COURSE DESCRIPTION

This course deals with practice theories and techniques for working with children and adolescents and their caregivers. Ecological theories of development involving child, caregiver, family and cultural context will be presented. Child/youth-centered and relationship centered classification systems and treatment models of mental health will be discussed and evaluated. Issues of attachment, developmental models and developmental risk, family functioning and child rearing-practices, representational and cognitive behavioral models of intervention approaches and evaluation will be reviewed.

We will address major clinical concepts, including: assessment, treatment planning, treatment process, intervention techniques and work with caregivers and families. The course follows the sequence of development from infancy through adolescence; we will discuss and evaluate clinical issues and treatment approaches relevant to each developmental stage. We will examine intervention approaches appropriate to specific mental health problems. Specific classes will be devoted to topics relevant to social work practice, including youth in the foster care system, physically and sexually traumatized children and youth, children and youth with pervasive and chronic developmental and physical disabilities, adolescent parents, and substance-abusing children, youth and their families.

The aims of the course are to deepen the student's clinical understanding and develop skills in promotion, prevention, and treatment initiatives. By actively taking part in the class, that is, reading and synthesizing the assigned material, formulating questions for class discussion, taking part in classroom exercises, and completing the evaluation exercises the student will leave the class with knowledge of normal development and developmental psychopathology in childhood and adolescence and to be able to apply that knowledge to their current practicum placement.

The course format combines lectures conveying conceptual information with case presentations illustrating practice, direct observation, videotapes, and class exercises.

COURSE OBJECTIVES
Upon completion of the course, students will be able to:

1. Describe the primary tasks and characteristics of each developmental stage of child and adolescent development and the client “families” who care for these children and youth.

2. Summarize the role of attachment across child and adolescent development, including: transactional patterns of attachment formed infancy and refined throughout life, difficulties in attachment, working models of attachment as a template for expectations of human relationships, and attachment as a perspective on reactions to loss, divorce, entry into foster care, and adoption.

3. Assess the balance of vulnerability and developmental adaptation for a child or adolescent, using concepts of stress, coping, accommodation, risk, and what people term “resilience”.

4. Specify developmentally appropriate techniques for engaging child and adolescent clients.

5. Describe and apply a number of evaluation procedures including: direct observation of the child, play interviews, developmentally appropriate interviews with adolescents, parent interviews, client “family” meetings, and collateral interviews with teachers, caseworkers and other professionals.

6. Discuss how methods of assessment and intervention may be affected by issues in the “helping” relationship (including the impact of race, ethnicity, gender, social class, sexual orientation, power and privilege), and by special issues presented by the “client families” (including physical and sexual abuse, foster care, developmental disability, chronic illness, severe psychiatric disturbance, adolescent risk-taking, sexual orientation, substance abuse, and delinquency).

7. Develop intervention plans relevant to the needs of children, adolescents, parents, and client “families” (including sensitivity to developmental level, gender, race, ethnicity, social class, sexual orientation and special abilities).

8. Critically assess evaluation methods and findings in the mental health intervention and treatment literature.

RELATIONSHIP OF THE COURSE TO THE FOUR CURRICULAR THEMES

Multiculturalism and diversity themes will be addressed through detailed exploration of the impact of culture, gender, social class, health status, family structure, and spiritual or religious beliefs and practices on the client “families”.

Social justice and social change will be examined through the discussion and impact of economic and social oppression of the client families. The potential impact, both positive and negative, of interventions with the child, adolescent, family, educational setting, and community will be debated.

Promotion, prevention, treatment, and rehabilitation initiatives will be explored from a framework of least restrictive intervention for the child and adolescent, and the least intrusive to the cultural beliefs and practices of the client families. Choices and options for services will be examined along the preventive intervention continuum. The course will address the natural process of adaptation and coping that occurs throughout the life cycle. Preventive interventions that facilitate developmental adaptation in both the child or adolescent and their caregiving environment will be highlighted and promoted.

Behavioral and Social Science Research will be presented as the basis for all conceptual frameworks concerning identification, assessment, intervention, and evaluation of services for client families. Research-based theory and clinical practice principles will be examined at every developmental level from infancy through late adolescence. Case vignettes that address the child or adolescent in their broader caregiving context will be used throughout the course to relate present behavioral and social science research to contemporary interpersonal practice models of service delivery.

