smith (they/them) so they always appear on the screen. Note that if you choose to do so, you must change your profile name from the main login on your Zoom account (e.g., add the pronouns after your last name) or you will have to add the pronouns manually during each and every zoom session. The goal is to create an affirming environment for all students with regard to their names and gender pronouns.

**Brave and Safe Space**

A safe space is ideally one where the expression of identity and experience can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support. A brave space encourages dialogue. Recognizing differences and holding each person accountable to do the work of sharing experiences and coming to new understandings - a feat that’s often hard, and typically uncomfortable.

The School of Social Work values creating a brave and safe space within classrooms for all students. Our instructors welcome all course-related comments and concerns from students. If you have a concern about whether your classroom is a supportive, brave, and safe space, or any other concerns, you are welcome to speak with your instructor or any other faculty or staff member that you trust. That person will help you talk through a pathway to address your concerns and bring them to the Associate Dean with you or on your behalf if you so desire. You should be reassured that expressing your concerns will not result in any penalty to you.

**Title IX Disclosure and Rights**

Under Title IX federal law, "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance" (Title IX of the Education Amendments of 1972). It is important for you to know the professor has a mandatory obligation to notify designated University personnel of incidents of gender-based misconduct (sexual assault, dating/domestic violence, stalking, sexual harassment, etc.) that are shared in private or during class discussions. The reason for this is to keep all members of the Loyola community safe, also to ensure you are connected to the resources and reporting options available. Hypothetical scenarios that are discussed do not require any action. Please visit the [Title IX at Loyola University Chicago Page](https://www.luc.edu/equity/titleixequitylaws/titleix/) for more information regarding the University’s response to notifications of gender-based misconduct. The following link contains information if you wish to [speak or contact a confidential resource on campus](https://www.luc.edu/equity/about/contacttheoecteam/).

**Student Code of Conduct**

Respecting the rights and opinions of others is an important aspect of a Jesuit education. Please respect others by allowing others to express their opinion, avoiding the use of vulgar language and/or offensive or discriminatory comments (racial, ethnic, etc.). It’s the student’s responsibility to read and adhere to the[Loyola University Code of Conduct](https://www.luc.edu/media/lucedu/law/fyi/pdfs/Code_of_Conduct.pdf).

**Privacy Policy – FERPA**

FERPA (Family Educational Rights and Privacy Act) is a federal law that protects the privacy of students and educational records. To learn more about students’ privacy rights visit the [FERPA Actat Loyola University](https://www.luc.edu/regrec/aboutus/ferpa/) website or the [U.S Dept. of Education website](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html). Loyola University, e-mail, and Learning Management System meet FERPA requirements.

**Third-Party and FERPA**

Some assignments may require the use of public online websites, applications, social media, and/or blogs among others. If a course requires students to participate in these types of activities the students can choose not to participate. In this case, the students should contact the instructor as soon as possible and let them know of their decision. Please avoid sharing the private information of others.

**Resources for Writing**

The Writing Center, Loyola University Chicago, is available to help writers develop and clarify ideas and work on specific issues such as punctuation, grammar, documentation, and sentence structure. Students are encouraged to visit the [Writing Center Website](https://www.luc.edu/writing/index.shtml) for additional information. Services are available at both WTC & LSC. Resources for APA may be found here:

## Help with Technology – Help Desk

The ITS Service Desk provides the University with a single point of access for support with technology. They are committed to providing excellent, professional customer service in tracking and resolving support requests. To request assistance, please contact the ITS Service Desk at 773.508.4ITS or via email at ITS Service Desk ITSServiceDesk@luc.edu. Help Desk [Support Hours](https://www.luc.edu/its/service/support_hours.shtml).

**Help with Mental Health Issues**

During the semester, if you find that health problems, life stressors, or emotional difficulties are interfering with your academic or personal success, and you are therefore finding it difficult to cope or to complete your academic work, please consider contacting the Wellness Center.  Healthcare services, crisis intervention, time-limited individual counseling, and group therapies are free of charge, and strictly confidential, having nothing to do with your educational records.

You can [make an appointment online](http://www.luc.edu/wellness/appointment)**.**You may also call 773-508-2530 for counseling appointments or 773-508-8883 to speak with a nurse about medical concerns. More information is available on the [Wellness Center Website](https://www.luc.edu/wellness). If your medical or mental health condition requires ongoing academic accommodations, please register with Student Accessibility Services [https://www.luc.edu/sac/] and provide me with a copy of your accommodation letter.

## Important Contact Information

IT Help Desk: 773-508-4487, [IT Help Desk Website](http://www.luc.edu/its/service/)

Wellness Center: 773- 494-3810,  [Wellness Center Website](https://www.luc.edu/wellness/)
Writing Center: 312-915-6089, [Writing Center Website](https://www.luc.edu/writing/index.shtml)
Tutoring – Academic Excellence: 773-508-7708, [Tutoring Website](https://www.luc.edu/tutoring/index.shtml)
Ethics Hotline: 1-855-603-6988, [Ethics Hotline Website](https://www.luc.edu/hr/ethics/)
Military Veteran Student Services: 773-508-7765, [Veteran Student Services Website](https://www.luc.edu/veterans/)
Library: 312-915-6622, [Library Website](http://libraries.luc.edu/)

Students Accessibility Center: 773-508-3700, [Students Accessibility Center Website](https://www.luc.edu/sac/)

**ACADEMIC INTEGRITY, GRADING, & ASSIGNMENTS**

**Academic Integrity and Plagiarism**

Academic integrity is essential to a student’s professional development, their ability to serve others, and to the university’s mission. Therefore, students are expected to conduct all academic work within the letter and the spirit of the Statement on Academic Honesty of Loyola University Chicago, which is characterized by any action whereby a student misrepresents the ownership of academic work submitted in their name. Students who plagiarize risk receiving a failing grade at the instructor’s discretion. All students who plagiarize will be referred to the Committee of Student Affairs (CSA) for judicial review. Knowledge of what plagiarism is will help you from inadvertently committing it in your papers. Additional [information on plagiarism](https://www.plagiarism.org/).

Plagiarism is a serious ethical violation, the consequences of which can be a failure of a specific class and/or expulsion from the school**.** Responsibilities of Academic Honesty are detailed in [the LUC BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/). Please read the Graduate Catalog stating the university policy on plagiarism. The definition of plagiarism is: “In an instructional setting, plagiarism occurs when a writer deliberately (or unintentionally) uses someone else’s language, ideas, or other original (not common-knowledge) material without acknowledging its source." Source: WPA (n.d.). Defining and Avoiding Plagiarism: The [WPA Statement on Best Practices](http://wpacouncil.org/files/wpa-plagiarism-statement.pdf).

This commitment ensures that a student in the School of Social Work will neither knowingly give nor receive any inappropriate assistance in academic work, thereby, affirming personal and professional honor and integrity. Students may not use the same assignment content to fulfill different course requirements. If a paper is submitted to a course that is closely related to a paper submitted for another course, it is suggested that the student cite the paper. (Example: paper submitted for SOWK 000, Instructor: Wayne Williams, Semester: Spring 2020)

**Turn-It-In**

By taking this course you agree that all required papers may be subject to submission review to Turnitin.com (within Sakai or otherwise) to detect plagiarism. Any and all written material submitted as course work may be subject to detection of plagiarism using the Turn-it-in database. To learn about their usage policy, visit the [Turn-It-In](https://www.turnitin.com/) website.

