COURSE DESCRIPTION

This course deals with practice theories and techniques for working with children and adolescents and their parents. The course will provide grounding in attachment/transactional, developmental, psychodynamic, and ethnic/cultural perspectives. We will address major clinical concepts, including: assessment, treatment planning, treatment process, intervention techniques and work with parents. The course is organized in terms of the sequence of development and we will discuss clinical issues and treatment approaches relevant to each developmental stage. We will look at intervention approaches appropriate to different mental health problems, and several classes will be devoted to topics especially relevant to social work practice, including treatment of foster children, physically and sexually abused children, developmentally disabled and chronically ill children, severely disturbed children and adolescents and delinquent adolescents.

The aims of the course are to deepen the student’s clinical understanding and skills; to teach the usefulness of a developmental perspective; and to increase the student’s knowledge of normal development and psychopathology in childhood and adolescence.

The course format combines lectures conveying conceptual information with case presentations illustrating practice.

COURSE OBJECTIVES

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

1. Describe the primary tasks and characteristics of each developmental stage in the following areas: sense of self, relation to reality, cognitive characteristics, defenses and coping mechanisms, play, and moral development.

2. Assess the impact of temperament and parental reactions to temperament on the development of the child.

3. Summarize the role of attachment across child and adolescent development, including: transactional patterns of attachment during infancy, difficulties in attachment, working models of attachment as a template for expectations of relationships, and attachment as a perspective on reactions to loss, divorce, entry into foster care and adoption.
4. Assess the balance of risk and protective factors for a child or adolescent, utilizing concepts of stress, resiliency, coping mechanisms and developmental level.

5. Identify developmentally appropriate techniques for engaging child and adolescent clients.

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

7. Discuss how methods of assessment and intervention may be affected by issues in the treatment 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).

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

9. Select and apply appropriate interventions from the following approaches: parent-child/adolescent therapy, play therapy, parent guidance, parent training, and group treatment.

RELATIONSHIP OF THE COURSE TO FOUR CURRICULAR THEMES

- **Multiculturalism and Diversity** will be addressed through discussion of worker-client differences and power/privilege differentials based on culture, ethnicity, race, gender, and social class, in the context of case presentations.

- **Social Justice and Social Change** will be addressed through discussion of differences between problems responsive to interpersonal practice interventions and problems--such as poverty, discrimination, disenfranchisement--which require systemic as well as individual interventions. Advocacy for disadvantaged, victimized, and inappropriately served children, youth and their families will also be emphasized in case presentations.

- **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. Intervention theories and techniques which support the child’s or adolescent’s developmental potentials will also be discussed.

- **Behavioral and Social Science Research** will be addressed in relationship to the selection, monitoring, and evaluation of intervention, with specific emphasis on current research in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment.
RELATIONSHIP OF THE COURSE TO SOCIAL WORK ETHICS AND VALUES

Discussions will explore social work ethics and values regarding confidentiality, self-determination, and respect for cultural and religious differences when working with children, adolescents and their families. In addition, we will discuss the complexities of decision making in cases where children and adolescents are at risk, and will explore how the Code of Ethics can guide our thinking and decision-making.

PAPERS

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 ft 1. Assignment ft 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 ft2B which deals with ongoing treatment.

Although the assignments are quite detailed in their expectations, I recognize that not all cases will “fit” the assignment. I am willing to modify the assignments 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 which 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 intervention with children and adolescents and their parents or caregivers. In the assessment and treatment process, “critical incidents” occur which crystallize the practitioner’s understanding of a case. A critical incident may take various forms. Examples: 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 about traumatic or stressful events in the client’s or family’s history, results of psychological/educational testing in a clients school file. 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 which includes presenting problem, family circumstances, psychosocial history and relevant developmental information.

2) Describe one or a few critical incidents which 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 which emerged from this process, including goals for both the child or adolescent and the parent or other caregiver.

**Length:** 9-10 pages          **Due:** June 24          **Counts 50% of course grade**

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

**Alternative A:** Choose a child or adolescent (and parents) with whom you have begun to work. I would prefer you write about a different client from the first paper. If you need to write about the same client, please discuss with me. Write a detailed summary of an assessment (and, if relevant, the early treatment work) 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) which takes into account developmental, psychodynamic and family/interactional issues.

3) Treatment plan, in terms of 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 parents. Describe some critical incidents which illustrate the initial relationship, and discuss any transference and countertransference issues that appear to be emerging. Describe any racial/ethnic/class elements to the relationship, if relevant. Assess the family’s motivation for treatment by discussing strengths and weaknesses in the clients and their circumstances that may promote or impede successful intervention.