RELATIONSHIP OF THE COURSE TO SOCIAL WORK ETHICS AND VALUES

The ecological model of developmental adaptation and coping provides the conceptual framework for the course. Multiple systems are involved in any interpersonal work with client families. Each of these multiple contexts: child, caregivers, “family”, neighborhood and community, culture, and socio-political environment impact on the social worker’s ability to work with youth of all ages and their families. A heightened sensitivity to one’s own beliefs, attitudes, feelings, and actions is essential for a social worker to practice in a responsible and professional manner. Throughout the course, ethical dilemmas via case vignettes or student practicum experiences will be used to illustrate how contemporary issues affect our ability to function effectively.

COURSE ASSIGNMENTS

Two papers are required. The aim of the papers is to give you a chance to reflect on your clinical work or casework in a concentrated and organized manner. Grading will be based on clarity of expression, following the terms of the assignment and quality of understanding of clinical issues.

All students will do Assignment 1. Assignment 2 offers a choice, depending on your experience. Students beginning field placements this term will probably want to do Assignment 2A, which focuses on evaluation and treatment planning. Students who have been in placement longer may prefer to write Assignment 2B which deals with ongoing treatment.

Although the assignments are quite detailed in their expectations, not all your cases will "fit" the assignment. The assignment can be modified to fit the realities of your practice. If you need to alter or reformulate the assignments to reflect the particular work you are doing, please discuss with me before writing the papers.
To preserve client confidentiality, please disguise your case material, by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details that identify clients.

**Assignment 1**: The subject of the first paper will be the use of clinical material in the development of clinical hypotheses and treatment planning in casework with children and adolescents. Discuss how methods of assessment may be affected by issues in the “helping” relationship (including the impact of race, ethnicity, gender, social class, sexual orientation, power and privilege), and by special issues presented by the client (including physical and sexual abuse, foster care, developmental disability, chronic illness, severe psychiatric disturbance, adolescent risk-taking, substance abuse and delinquency).

In the assessment and treatment process, "critical incidents" occur which crystallize the clinician's understanding of a case. A critical incident may take various forms. Examples might include: a repeated play sequence, the reporting of an important memory, fantasy or dream, an observed interaction between child and parent(s), a particular transference (or counter- transference) response, a style of resistance, information concerning traumatic or stressful events in the client's or family's history. What makes such an incident "critical" is that it enables the clinician to reach a clearer understanding of the client's experience, circumstances and internal psychological processes. From this understanding, clinical hypotheses can be generated and interventions can be planned.

For this paper, write up an evaluation of a child or adolescent according to the following outline:

1) Give a brief background statement that includes presenting problem, family circumstances, psychosocial history and relevant developmental information.
2) Describe one or a few critical incidents that enabled you to come to a clearer understanding of the case. Be concrete, specific and detailed in your presentation of the clinical material. (Selecting material from process recordings of interviews is a very appropriate way to present critical incidents.)
3) Discuss the clinical hypothesis derived from thinking about this material. The clinical hypothesis should make an explicit connection between current symptoms, ego functions (especially defenses) or modes of relating and past experiences and/or developmental factors.
4) Discuss the intervention plan that emerged from this process.

**Length: 9-10 pages   Due: February 19th   50% of course grade**

**Assignment 2**: Do A or B.

**Alternative A**: Choose a child or adolescent (and caregivers) with whom you have begun to work. Select a different client from the first paper. If you need to write about the same client, please discuss with me. Discuss how methods of intervention and ongoing family work may be affected by issues in the “helping” relationship (including the impact of race, ethnicity, gender, social class, sexual orientation, power and privilege), and by special issues presented by the client (including physical and sexual abuse, foster care, developmental disability, chronic illness, severe psychiatric disturbance, adolescent risk-taking, substance abuse and delinquency).
Write a clinical case review that includes:

1) Precipitant for referral, presenting problem and psychosocial/family history. Include also a discussion of protective factors, risk factors and environmental issues.
2) Formulation of a clinical hypothesis (or hypotheses) that takes into account developmental, psychodynamic and family ecological issues.
3) Treatment plan, in treatment format and specific goals of treatment. Indicate your rationale for choosing the approach you did. The relationship between the clinical hypotheses and treatment plan should be clearly stated. If relevant, describe components of the treatment plan which involve case management, as an adjunct or alternative to clinical work, such as referral for other services, coordination with other professionals, etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plans for interacting with these other parties and indicate any need you see to advocate on behalf of your client with these systems and individuals.
4) Description of your beginning relationship with the clients—both child or adolescent and caregivers. Describe some critical incidents that illustrate the initial relationship, and discuss any transference and counter-transference issues that appear to be emerging. Describe the racial/ethnic/class elements to the relationship. Assess the family's motivation for treatment by discussing strengths and vulnerabilities of the clients and their life circumstances that may promote or impede successful intervention. Describe your feelings regarding the prognosis for successful intervention and analyze your reasons.