**Academic Warnings**

Students are responsible for tracking their progress through each class. As a result, students should identify and resolve any academic difficulty as early as possible. In the event that a student is experiencing academic difficulty, the student will be notified by the instructor in writing (via e-mail) no later than the deadline for early alert according to the LUC Academic calendar at mid-term. See the [LUC SSW BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/) for additional information regarding academic concerns.

**Facilitator Feedback to Learners**

The instructor will provide individual feedback to each student for each assignment submitted. These comments will be offered to complement the grade obtained and will include comments about student progress, knowledge, skills, and participation. Instructors will post constructive feedback no later than 7 days after assignment submission.

**Recording and Sharing Recordings of Lectures**

Course materials prepared by the instructor, together with the content of all lectures and review sessions presented by the instructor, are the property of the instructor. Video and audio recording of lectures and review sessions without the consent of the instructor is prohibited. At the discretion of the instructor, the student might receive permission for audio taping the lectures, on the condition that these audio tapes only be used as a study aid by the individual enrolled in the course.

**Attendance and Class Participation**

*Social Work Comportment and Class Norms*

Social work practice requires the cultivation of unconditional regard, respect, active listening, and sustained engagement.  The classroom is the laboratory that serves to develop these critical clinical skills. The classroom is also seen as a professional community and as such, comes with duties and responsibilities not only between instructor and students but also between students. In order to support this professional development and establish a learning context that mirrors the practice relationship, the following rules will be enforced:

* All phones and handheld devices will be turned off prior to class and must remain off throughout the class. **No texting is permitted. NO EXCEPTIONS. In the event we must meet via zoom, the personal chat function will be turned off.**
* Students are expected to display the engagement, respect, and active listening skills employed in clinical practice toward their social work colleagues.
* Students who are not present for student presentations in the class must present a written explanation for the absence. Consistent with professional responsibility in the field, students will be held to standards that reflect how they might conduct themselves in a professional role. In terms of student presentations, this means that students are accountable to each other as well as to the instructor and will be graded not only on their individual performance but also on their professionalism in working with others.
* All papers must be submitted in compliance with the most recent edition of the *Publication Manual of the American Psychological Association* format unless directed otherwise by the instructor.
* **Violation of these class norms may result in deduction of participation points from the final class grade, when applicable.**

**Academic Warnings**

Students are responsible for tracking their progress through each class. As a result, students should identify and resolve any academic difficulty as early as possible. In the event that a student is experiencing academic difficulty, the student will be notified by the instructor in writing (via e-mail) no later than the deadline for early alert according to the LUC Academic calendar at mid-term. Please see the Student Handbook for additional information regarding academic concerns.

**Grading Criteria**

Grades are based upon criterion-referenced grading.  The Description of Assignments section of this document reviews the specific points for each assignment.  In general, letter grades are assigned using the criteria below:

|  |  |  |
| --- | --- | --- |
| **Letter Grade** | **Description** | **Grades and Values** |
| **A** | Overall performance is**Exceptional –**includes grammar, sentence structure, application of course content, use of references/resources, etc. | A  4.00   96-100%A- 3.67   92-95% |
| **B** | Overall performance is **Good –** written work not as polished as above, ideas not as fully developed, but still includes important course content, references, etc. | B+ 3.33 88-91%B   3.0    84-87%B-  2.67  80-83% |
| **C** | Overall performance is **Acceptable** - work meets basic expectations set by Instructor. A grade of C- requires that social work majors (BSW/MSW) retake the course. | C+  2.33 76-79%C    2.0    72-75%C-  1.67   68-71% |
| **D** | Overall performance is **Poor - student** must retake course. | D+ 1.33   64-67%D    1.0    60-63% |
| **F** | Overall performance is **Unsatisfactory** - student fails course. Effects of a final grade of F may vary by academic program. See Student Handbook. | F     0      Below 60% |
| **I** | At the discretion of the section Instructor, a temporary grade of **Incomplete** may be assigned to a student who, for a reason beyond the student’s control, has been unable to complete the required work in a course on time. The request signed by the student and the faculty member must be approved and on file with the BSW or MSW Program Director when grades are submitted. **Requirements for submission of Final grade differ by degree. See Student Handbook.** |

**Grading Scale**

| **Grade** | **Percentage (%)** |
| --- | --- |
| **A** | 96 – 100 |
| **A-** | 92 – 95 |
| **B +** | 88 – 91 |
| **B** | 84 – 87 |
| **B-** | 80 – 83 |
| **C+** | 76 – 79 |
| **C** | 72 – 75 |
| **C-** | 68 – 71 |
| **D+** | 64 – 67 |
| **D** | 60 – 63 |
| **F** | Below 60 |

**Grade of “Incomplete”**

The temporary grade of “Incomplete” will be considered for those students who, for reasons beyond their control, have not been able to complete the requirements and tasks of the course on time, within the time stipulated in the academic calendar. It is the student's responsibility to request an “Incomplete” grade. This request must be approved and signed by the instructor and the student with final approval of the program director. If the student fails to complete the request or receive appropriate approval, the final grade will be F.

**Use of Rubrics as an Evaluation Tool**

Rubrics will be used as assessment tools for course activities and assignments. All tasks and assignments will be evaluated following the criteria outlined in the specific rubric. The grade of each activity will be based on the combination of points assigned to each evaluation criteria listed in the rubric for that assignment. Unless an obvious error can be established and documented in the rubric, the points and/or grade awarded by the instructor will be considered final for that activity or assignment.

**Facilitator Feedback to Learners**

The instructor will provide individual feedback to each student for each assignment submitted. These comments will be offered to complement the grade obtained and will include comments about student progress, knowledge, skills, and participation. Instructors will post constructive feedback no later than 7 days after assignment submission.

**DESCRIPTION OF ASSIGNMENTS**

All assignments have rubrics, which may be accessed via Sakai.

**1. SMALL GROUP PRESENTATION (20% of grade)**.

This assignment is designed to demonstrate students’ ability to apply critical thinking to inform professional judgments, including intervention decisions. During the first week of class, students will select a date for presentation in assigned small groups and either A or B from the following:

1. **Puzzling Moment**

A “puzzling moment” is a moment in an interview with a client (age 12 or younger) that left you confused, concerned about what is the right thing to do, worried about the client, etc. Examples of triggers for such “puzzling moments” might be:

1. When a client is silent

2. Trying to maintain order with family members who are arguing with each other

3. When you have misunderstood a client and made a mistake

4. When confidentiality has to be compromised due to imminent harm

5. When the client does not want to be a client

For a puzzling moment, the student will:

Write up a process recording of the interview in which the puzzling moment occurred, preceded by

A) A brief summary of the client’s history, presenting problem, and central aspects of the treatment plan and central events in the treatment relationship thus far.

B) Describe the central question for which you want help. Include your analysis of the macro-meso-micro systemic issues, including experiences of marginalization and discrimination, that contribute to the child’s struggle and your efforts to respond.

C) Consider how identity differences between you and your client may be impacting your relationship with your client.

