Interpersonal Practice with Children & Youth
Social Work Course # 625: Summer, 2002
8:10 - 12:00, 3752

Instructor: David L. Burton, MSW, Ph.D.

Contact Information
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I use email frequently and find it a quick way to get back to students about specific questions. I check email every day that I am on campus. I will also be available for occasional scheduled 1:1 or small group consultation.

Course Description
This course will examine practice theories and techniques for working with children, adolescents, and their parents. This course will provide grounding in the following perspectives: attachment/transactional theory, child and adolescent development, and parenthood, including ethnic/cultural variations in child rearing practices. The interaction between environmental risk factors, protective factors, and developmental factors as they contribute to coping, resiliency, and disorder will also be covered. Major clinical concepts including assessment, treatment planning, work with parents, developmentally appropriate engagement and intervention techniques will be addressed. This course will be organized in terms of the sequence of development and will cover clinical issues and treatment approaches relevant to each developmental stage.

Methods of learning will include lecture, discussion, email, in class exercises and observation exercises. We may also occasionally be rolling and playing on floor. I recommend sneakers and comfortable pants that can get dirty.
Course Objectives
Upon completion of this course students will be able to:

1. Describe and apply a number of assessment procedures (e.g. direct observation of or interviews with the client, parent or caretaker, and collateral contacts with teachers, caseworkers, or other professionals) that identify internal and external risk and protective factors that may affect children and youth.

2. Describe the primary developmental tasks and characteristics of childhood and adolescence as they relate to the selection and implementation of developmentally appropriate techniques for engaging and treating children and youth.

3. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship.

4. Conduct and write up an assessment that includes information on the child’s physical, emotional, and cognitive development, temperament, relationship history, and performance as the basis for formulating an understanding of the child’s presenting problems and circumstances.

5. Implement research supported prevention and intervention strategies (e.g. play therapy and parent training) that are compatible with client and family or caretaker goals, needs, circumstances, and values.

6. Monitor and evaluate interventions with regard to: effectiveness, sensitivity to client-worker differences; impact of clients’ and families’ social identities (i.e. race/ethnicity, gender, social class, sexual orientation, religion) on their experience of power and privilege; and appropriateness of the intervention to specific client needs resulting from conditions such as maltreatment, deprivation, disability, and substance abuse.

Relationship to the Four Curricular Themes

• *Multiculturalism and Diversity* will be addressed through discussion of client-worker differences and power/privilege differentials based on culture, ethnicity, race, gender, and social class. Case examples of intervention and readings will reflect this theme.

• *Social Justice and Social Change* will be addressed through discussion of differences between problems responsive to interpersonal practice interventions and those which result from poverty, discrimination, and disenfranchisement, requiring systemic as well as individual interventions. Advocacy for disadvantaged, deprived, victimized and underserved or inappropriately served children and youth and their families will also be emphasized.
• **Promotion, Prevention, Treatment, and Rehabilitation** will be addressed through discussion of early intervention, parent guidance, and advocacy as methods of preventing or mitigating later developmental problems. Discussions will also emphasize intervention theories and techniques which support the child’s or adolescent’s developmental potentials.

• **Behavioral and Social Science Research** will be addressed in relationship to the selection, monitoring, and evaluation of assessment and intervention methods with specific emphasis on current research in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment. Students will develop skills necessary to critically evaluate intervention theories and approaches used with child and youth populations.

**Relationship to Social Work Ethics and Values**
Social work ethics and values in regard to confidentiality, self-determination, and respect for cultural and religious differences are particularly important when working with children and youth. Social workers working with children and adolescents often need to make critical intervention decisions which may have to balance risks to the child’s or adolescent’s safety or emotional well-being with their need for ongoing connection to their families and communities. This course will cover the complexities of ethical dilemmas as they relate to work with child and youth populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

**Instructor Responsibilities**
The instructor will facilitate the course objectives by completing the following tasks.

1. Provision of USEFUL and constructive feedback for student’s work, especially for skill building efforts.

2. Provision and maintenance of a safe (and fun!) forum for discussion and learning.

3. Availability for and responsiveness to student questions and regular student evaluation and feedback.

**Student Responsibilities**
1. Be on time and prepared with an integrative concept from readings and assignments aimed at trying to understand the material as deeply as possible.
2. Complete class assignments, as outlined below, in a timely, heuristic and high quality fashion. Late assignments may be penalized.