Alternative B: Choose a child or adolescent (and caregivers) with whom you have worked during this year. Select a different client from the first paper. If you need to write about the same client, please discuss with me. Write a clinical case review that includes:

1) Precipitant for referral, presenting problem and brief psychosocial/family history. Include also a brief discussion of risk factors and environmental issues.
2) Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and ecological family issues.
3) Treatment plan. Indicate your rationale for choosing the approach you did.
4) Describe the treatment relationship in terms of attachment and transference issues. Note counter-transference and racial/ethnic/cultural issues.
5) Descriptive account of the treatment process, including critical incidents in treatment, and an assessment of the client's progress in terms of the objectives of the treatment plan. Though the focus of this part should be on the treatment process with the child or adolescent, also include an account of work with caregiver(s). This section should be the bulk of the paper.
6) A brief account of case management issues and contacts with other service personnel including school, foster care worker, day care provider, probation officer, etc.
7) Plans for continuing treatment, termination or transfer. If ongoing treatment is needed, note future treatment goals.
8) Conclude with a brief personal statement of why this case has been a valuable learning experience.

Length: 9-10 pages. Due: April 16th 50% of course grade
Alternative Paper Topics: Students who do not have a clinical placement or previous clinical material to draw on can discuss alternative topics with me. This option is open only to those students not doing direct work with children, adolescents and their caregivers. Possible alternatives include doing a research paper on intervention approaches to a particular problem of childhood or adolescence.

ATTENDANCE, PARTICIPATION AND READING

All these are expected. Class attendance is important because lectures and discussion will focus on how to do clinical work. Frequent absences are not acceptable and can result in a lowering of the course grade. If you are unable to attend class, please call or Email me in advance.

TEXTS and HANDOUTS

Texts are available at Ulrich’s Bookstore.


Handouts will be distributed weekly on developmental and clinical topics.

WINTER 2001 COURSE OUTLINE AND READINGS SCHEDULE

1/8 Ecological Framework for Work with Children, Youth and Their Families


Refer to Strengthening Families...Selected References for additional readings

1/22 Systems of Development: Developmental, Attachment, Relational, and Contextual

Davies: Chap. 1-3 alternate Andreozzi: Preface & Chap. 1

Rec. Library Reserve (RLR): Sroufe et al. – first 10 pages

1/29 Promotive and Risk Factors: From Brain-Behavior to Culture/Context

Davies: Chap. 4-5 alternate Andreozzi Chap. 2 (pp. 65-90) and 3 (pp. 144-157)

Distributed in class:
Marcus, Mulrine, & Wong (1999): How Kids Learn
Zero to Three (1999): Response to Myth of the First Three Years
RLR: Gilliam & Mayes; Lewis readings
2/5 Attachment, Separation and Loss: Lifespan perspective

Davies: Chap. 6-7 alternate Andreozzi Chap. 4

RLR: Biringen; Fish; Masten & al.; Kinzie & Sack readings

2/12 Early Mental Health Preventive Interventions

Davies: Chap. 8 & 9, alternate Andreozzi Chap. 5 & 7

RLR: Lieberman; Rounds et al.; Sameroff & Fiese readings

2/19 PAPER 1 DUE - Childhood Trauma

Davies: Chap. 12 alternate Andreozzi Chap. 6

RLR: Cohen & Mannarino; Schnitzer; Webster-Stratton readings

2/26 HAVE A RESTFUL BREAK!

3/5 Middle School Transition

Davies: Chap. 10 & 11 AND Steiner: Chap. 1

RLR: Rawson & Cassidy; Reid; Tolan et al. readings

3/12 Mood Disorders: Depression and Anxiety During Adolescence

Steiner: Chap. 4 & 5

RLR: Baptiste; Budman et al; LaFraboise et al. readings

3/19 Psychiatric Trauma: Suicide, Unexpected Death, Victimization

Steiner: Chap. 9

RLR: De Young & Corbin; Lohanes & Kalter; Sporakowski readings

3/26 Externalizing Disruptive Behavior: In Home and Out of Home Interventions

Steiner: Chap. 2 & 8

RLR: Kates et al.; Patterson & Reid; Schulman readings
4/2 Adolescent Sexuality and Substance Use

Steiner: Chap. 3 & 9

RLR: Clark; Kaminer; Wodarski readings

4/9 Chronic Physical and Psychological Illness

Steiner: Chap. 6, 7, & 8 (review)

RLR: McClellan & Werry; White readings

4/16 FINAL PAPER DUE – Course review

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