These should be emailed in advance to the group so that students can read them prior to class. This document also needs to be submitted to Sakai. You can use audiovisual aids if you would like. The presentation of puzzling moments will take about 30 minutes.

**OR**

1. **Conceptual analysis of a reading.**

Each student will select one of the assigned readings for the week of his/her presentation and, on the date, the reading is scheduled to be discussed, will make a presentation, and lead a group discussion of the article. The presentation should be built around the following outline:

* 1. What question or issue is the author responding to?
	2. What is the population the author is addressing, and can these insights be applied to children with different identities?
	3. What is the author’s choice of theory?
	4. What is the author’s central point (stated in a few sentences)?
	5. What is the logic of the author’s argument?
	6. What key points does the author make to build her/his argument?
	7. What is the evidence the author presents to support her/his points and overall argument?
	8. What was your experience of reading this article? Do you believe the author’s logic is sound and the evidence is compelling? Why or why not?
	9. What is the author’s value standpoint regarding advocacy and social justice?
	10. How might this reading impact how you go about practice and evaluate your practice?

The grade for the presentation will be based on the clarity and comprehensiveness of the student’s written and verbal presentation of the above topics and her/his facilitation of group discussion of the reading, as assessed by both the instructor and peers (see rubric on Sakai). The presentation of the conceptual analysis should take approximately one-third of the 30 minutes allotted, whereas facilitation of discussion should take approximately two-thirds of the time. The written document should be submitted via Sakai.

**2. MID-TERM ON ASSESSMENT AND DIAGNOSIS OF INFANTS AND CHILDREN (30% of grade)**

The mid-term will use clinical case material as a base and then require students to make use of readings and course materials to address questions about client engagement, psychosocial assessment, treatment planning and implementation, and evaluation of the treatment process and client progress. In this assignment, students will demonstrate their ability to use HBSE theories discussed in class to assess infant and child clients, identify questions of injustice and diversity as relevant to the problems experienced by the child and intervention planning, and understand the child’s presentation using practice models covered in class. This is a take-home assignment. Students are expected to use and refer to concepts from course readings and discussions in order to answer the questions.Assignment details will be provided when case material is distributed. The assignment is due at the beginning of Module 4.

**3.** **FINAL ASSIGNMENT (40% of grade):**

**The instructor may choose one of the following assignments:**

**Assignment Option 1: Assessment, Treatment Plan, and Evaluation.** 10-12 pages.

Select a case of a child for which additional work would broaden and deepen your understanding.If you do not currently have a case for study, please consult the instructor. Present a psychosocial assessment and treatment plan. Introduce your assessment and treatment plan with the central concepts from the theory you have chosen to guide your assessment and treatment plan, as well as why you selected that theory. You can use any of the clinical theories studied in class. Please see PowerPoint slides and class notes if you have questions about theory selection and description. In your discussion of the case, use the relevant theoretical material as well as clinical data from the case to support your claims.

 Include the following:

I. Central concepts from your chosen theory and the rationale for your chosen theory

II. A. Assessment

1. Presenting problem and referral information.

2. Individual data (e.g., age, sex, school records, psych. testing, etc.).

3. Current family and environmental data.

4. Family history.

5. Developmental history.

6. Observational/interview data.

7. Mental status exam (using Greenspan’s categories for instance) and report of the client’s intrapsychic functioning using your theory of choice (e.g., ego and self-functions, internal working models of attachment, relational matrix, etc.)

8. Case formulation:

 Summary of conditions/difficulties manifested in this case.

 Summary of strengths/resources in client and her/his context manifested in the case.

 Biopsychosocial factors which contribute to and ameliorate the presenting problem.

B. Treatment Plan and Implementation

1. Types of services recommended.

2. Long-term and short-term goals and expected outcomes.

3. Time frames for service.

4. Alternative services/other options.

5. Summary of implementation of treatment plan

6. Termination process (if available – if there is none yet, please state)

Include under parts A and B process/interview excerpts with the child (and parent(s) if relevant). The process does not need to be extensive but should have enough detail to support the points you are making.

III. Evaluate the treatment (thus far if it is ongoing). Include an analysis of your work and of the clients' reactions.

IV. Summarize what you've learned and the limitations of your knowledge.

**Grading Criteria for Papers**

**Originality** (10%): The extent to which you take a creative approach to the topic and communicate your own careful reflection about the case and the theory.

**Clarity of Presentation** (20%): Do you have a clear introduction and conclusion? Are paragraphs well-organized? Do your ideas follow logically? How is your grammar? Are your ideas clearly stated?

**Use of Theory** (25%): Do you present and apply the major concepts of the theory? Are the concepts of one theory differentiated from those of another theory?

**Support for Points** (20%): Do you support your points with examples from the case and references to the theory? Is your argument logical and consistent?

**Understanding of course material** (25%): Do your topic, your approach to the problem, and your ideas about the case demonstrate your knowledge of the readings and class discussions?

**Assignment Option 2**

This assignment has two parts, each of which is worth 20% of the grade:

1. Create a tri-fold brochure explaining play therapy to parents.  Include a description of what play therapy is and how it helps children, for what behaviors and issues it might be indicated, how parents will be involved, and any additional forms of therapy you might recommend (e.g., family treatment, Theraplay, group work, skills training…anything that falls outside of how you’ve defined play therapy initially in the brochure). Also, include how as a practitioner you communicate your assessment of clients and evaluate client progress. The text must be your original work. Any citations regarding the effectiveness of play therapy or used in defining play therapy must be attributed in-text or footnotes. The brochure must be double-sided and typed (most word processing programs have templates for brochure creation). You will be graded both on content and presentation. In particular, you will be graded on your ability to articulate an understanding of play therapy, the visual appeal of your brochure, and the effective use of space.
2. Assemble a traveling play therapy kit.  You may do this in reality and bring it to class for my review, or you may do it "virtually" by submitting a folder in which you list items in your kit by category, with accompanying pictures and prices.  The cost of the entire kit should be $65 or less.  Shipping must be included in costs, where applicable. Refer to Webb pp. 55 and 68, And Landreth pp. 160-167 for ideas. Having a variety of materials is required for full points. You will be graded on your demonstration of preparedness to provide services to children, including the comprehensiveness of the items selected, and the efficient use of resources to maximize opportunities for children’s play.  Please note this kit demonstrates your ability to engage children and carry out a treatment plan.

Rubrics for parts A and B are available on Sakai.

**4. PARTICIPATION (10% of grade)**

Class participation is an essential part of the class. Students are expected to let the instructor know by email if a class has to be missed. Students will lose all participation points if they miss more than two class sessions during the term. When present, students are expected to be active participants in both large and small group discussions, and active listeners to peer contributions. All students deserve the respect of knowing they will be listened to by their colleagues. Finally, an informal presentation of “kid culture” is required for receiving full points for participation in synchronous sessions.

Each week, in addition to synchronous session participation and preparation for class by listening to the lecture, students will be asked to respond to a forum question or engage in an activity outside of class. Participation will be graded based on timeliness of completion, quality of written work, and engagement with peer contributions (as applicable).