* I see each student as responsible for her/his learning experience. We, as a team and the group as a whole must contribute to the experience, but the student is ultimately responsible for the depth, challenge and enjoyment of learning. **If you are interested in discussing alternate or additional assignments, readings, requirements and the like, I welcome you to speak with me about possibilities or ideas that you may have.** This is unlikely to lessen one's workload, but may best fit your needs and interests.
**Student Assignments**

**overview**

10% Contribute to the class

25% Two in-class unannounced BRIEF quizzes on readings (12.5% each)

5% Healthy kids 5/14

5% Sesame Street Critical Diagnoses 5/28

10% Self reflection: a workable model built with kids media 6/25

20% An assessment and treatment plan 7/9

25% A Role Play Final Exam TBA

100%

**details**

10% Contribute to the class seminar: ALL SEMESTER LONG!

- The instructor will evaluate this part of your grade. The following will be considered.
  1. Attendance.
  2. Work in role-plays and in class exercises.
  3. Reflection of having read the materials assigned based upon questions and comments in class. I recommend that you speak up occasionally - some folks are more comfortable doing so in small groups- this is just as good as larger class participation.
  4. Preparedness for answering questions by the instructor.

25% Two in-class BRIEF quizzes on readings (12.5% each).

Each quiz will be short answer and based on that week’s assigned reading:

UNANNOUNCED
Written assignment format:

<table>
<thead>
<tr>
<th>ALL written assignments must follow this format. Points will be deducted for not following the format or for handing in any papers late without permission from the instructor (up to 10%).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Typed</td>
</tr>
<tr>
<td>2. 14 pt type (12 is typical and too small)</td>
</tr>
<tr>
<td>3. Clarity in writing (sentences should make sense, paragraphs should start with a sentence outlining the paragraph, etc.)</td>
</tr>
<tr>
<td>4. Excellent spelling</td>
</tr>
<tr>
<td>5. Do not use material developed for, or in conjunction with, another class or educational assignment without discussing it with the instructor. Such assignments, which can be very useful, must, according the student handbook, be okayed with both instructors.</td>
</tr>
<tr>
<td>6. Cite and list references as illustrated in the student guide of in the fourth edition of the APA publication manual.</td>
</tr>
</tbody>
</table>

5% **Healthy Kids 5/14**

Find a naturalistic environment in which to observe healthy small children. Be thoughtful so as not to appear odd. A playground, a McDonalds, etc might be good places. Spend 1 hour there and then answer, in 2 pages, the following questions.

1. What was the setting?
2. What did you observe?
3. What do healthy children do?
4. What did you learn that you did not already know? (*nothing* is not acceptable - you may need to use a more critical eye if you are experienced with kids and youth)

5% **Sesame Street Critical Diagnoses 5/28**

1. Watch sesame street, I’d suggest watching 2 shows. You may need to tape them as the show tends to be on during the morning and afternoon hours.
2. Pick one character to diagnosis using DSM criteria
3. Offer a strong argument of why the character has that diagnosis.
4. Offer a different diagnosis and argue just as strongly for it. The more divergent the two are the better!
5. Write up both analyses in no more than 2 pages total.
5% Self reflection: a workable model built with kids media 6/25
1. Create a workable representation of yourself.
2. Use ‘reworkable’ media that a child might use: playdo, pencil, clay magnets, Lego, Velcro strips, replaceable glue, etc.
3. This self representation should represent YOU, the areas of yourself that will affect work with children, youth and their families. Areas of skills, strengths, concerns, upsets and/or vulnerabilities.
4. In class on the day this assignment is due, you will be asked to share some of these characteristics with your colleagues (not all of them and not the most vulnerable areas) and begin to rework them, understand them, and learn how to use them in treatment in children. Please write a one page explanation to hand in - you will keep the model.

20% An assessment and treatment plan 7/9
Hopefully this will be with an actual client. If not, you may be able to work with someone else (discuss with me first as this may change the assignment quite a bit) or invent a client. This is to be an actual write up for the Sunshine Agency. In four pages total you must provide the following (see objective # 4 for ideas).
   a. An assessment, diagnosis and
   b. an empirically based treatment plan. In this case, you must mention and cite 3 references from the literature that demonstrate empirical efficacy for the treatment you suggest. You also need at least 2 additional references that can cover treatment or the problem the youth you are working with has. INCLUDE the articles with the paper. Note: you might want to pick your case early on so that you can do some lit review in time for this. Actual cases from practicum, with identifying information changed, are highly recommended. Just FYI - this is how I write treatment plans and it works!