5) Describe your feelings regarding the prognosis for successful intervention and analyze the reasons for your point of view.

**Alternative B:** Choose a child or adolescent (and parents) with whom you have worked during this year. I would prefer you write about a different client from the first paper. If you need to write about the same client, please discuss with me. Write a 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 family/interactional 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 ethnic/cultural issues, if relevant.

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 parent(s). This section should be the bulk of the paper.

6) Brief account of case management issues (if relevant) and extra-therapeutic contacts, e.g. with school personnel, 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: July 15 Counts 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 parents. Possible topics 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 will result in a lowering of the course grade.

**TEXTS and HANDOUTS**

1) **Texts** (available at Shaman Drum Bookshop, 313 South State).
   
   New York: Guilford Press.


2) I will be passing out a number of handouts on developmental and clinical topics.

**COURSE OUTLINE AND READING SCHEDULE**

May 6, 2002

**Lecture.** Frames of Reference for Work With Children and Adolescents: Psychodynamic, Developmental and Attachment Theories; Assessment of Risk Factors.

**Required Readings**

Davies: Preface, pp. xi-xiii; Introduction (Part 1), pp. 3-12; Chapters 1 & 2.
May 13, 2002


Required Readings

Davies: Chapter 3; Introduction (Part II), pp. 111-116.


May 20, 2002


Case Presentation: Vignettes Illustrating Parent Work.

Required Readings

Davies: Chapter 1 (review); Chapters 4 & 5

June 3, 2002

Lecture. Part 1. Infants and Toddlers: Normal Development; Clinical Applications of Attachment Theory; Clinical Issues in Work With Infants and Toddlers and Their Parents.

Case Presentation: Parent-Toddler Psychotherapy


Case Presentation: A Three Year Old With A Pervasive Developmental Disorder:
Assessment and Intervention Planning.

Required Readings

Davies: Chapters 6 & 7.


June 10, 2002

Lecture. Preschoolers: Normal Development, ages 3-6; Common Clinical Issues in Work With Preschoolers; The Use of Symbolic Play in Work With Young Children; Treatment Issues in Work With Abused Young Children. The Transition from Preschool to Middle Childhood.

Case Presentation:
Required Readings

Davies: Chapters 8 & 9.


June 17, 2002

Lecture. Middle Childhood: Normal Child Development, Ages 6-12; Clinical Issues in Work With Latency Age Children; The School Age Child’s Communication Styles and Therapeutic Techniques in Response

Case Presentation: Treatment of a 6 Year Old Having Difficulty in the Transition Preschool to Middle Childhood.

Required Readings

Davies: Chapters 10 & 1 1.

June 24, 2002  Paper #1 Due

Lecture. Group Treatment of School Age Children; Treatment of Bereaved Children

Case Presentations: 1) Group Work With School Age Children of Divorce; 2) Family and Individual Treatment of a Bereaved School Age Child.

Required Readings

None

July 1, 2002

Lecture. 1) Clinical Issues in Treatment of Abused and Neglected Children: Trauma Theory; The Model of Post-Traumatic Stress; Treatment Approaches. 2) Treatment of School Age Children With Behavior Disorders.

Required Readings


Davies: Chapter 12.
July 8, 2002

Lecture. 1) Early Adolescent Development: The Transition from Latency to Adolescence; Adolescent Separation-Individuation. Evaluation of Adolescents. 2) Clinical Issues of Children and Adolescents Placed in Foster Care; Adoption Issues.

Case Presentation: Supportive Therapy With a Young Adolescent Released from Adoption and Placed in Foster Care.

Required Readings

Steiner: Treating Adolescents: Introduction, Chapters 1, 2, 4, 9.

July 15, 2002 Paper #2 Due

Lecture. 1) Examples of Evaluation of Adolescents; 2) The Treatment Alliance With Adolescents

Case Presentation: Treatment Failure or Success?

Required Readings: Steiner: Chapters 5, 6, 7.

July 22, 2002

Lecture. Mid to Late Adolescent Development. Assessment of Change/Progress in Treatment of Children and Adolescents. Responding to Acting Out and Suicidal Behavior.

Case Presentation: Attachment Issues in The Treatment of An Older Adolescent Experiencing Difficulties With Intimacy.

Required Readings.

Steiner: Chapter 3, 8.