**REQUIRED TEXT(S)**

Gil, E. (2006). *Helping abused and traumatized children: Integrating directive and nondirective approaches*. New York, NY: The Guilford Press. Available electronically via the LUC library

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.).New York, NY: Taylor & Francis. Available electronically via the LUC library

Webb, N.B. (2019). *Social work practice with children* (4th ed.). New York, NY: The Guilford Press. Available electronically via the LUC library

**COURSE FEEDBACK & SYLLABUS REFERENCES**

**Course Feedback**

You will receive an email communication near the end of this semester with regard to your feedback for this course related to the content, assignments, instructor support, etc. Your feedback for each of your courses improves learning outcomes for students and the instruction process in the course. Your feedback is valuable and affects revisions to this course.

**Syllabus References**

Aichhorn, A. (1962). *Wayward youth*. New York: Meridian Books. (Original work published 1925)

Altman, N., Briggs, R., Frankel, J., Gensler, D. and Pantone, P. (2002). *Relational Child Psychotherapy*. New York: Other Press.

Applegate, J.S. and Shapiro, J.R. (2005). *Neurobiology for Clinical Social Work*. New York: Norton.

Axline, Virginia (1947). *Play therapy: The inner dynamics of childhood*. Houghton Mifflin: New York.

Berlin, I.N. (1987). Some Transference and Countertransference Issues in the Playroom. *Journal of the American Academy of Child and Adolescent Psychiatry*. 26, 101-107.

Berliner, L., and Wheeler, J. R. (1987). Treating the effects of sexual abuse on children. *Journal of Interpersonal Violence*, 2, 415-434.

Boyd-Webb, N. (1994). School-based assessment and crisis intervention with kindergarten children following the New York World Trade Center bombing. *Crisis Intervention*, *1*, 47-59.

Famularo, R., Kinschereff, R., and Fenton, T. (1990). Symptom differences in acute and chronic presentation of childhood post-traumatic stress disorder. *Child Abuse and Neglect, 14*, 439-444.

Fatout, M.F. (1993). Physically abused children: Activity as a therapeutic medium*. Social Work with Groups, 16*, 83-96.

Freud, A. (1952). The role of bodily illness in the mental life of children. *Psychoanalytic Study of the Child, 7*, 69-81.

Freud, A. (1965). *Normality and Pathology in Childhood: Assessments of Development*. New York: International Universities Press.

Freud, A. (1970). The Symptomatology of Childhood: A Preliminary Attempt at Classification. *Psychoanalytic Study of the Child, 25,*19-41.

Gallagher, M., Keavitt, K., Kimmel, H. (1995). Mental health treatment of cumulatively repetitively traumatized children. *Smith College Studies in Social Work, 65*, 205-237.

Gibbs, J.T., Huang, L.N., et al. (1989). *Children of Color: Psychological Interventions with Minority Youth*. San Francisco: Jossey Bass.

Haworth, M. (Ed.) (1964). *Child Psychotherapy*. New York: Basic Books.

Hegar, R. (1989). Empowerment Based Practice with Children*. Social Service Review, 63*, 372-383.

Hooks, M.Y., Mayes, L.C., Volkmar, F.R. (1988). Psychiatric disorders among preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry, 27,* 623-627.

Howes, C., Unger, O., & Seidner, L.B. (1989). Social Pretend Play in Toddlers: Parallels with Social Play and with Solitary Pretend. *Child Development. 60*, 77-84.

Kliman, G. (1971). *Psychological Emergencies of Childhood.* New York: Grune and Stratton.

Levy, A.J. and Wall, J.C. (2000). Children who have witnessed community homicide: Incorporating risk and resilience in clinical social work. *Families in Society, 81*(4), 402-411.

Malchiodi, C. & Perry, B. (2008). *Creative Interventions with Traumatized Children.* New York: Guilford.

Meisels, Samuel J. (1988). Developmental Screening in Early Childhood. *Annual Review of Public Healht, 9,* 527-550.

Moustakas, C. (1953). *Children in Play Therapy.* NY: Ballantine Books.

Moustakas, C. (1959). *Psychotherapy With Children*. NY: Ballantine Books.

Palombo, J. (2001). *Learning Disorders and Disorders of the Self*. New York: Norton.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57* (3), 316-331.

Rutter, Michael, Tuma, A. Hussain, and Lann, Irma. (1988). *Assessment and Diagnosis in Child Psychopathology*. New York: Guilford Press.

Slade, A. and Wolf, D.P, (1995). *Children at Play.*  New York: Oxford University Press.

Spiegel, S. (1989). *An interpersonal approach to child therapy: The treatment of children and adolescents from an interpersonal point of view.* New York: Columbia University Press.

Sroufe, L. A., Egelund, B., Carlson, E.A., and Colins, W.A. (2005). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood.* New York: Guilford.

Steele, W. & Malchiodi, C. (2011*). Trauma-Informed Practices with Children and Adolescents.* New York: Routledge.

Stern, D. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.

Terr, L. (1990). *Too scared to cry: Psychic trauma in childhood.* New York: Basic Books.

Timberlake, E.M. & Cutler, M.M. (2001). *Developmental play therapy in clinical social work.*  Needham Heights, MA: Allyn & Bacon.

Wakefield, H., and Underwager, R. (1989). Evaluating the Child Witness in Sexual Abuse Cases: Interview or Inquisition? *American Journal of Forensic Psychology, 7*(3):43-69.

Weisz, J., Weiss, B., and Alicke, M.D. (1987). Effectiveness of psychotherapy with children and adolescents: A meta-analysis for clinicians. *Journal of Consulting and Clinical Psychology, 55*, 542-549.

Winnicott, D.W. (1965). *Maturational Processes and the Facilitating Environment*. New York: International Universities Press.

Wolfe, D. (1987). *Child Abuse: Implications for Child Development and Psychopathology*. Beverly Hills: Sage.

Zambelli, G.C., and Clark, E.J. (1994). Parentally bereaved children: Problems in school adjustment and implications for the school social worker. *School Social Work Journal, 19*, 2-15.

Zeanah, C.M. (1993). *Handbook of Infant Mental Health*. New York: Guilford Press.

**RECOMMENDED WEBSITES**

[National Child Traumatic Stress Network](http://www.nctsn.org/)

[Association for Play Therapy](http://www.a4pt.org/)

[Theraplay Institute](http://www.theraplay.org/)

[ChildTrauma Academy](http://www.childtrauma.org/)

[Minnesota Longitudinal Study of Childhood Risk and Adaptation](http://www.cehd.umn.edu/ICD/research/Parent-Child/default.html)

**COURSE SCHEDULE**

**Module 1: Overview of course**

This module will provide students a broad overview of clinical social work practice with children, including identification of concerns which lead them to receive social work services, issues of consent and confidentiality in practice with children, characteristics needed for effective work with children, and major theoretical perspectives and treatment modalities.