25% A Role Play Final Exam
1. In class you will be asked, in dyads, to present your clinical skills. It is highly recommended (to reduce workload) that you use the case here that you wrote about in your previous assignment. This assignment will take place 2 at a time, as per schedule with Dr. B. (mostly in the week BEFORE the final scheduled week of class).
Grades
Grade inflation is rampant across undergraduate and graduate schools around the country. I see this inflation as unnecessary (for jobs, Ph.D. programs, funding opportunities, success, etc.) and sometimes undeserved. While many students in this school do very skilled work, I am relatively certain that several students will receive B’s in this course. With children, clients of any sort and each other, honesty is a better and clearly more ethical policy of feedback than false praise and reward. I will endeavor to always explain my grades clearly and to use document my explanations.

Texts & Readings
There are two required texts. The texts are available at The Common Language Book Store located at 215 S 4rth Avenue, 313-663-0036. They typically do not open until 10am. Please spend some time in the bookstore, if you are unfamiliar with it, and say hello to the proprietor for me!

Required:


Reader
There is not an official reader. I recommend that you read articles on the following topics and would enjoy copies of articles that you think are terrific: ADHD treatment, Conduct Disorder, Family therapy (there are few that are empirically based), medications for children, healthy development, feminist theories of development, play therapy, activity therapy, domestic violence and sexual abuse, and substance abuse. If you need suggestions for authors, I am happy to help.

Week by Week Description

Class 1: Healthy kids
I will not be able to be in class in the first week. Instead, Joanne Smith-Darden will visit for a short while to discuss the syllabus and to assist in explaining an assignment for you to undertake instead of being in class. See the assignment above: Healthy kids  Have a great week! Please see the following page for the rest of the semester’s schedule.
# Lecture/Reading/Assignment Schedule

<table>
<thead>
<tr>
<th>Dates \ Area</th>
<th>Guests</th>
<th>Assignments</th>
<th>Book chapter(s)* : Vernon / Faber &amp; Mazlish (**)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/7</td>
<td>Healthy Children</td>
<td>8:00 Joanne Smith-Darden, MSW</td>
<td>1 / introductions (both of them) 1 &amp; 2</td>
</tr>
<tr>
<td>5/14</td>
<td>Diagnoses &amp; assessment</td>
<td></td>
<td>Healthy kids</td>
</tr>
<tr>
<td>5/21</td>
<td>Who is the client?</td>
<td></td>
<td>Skim 13</td>
</tr>
<tr>
<td>5/28</td>
<td>Privilege and diversity &amp; tx plans</td>
<td></td>
<td>Sesame Street 8, 9</td>
</tr>
<tr>
<td>6/4</td>
<td>ADHD &amp; individual tx</td>
<td></td>
<td>2 &amp; 3 (5)</td>
</tr>
<tr>
<td>6/11</td>
<td>Abuse, violence, substance abuse &amp; play tx</td>
<td></td>
<td>4 / 3, 4 &amp; 5</td>
</tr>
<tr>
<td>6/18</td>
<td>Exceptional kids &amp; family tx</td>
<td></td>
<td>7, 13 &amp; 14 / 6 &amp; 7</td>
</tr>
<tr>
<td>6/25</td>
<td>Risks and adolescents &amp; RET, CBT</td>
<td></td>
<td>Self reflection 6</td>
</tr>
<tr>
<td>7/2</td>
<td>Delinquency &amp; groups</td>
<td></td>
<td>10 &amp; 11</td>
</tr>
<tr>
<td>7/9</td>
<td>Play day for the class</td>
<td></td>
<td>Assessment and tx plan / pages 235-277</td>
</tr>
<tr>
<td>7/16</td>
<td>Role play</td>
<td></td>
<td>Final</td>
</tr>
</tbody>
</table>

* All reading on this page is to be read PRIOR to the date it is placed on (you may have a quiz!)
** Chapters in brackets () are recommended but, will not be on the quiz, though you may learn useful material from them.