**Learning Objectives**

1. Distinguish differences and similarities between working with children and adults
2. Identify characteristics of effective child practice
3. Articulate the role of confidentiality and self-determination in work with children
4. Identify broad theoretical perspectives on child practice (ecological, family systems, psychodynamic, child-centered, cognitive-behavioral) and major treatment modalities (individual, dyadic, family group)

**Required readings**

* Boyd Webb
* Chapter 1: The challenge of meeting children’s needs
* Chapter 2: Challenges for practitioners in helping children
* Landreth
* Chapter 2: The meaning of play
* Chapter 4: A view of children
* Chapter 6: The play therapist

**Recommended readings**

* Petr, C. (1992). Adultcentrism in practice with children. *Families in Society, 73*, 408-416. <https://doi.org/10.1606/1044-3894.1720>
* Gibbs, J.T., & Huang, L.N. (2003). A conceptual framework for assessing and healing minority youth.  In *Children of Color: Psychological Interventions with Minority Youth.* Jossey Bass. On physical reserve at Lewis library
* O'Connor, K. (2005).  Addressing diversity issues in play therapy.  *Professional Psychology: Research and Practice, 36*(5), 566-573. [http://dx.doi.org/10.1037/0735-7028.36.5.566](https://psycnet.apa.org/doi/10.1037/0735-7028.36.5.566)

**Module 2: Assessment**

This module provides instruction in comprehensive assessment of children and families, including models for gathering information from parents and collateral contacts as well as strategies for engaging children in therapeutic assessment activities.

**Learning Objectives**

1. Apply principles of engagement of family system to parent case vignettes
2. Apply principles for conducting a parent interview as part of a biopsychosocial assessment to case vignette
3. Apply principles for conducting a child interview as part of a biopsychosocial assessment to case vignette
4. Describe the role of collaboration with allied professionals in child assessment
5. Evaluate risk and degree of trauma exposure for child clients

**Required readings**

* Landreth
* Chapter 9: Beginning the relationship: The child’s time
* Boyd Webb
* Chapter 3: Building relationships with all relevant systems
* Chapter 4: The biopsychosocial assessment of the child
* Gil
* Chapter 1: Basic principles for working with abused and traumatized children
* Chapter 2: Guidelines for integrated assessment

**Recommended readings**

* Greenspan & Greenspan:
* Chapter 2: Framework for systematic observation of the child.
* Chapter 3: Chronological age and phase/ appropriate indications for each observational category
* Chapter 5: Conducting the interview
* Timberlake & Cutler:
* Chapter 6: Parent Interviews
* Chapter 7:  Child interviews in biopsychosocial assessment and planning
* Karakurt, G. (2012). Puppet play with a Turkish family. *Journal of Family Psychotherapy, 23*(1), 69-78. <https://doi.org/10.1080/08975353.2012.654092>

**Module 3: Treatment planning**

This module will prepare students to provide feedback to parents and allied professionals following an assessment, and collaboratively develop a treatment plan as an outgrowth of the assessment process. Outcome research on practice with children will also be reviewed.

**Learning Objectives**

1. Use diagnostic manual to evaluate case vignette
2. Articulate social construction of diagnoses & their utility and pitfalls for use with children
3. Provide feedback to parent via case vignette
4. Apply principles for creating a treatment plan as an outcome of a biopsychosocial assessment to a case vignette
5. Critically appraise evidence supporting interventions with children.
6. Identify major treatment modalities: individual, dyadic, family, group; play therapy
7. Evaluating treatment; Research on the effectiveness of practice with children; Inclusion of children

**Required readings**

* Boyd Webb
* Chapter 5: Contracting, planning interventions, and tracking progress
* Gil
* Chapter 3: Guidelines for integrated treatment
* Austin, A. (2018). Transgender and gender diverse children: Considerations for affirmative social work practice. *Child and Adolescent Social Work Journal, 35*(1), 73-84. <https://doi.org/10.1007/s10560-017-0507-3>
* Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology:  Research and Practice, 36*(4), 376-390. [http://dx.doi.org/10.1037/0735-7028.36.4.376](https://psycnet.apa.org/doi/10.1037/0735-7028.36.4.376)
* Weisz, J et al. (2013). Psychotherapy for children and adolescents. In M.J. Lambert (Ed.).  *Bergin and Garfield’s Handbook of psychotherapy and behavior change* (6th ed., pp. 541-586). John Wiley and Sons, Inc.

**Recommended readings**

* Greenspan and Greenspan
* Chapter 6: Constructing a formulation based on a developmental approach.
* Ben-Arieh, A. (2005).Where are the children? Children's role in measuring and monitoring their well-being. *Social Indicators Research, 74*, 573-596. <https://doi.org/10.1007/s11205-004-4645-6>

**Module 4: Treatment - Part 1**

Intervening with very young children (and their parents)

This module will introduce interventions that target young children and their parents, all of which focus on strengthening the parent-child relationship as a means of promoting child well-being. Most are explicitly attachment-based, and therefore familiarity with attachment theory is a prerequisite for fully understanding these interventions.

**Learning Objectives**

* + 1. Recognize domains of intervention in Theraplay
		2. Explain the rationale for using Child-Parent Psychotherapy to assist a child exposed to trauma
		3. Use metaphors from Circle of Security intervention to educate parents on children’s attachment needs

**Required readings**

* Lindaman, Hong, Maxonight, & Peacoack (2021). An Overview of the Theraplay Model. In S. Lindaman & R. Hong (Eds., pp. 27-64)). *Theraplay: Theory, Applications, and Implementation.* Jessica Kingsley Publishers.
* Hambrick, E.P. et al. (2018). Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health, and developmental outcomes in children. *Archives of Psychiatric Nursing,* <https://doi.org/10.1016/j.apnu.2018.11.001>
* Lieberman, A. and van Horn, P. (2011*).* Practicing child-parent psychotherapy. *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment* (pp*.* 82-99*)*.  Guilford.
* Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships (pp. 23-27). The Guilford Press.

**Recommended readings**

* Fraiberg, Selma. (1987). Ghosts in the nursery. From *Selected writings of Selma Fraiberg*, ed. Louis Fraiberg. Ohio State University Press. *On reserve at Lewis Library.*
* Puliafico, A. C., Corner, J.C., & Pincus, D.B. (2012). Adapting Parent-Child Interaction Therapy to Treat Anxiety Disorders in Young Children. *Child and Adolescent Psychiatric Clinics of North America, 21*(3), 605-619. https://doi.org/[10.1016/j.chc.2012.05.005](https://doi.org/10.1016/j.chc.2012.05.005)

**Module 5: Treatment – Part 2**

Play therapy interventions

This module will expose students to two models of play-based interventions with children, providing the theoretical underpinnings for each and reviewing major concepts within each approach.

**Learning Objectives**

* + 1. Identify the major tenets of Child-Centered Play Therapy.
		2. Apply CCPT skills to case vignettes via role play.
		3. Discuss characteristics of a playroom or play materials needed for CCPT.
		4. Discuss the therapeutic action of Psychodynamic Play Therapy.
		5. Analyze case material using principles from Psychodynamic Play Therapy.

**Required readings**

* Landreth
* Chapter 5: Child-centered play therapy
* Chapter 8: The playroom and materials
* Chapter 10: Characteristics of facilitative responses
* Chapter 11: Therapeutic limit setting
* Barish, K. (2004). What is therapeutic in child therapy?  *Psychoanalytic Psychology*, *21*(3), 385-401. [http://dx.doi.org/10.1037/0736-9735.21.3.385](https://psycnet.apa.org/doi/10.1037/0736-9735.21.3.385)
* Bonovitz, C. (2003). Treating children who do not play or talk: Finding a pathway to intersubjective relatedness. *Psychoanalytic Psychology,* *20*(2), 315-328. [http://dx.doi.org/10.1037/0736-9735.20.2.315](https://psycnet.apa.org/doi/10.1037/0736-9735.20.2.315)
* Mellenthin, C. (2019). Understanding attachment ruptures and wounds. *Attachment centered play therapy* (pp. 56-73). Routledge.
* Sweeney, D. (2011).  Group play therapy. In C. Schaefer (Ed.) *Foundations of play therapy* (pp. 227-252). John Wiley & Sons, Inc.

**Recommended readings**

* Boyd Webb
* Chapter 7: Individual play therapy
* Levy, A.J.  (2008). The therapeutic action of play in the psychodynamic treatment of children: A critical analysis. *Clinical Social Work Journal*, *36*(3), 281-291. [http://dx.doi.org/10.1007/s10615-008-0148-2](https://psycnet.apa.org/doi/10.1007/s10615-008-0148-2)

**Module 6: Treatment - Part 3**

Play therapy interventions (cont’d)

In this module students will learn to implement cognitive and behavioral interventions as they are adapted for use with children. Students will also have the opportunity to explore the use of expressive therapies (especially art and sand) with children.

**Learning Objectives**

* + 1. Apply principles of behaviorism to case vignette with child client.
		2. Articulate goals of cognitive-behavioral play therapy or adapted cognitive-behavioral interventions with children.
		3. Enact cognitive-behavioral play therapy for specific presenting concern identified in case vignette, and contrast this with child-centered and cognitive-behavioral approaches.
		4. Discuss role of expressive therapies in interventions with children.

**Required readings**

* Gil
* Chapter 4: Expressive therapies
* Chapter 5: Cognitive behavioral therapy
* Coholic, D. & Eys, M. (2016). Benefits of an arts-based mindfulness group intervention for vulnerable children. *Child and Adolescent Social Work Journal, 33*(1), 1-13. [http://dx.doi.org/10.1007/s10560-015-0431-3](https://psycnet.apa.org/doi/10.1007/s10560-015-0431-3)
* Eichstedt, J. A., J. I. Tobon, E. Phoenix and V. V. Wolfe (2011). Worried no more: The effects of medication status on treatment response to a CBT group for children with anxiety in a community setting. *Clin Child Psychol Psychiatry*, *16*(2), 265-277. <https://doi.org/10.1177/1359104510366282>
* Mitchell, R.R., Friedman, H.S. & Green, E.J. (2013). Integrating play therapy and sandplay therapy. In E.J. Green and A. Drewes (Eds.) *Integrating expressive arts and play therapy with children and adolescents: A guidebook for mental health practitioners and educators* (pp. 101-124). New York, NY: John Wiley & Sons.
* Swank. J.M.  (2008). The use of games: A therapeutic tool with children and families.  *International Journal of Play Therapy, 17*(2), 154-167. [http://dx.doi.org/10.1037/1555-6824.17.2.154](https://psycnet.apa.org/doi/10.1037/1555-6824.17.2.154)

**Recommended readings**

* Kendall, P.C., Crawford, E.A., Kagan, E.R., Furr, J, M. and Podell, J.L. (2017). Child-focused treatment for anxiety. In J. R. Weisz & A.E. Kazdin, A. E. (Eds.). (2017). *Evidence-based psychotherapies for children and adolescents* (3rd ed., pp. 17-34). Guilford Publications.
* Knell, S.M. (2011).  Cognitive-behavioral play therapy.  In C.E. Schaefer, (Ed.), *Foundations of play therapy* (pp. 313-328). John Wiley & Sons, Inc.

**Module 7: Treatment – Part 4**

Therapeutic interventions with parents

This module will help students discern when parents may benefit from individual intervention or when children can be helped indirectly via parent intervention. Students will also learn about two models in which parents are directly involved in child treatment.

**Learning Objectives**

* + 1. Identify reasons for and models by which parents are involved in social work practice with children.
		2. Apply principles of social work intervention to vignettes with parents.
		3. Understand translation of CCPT principles into Filial Play Therapy
		4. Evaluate the application of Parent Child Interaction Therapy to case material

**Required readings**

* Boyd Webb
* Chapter 6: Helping the family help their child
* Gil
* Chapter 6: Family therapy and family play therapy
* Jensen, C.E. (2004). Medication for Children with Attention-Deficit Hyperactivity Disorder. Clinical Social Work Journal, 32(2), 197–214. https://doi.org/10.1023/B:CSOW.0000024328.71427.d1
* Kohlhoff, Morgan, Briggs, Ryan, & Larissa (2021). Parent-Child Interaction Therapy with Toddlers: A Community-based Randomized Controlled Trial with Children Aged 14-24 Months. *Journal of Clinical Child and Adolescent Psychology, 50* (3), p.411-426. https://doi.org/10.1080/15374416.2020.1723599.
* Van Fleet, R. (2009).  Filial therapy: Theoretical integration, evidence base and practical application.  In, Drewes, A., *Blending play therapy with cognitive-behavioral therapy: Evidence-based and other effective treatments and techniques* (pp. 257-280)*.* Wiley & Sons, Inc.
* N’zi, A., Lucash, R.E., Glionsky, L.N., Eyberg, S.M. (2016). Enhancing Parent-Child interaction Therapy with Motivational Interviewing Techniques. *Cognitive Behavioral Practice, 24*, 131-141. <https://doi.org/10.1016/j.cbpra.2016.03.002>
* Varela, R. E., E. M. Vernberg, J. J. Sanchez-Sosa, A. Riveros, M. Mitchell, and J. Mashunkashey (2004). Parenting style of Mexican, Mexican American, and Caucasian-non-Hispanic families: social context and cultural influences. *Journal of Family Psycho*logy, *18*(4), 651-657. [http://dx.doi.org/10.1037/0893-3200.18.4.651](https://psycnet.apa.org/doi/10.1037/0893-3200.18.4.651)

**Recommended readings**

* Timberlake, E.M. & Cutler, M.M. (2001). Concurrent parent work. *Developmental play therapy in clinical social work* (pp. 99-134). Allyn & Bacon. On physical reserve at Lewis Library
* Siegel, D.J. (2004). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive.* Penguin. On physical reserve at Lewis Library
* Slade, A. (2006). Reflective parenting programs: Theory and development. *Psychoanalytic Inquiry, 26*(4), 640-657. [http://dx.doi.org/10.1037/0893-3200.18.4.651](https://psycnet.apa.org/doi/10.1037/0893-3200.18.4.651)
* Zisser, A. & Eyberg, S. (2010). Parent-Child Interaction Therapy and the treatment of disruptive behavior disorders. In Weisz, J. and Kazdin, A.E. (Eds.) *Evidence-based psychotherapies for children and adolescents (*2nd ed., pp. 179-193). Guilford Press.

**Module 8: Understanding and treating trauma in childhood**

In this module, students will learn how to define trauma and identify its impacts on children in order to formulate an effective treatment plan. Several models for trauma intervention will be presented, including those that are culturally responsive.

**Learning Objectives**

* + 1. Define Type I and Type II, or acute and complex, trauma and their differing impacts.
		2. Articulate a neurobiological explanation for the impacts of trauma on development.
		3. Apply models of trauma intervention, including TF-CBT and TFPT, to case vignettes

**Required readings**

* Gil
* Chapter 7: Special issues – Posttraumatic play, Trauma-Focused Play Therapy (TF-PT), and problems of dissociation
* Bigfoot, D.S. and Schmidt, S.R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for Indian and Alaska Native children. *Journal of Clinical Psychology, 66*(8), 847-856. [http://dx.doi.org/10.1002/jclp.20707](https://psycnet.apa.org/doi/10.1002/jclp.20707)
* Arvidson, J.  et al. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child and Adolescent Trauma, 4*, 34-51. <https://doi.org/10.1080/19361521.2011.545046>
* Perry, B.D. (2009).  Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma, 14*(4), 240-255. <https://doi.org/10.1080/15325020903004350>

**Recommended readings**

* Saxe, Ellis, B. H., & Brown, A. D. (2016). Introduction to Trauma Systems Therapy. *Trauma systems therapy for children and teens* (2nd, pp. 1-28.). The Guilford Press.
* Van der Kolk, B. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 401-408. <https://doi.org/10.3928/00485713-20050501-06>

**Module 9: Understanding and treating trauma in childhood**

In this class, students will learn about the impact of community violence, racial trauma, and poverty on children, and identify models of trauma interventions.

**Learning Objectives**

1. Describe the impact of community violence, racial trauma, and childhood poverty on children.
2. Identify models of trauma intervention that have been adapted for or researched for use with marginalized populations, and critically appraise the support for these models.

**Required readings**

* Allison, A.C & Ferreria, R.J. (2017). Implementing Cognitive Behavioral Intervention for Trauma in Schools (CBITS) with Latino Youth. *Child and adolescent social work journal*, *34*(2), 181-189. <https://doi.org/10.1007/s10560-016-0486-9>
* Ceballo, R. (2000). The neighborhood club: A supportive intervention group for children exposed to urban violence. *American Journal of Orthopsychiatry, 70*(3), 401-407. <https://doi.org/10.1037/h0087852>
* Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2017). Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children. In J.R. Weisz and A.E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescents* (3rd ed., pp. 253-271). The Guilford Press.
* Acri, M. C., L. A. Bornheimer, L. Jessell, A. H. Chomancuzuk, J. G. Adler, G. Gopalan and M. M. McKay (2017). The intersection of extreme poverty and familial mental health in the United States. *Social Work in Mental Health,* *15*(6), 677-689. <https://doi.org/10.1080/15332985.2017.1319893>
* Franco, D. (2018). Trauma Without Borders: The Necessity for School-Based Interventions in Treating Unaccompanied Refugee Minors. *Child and Adolescent Social Work Journal, 35*(6), 551-565. <https://doi.org/10.1007/s10560-018-0552-6>
* Fong, R. & Earner, I. (2015). Multiple traumas of undocumented immigrants: Crisis reenactment in play therapy. In. N.B. Webb (Ed.) *Play therapy with children and adolescents in crisis* (4th ed., pp. 372-392). The Guilford Press.

**Recommended readings**

* Mayers, H.A. (2005).  Treatment of a traumatized adolescent mother and her two-year old son.  *Clinical Social Work Journal, 33*(4), 419-432. <https://doi.org/10.1007/s10615-005-7035-x>
* Saunders, B.E. (2011).  Determining best practice for treating sexually victimized children. In P. Goodyear-Brown (Ed.) *Handbook of child sexual abuse: Identification, assessment, and treatment* (pp. 173-197). John Wiley & Sons.

**Module 10: Understanding and treating trauma in childhood**

This module will cover a variety of specific experiences of trauma and their impact on children, while also exploring the concept of resilience in children and factors that contribute to it.

**Learning Objectives**

1. Describe the impact of domestic violence, physical abuse, and sexual abuse on children
2. Define resilience in children exposed to trauma and identify factors that facilitate it.

**Required readings**

* Bunston, Pavlidis, T., & Cartwright, P. (2015). Children, Family Violence and Group Work: Some Do’s and Don’ts in Running Therapeutic Groups with Children Affected by Family Violence. *Journal of Family Violence*, 31(1), 85–94. <https://doi.org/10.1007/s10896-015-9739-1>
* Dore, M. M., L. Nelson-Zlupko and E. Kaufmann (1999). "Friends in need": Designing and implementing a psychoeducational group for school children from drug-involved families. *Social Work, 44*(2), 179-190. <https://doi.org/10.1093/sw/44.2.179>
* Lieberman, A. (2005). Toward evidence-based treatment: Child–Parent psychotherapy with preschoolers exposed to marital violence. *Journal of American Academy Child and Adolescent Psychiatry, 44*(12), 1241-1248. <https://doi.org/10.1097/01.chi.0000181047.59702.58>
* McCrea, K. Tyson, Guthrie, D., and Bulanda, J. (2016). When traumas are not past, but now: Psychosocial treatment to develop resilience with children and youth enduring complex, concurrent trauma. *Journal of Child and Adolescent Trauma, 9*(1)*, 5-18.* DOI 10.1007/s40653-015-0060-1 <https://doi.org/10.1007/s40653-015-0060-1>
* McCrea, K. Tyson.  (2014). ‘How does that itsy bitsy spider do it?’: Severely traumatized children’s development of resilience in psychotherapy. *Journal of Infant, Child and Adolescent Psychotherapy, 13*(2), 89-109. <https://doi.org/10.1080/15289168.2014.905319>

**Module 11: Foster care and adoption**

In this module students will learn about the impact on children and families of placement into foster care and identify the social justice implications of disparities in child welfare involvement for children and families of color. This module will also explore challenges and rewards of domestic and international adoption.

**Learning Objectives**

1. Identify the challenges children face in foster care
2. Describe the impacts of foster care placement on children, including attachment concerns
3. Identify challenges in international and child welfare adoption
4. Describe how to support foster and adoptive parents
5. Understand complexities of family reunification, and identify common reunification processes

**Required readings**

* Boyd Webb
	+ Chapter 10: Children living in kinship and foster home placements
* Gil
	+ Chapter 8: Scotty, the castle and the princess guard
* Bibbs. (2019). Leading with racial equity: promoting Black family resilience in early childhood. Journal of Family Social Work, 22(4-5), 315–332. <https://doi.org/10.1080/10522158.2019.1635938>
* Carnes-Holt, K. (2012). Child–Parent Relationship Therapy for Adoptive Families. *The Family Journal,* 20(4), 419-426. <https://doi.org/10.1177/1066480712451242>
* Perry, B.D., Hambrick, E. & Perry, R.D. (2016). A neurodevelopmental perspective and clinical challenges. In R. Fong and R. McCoy *(*Eds.), *Transracial and intercountry adoptions: Cultural guidance for professionals* (pp. 126-153)*.* Columbia University Press.

**Module 12: Grief and loss, divorce, family changes**

This module will explore the understanding of death children have at different ages so that the social worker can identify how to support children following loss. This module we will also explore the impact on children of changes in family structure, including divorce, blending of families, and non-traditional family structures.

**Learning Objectives**

1. Describe children's understanding of death and identify developmental variations in this understanding.
2. Summarize recommendations for talking with children about death.
3. Describe the effects of divorce on children.
4. Apply models of intervention to children who have experienced changes to their family structure.

**Required readings**

* Boyd Webb
	+ Chapter 11: Children in single parent, divorcing and blended families
	+ Chapter 12: Children in families affected by illness and death
* Griffin. (2010). Play, Create, Express, Understand: Bereavement Groups in Schools. In School‐Based Play Therapy (pp. 379–405). John Wiley & Sons, Inc. <https://doi.org/10.1002/9781118269701.ch18>
* Gonzalez, G.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), 146-153. [http://dx.doi.org/10.1037/pla0000023](https://psycnet.apa.org/doi/10.1037/pla0000023)

**Recommended readings**

* Webb, N.B. (2010).  The child and death.  In N.B. Webb (Ed). *Helping bereaved children (3rd ed)* (pp. 3-21). The Guilford Press
* Ruffin, P.A. & Zimmerman, S.A. (2010). Bereavement groups and camps for children: An interdisciplinary approach. In N.B. Webb (Ed.) *Helping bereaved children: A handbook for practitioners (*3rd ed., pp. 296-317). Guilford Press.

**Class 13: Disabilities and medical illness**

This module cover ways to support children with physical disabilities and their families. Students also will learn about adaptations of and common themes in play therapy with children experiencing medical problems.

**Learning Objectives**

1. Identify goals of work with children with physical disabilities and their families
2. Identify common themes in and adaptations of play therapy for children with medical problems.
3. Appreciate and support role of parents as advocates for their children
4. Recognize variations in psychological development of children who experience physical disabilities or medical illness

**Required readings**

* Howard, A.R.H., Lindaman, S., Copeland, R., & Cross, D. (2018). Theraplay impact on parents and children with autism spectrum disorder: Improvements in affect, joint attention, and social cooperation. *International Journal of Play Therapy, 27*(1), 56-68. [http://dx.doi.org/10.1037/pla0000056](https://psycnet.apa.org/doi/10.1037/pla0000056)
* Kramer, J., and Hammel, J.  (2011). “I do lots of things”:  Children with cerebral palsy’s competence for everyday activities.  *International Journal of Disability, Development and Education, 58,* 121-136. <https://doi.org/10.1080/1034912X.2011.570496>
* Milligan, K., Phillips, M. and Morgan, A.S. (2015). Tailoring social competence interventions for children with learning disabilities. *Journal of Child and Family Studies, 25*(3), 856-869. https://doi.org/10.1007/s10826-015-0278-4
* Nabors, L. et al. (2013). Play as a mechanism for working through medical trauma for children with medical illnesses and their siblings. *Issues in Comprehensive Pediatric Nursing, 36*(3), 212-224. <https://doi.org/10.3109/01460862.2013.812692>

**Recommended readings**

* [Ahl L.E](http://www.ncbi.nlm.nih.gov/pubmed?term=Ahl%20LE%5BAuthor%5D&cauthor=true&cauthor_uid=16138669).,  [Johansson E](http://www.ncbi.nlm.nih.gov/pubmed?term=Johansson%20E%5BAuthor%5D&cauthor=true&cauthor_uid=16138669).,  [Granat, T](http://www.ncbi.nlm.nih.gov/pubmed?term=Granat%20T%5BAuthor%5D&cauthor=true&cauthor_uid=16138669)., & [Carlberg E.B](http://www.ncbi.nlm.nih.gov/pubmed?term=Carlberg%20EB%5BAuthor%5D&cauthor=true&cauthor_uid=16138669). (2005). Functional therapy for children with cerebral palsy: an ecological approach*. Developmental Medicine and Child Neurology*, 47(9), 613-619. <https://doi.org/10.1017/S0012162205001210>
* Waber, Deborah P. (2010). *Rethinking learning disabilities: understanding children who struggle in school.* The Guilford Press. On physical reserve at Lewis Library
* Howard, A.R.H., Lindaman, S., Copeland, R., & Cross, D. (2018). Theraplay impact on parents and children with autism spectrum disorder: Improvements in affect, joint attention, and social cooperation. *International Journal of Play Therapy, 27*(1), 56-68. [http://dx.doi.org/10.1037/pla0000056](https://psycnet.apa.org/doi/10.1037/pla0000056)

**Class 14: Prevention programs, Group work**

This module will cover several different topics, including the use of group interventions and prevention programs with children, both of which are largely done in school settings.

**Learning Objectives**

* + 1. Describe considerations for group work with children.
		2. Recognize the key role of school social work in meeting mental health needs of children.
		3. Locate prevention programming, evaluate its quality, and plan for implementation in a school setting.

**Required readings**

* Boyd Webb
	+ Chapter 8: Group work with children
	+ Chapter 9: School-based interventions
	+ Chapter 15: The interpersonal violence of bullying: impact on victims, perpetrators, and bystanders/witnesses
* LeCroy, C.W. (2013). Designing and facilitating groups with children. In C. Franklin, M.B., Harris, P. Allen-Meares, R. Astor, A.M. DiPasquale, & H.S. Adelman (Eds.) *The school services sourcebook* (2nd ed., pp. 611-618). Oxford University Press.
* Johnson, D. W. & Johnson, R. T. (2004). Implementing the teaching students to be Peacemakers program. *Theory Into Practice,* *43*(1), 68-79. <https://doi.org/10.1207/s15430421tip4301_9>
* Su, & Swank, J. M. (2019). Attention Problems and Mindfulness: Examining a School Counseling Group Intervention with Elementary School Students. Professional School Counseling, 22(1), 2156759–. <https://doi.org/10.1177/2156759X19850559>
* Troop-Gordon, W., and L. Unhjem (2018). Is preventing peer victimization sufficient? The role of prosocial peer group treatment in children's socioemotional development. *Social Development,* *27*(3), 619-635. <https://doi.org/10.1111/sode.12283>

**Recommended readings**

* Roots of empathy program:  <http://www.rootsofempathy.org/>
* Franzwa, P., Triandis, L Truitt, G., Dupper, D. (2013). Design and utility of social skills groups in schools. In C. Franklin, M.B., Harris, P. Allen-Meares, R. Astor, A.M. DiPasquale, & H.S. Adelman (Eds.) The school services sourcebook, (2nd ed., pp. 619-624). Oxford University Press.
* Stevahn, L, Johnson, D. W., Johnson, R.T., Oberle, K. and Wahl, L. (2000). Effects of conflict resolution training integrated into a Kindergarten curriculum*.  Child Development, 71*(3), 772-784.   <https://doi.org/10.1111/1467-8624.00184>
* Zeanah, C. H., S. Koga, et al. (2006). Ethical considerations in international research collaboration: The Bucharest Early Intervention Project*.  Infant Mental Health Journal*, 27(6), 559-576. <https://doi.org/10.1002/imhj.20107>

**Module 15: Termination**

This module will cover termination with child clients as distinct from termination with adults, and strategies for effective termination with children.

**Learning Objectives**

1. Identify differences between a termination process with children and adults.
2. Describe strategies for facilitating a termination process with children.

**Required reading**

* Landreth
	+ Chapter 15: Determining therapeutic process and termination

**Course Feedback**

You will receive an email communication near the end of this semester regarding your feedback for this course related to the content, assignments, instructor support, etc. Your feedback for each of your courses improves learning outcomes for students and the instruction process in the course. Your feedback is valuable and affects revisions to this course.