Interpersonal Practice with Children & Youth
Social Work Course # 625: Fall 2002

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

Contact Information
Phone #: 763-6580
Email Address: burtond@umich.edu
Office: 3734 Social Work Building

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. When physically possible for therapists, it is a good idea to work with children on their level — so we may be sitting on the floor and wearing appropriate clothing for doing to may be wise.

Accommodations for students with disabilities
If you need or desire and accommodation for a disability, I encourage you to contact me at your earliest convenience. Many aspects of this course, the assignments, the in-class activities, and the way that I teach can be modified to facilitate your participation and progress throughout the semester. The earlier you make me aware of your needs, the more effectively we will be able to use the resources available to us, such as the services for Students with Disabilities, the Adaptive Technology Computing Site, and the like. If you do
decide to disclose our disability, I will (to the extent permitted by law) treat that information as private and confidential.

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 9/13

5% Sesame Street Critical Diagnoses 9/27

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

20% An assessment and treatment plan 11/22

25% A Role Play Final Exam 12/06 (graduating students first)

---

**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:

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%).

1. Typed
2. 14 pt type (12 is typical and too small)
3. Clarity in writing (sentences should make sense, paragraphs should start with a sentence outlining the paragraph, etc.)
4. Excellent spelling
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.
6. Cite and list references as illustrated in the student guide of in the fourth edition of the APA publication manual.

5%   Healthy Kids 9/13
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 9/27
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. List specific behaviors that match specific DSM criteria.
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 3 pages total.
6. Offer what you conclude based on this exercise regarding diagnosis and the DSM system? How will this apply to your work in the future?
5% Self reflection & brief analysis: a workable model built with kids media 11/22
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.
5. You will also need to hand in a short assignment analyzing this experience for yourself - detailed and thoughtful analysis of your creation is what I am seeking. Where does this assignment take you to next? How does it fit into your developmental path? What, specifically, will you do with this knowledge, with what you have to discovered in this assignment?

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). See the attached handout for an imperfect example that helps explain what you need to do.
   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).
2. I will be assessing skills in the area you have chosen (e.g., how to undertake cognitive restructuring of a teen dealing with depression or how to do play therapy with a traumatized 6 year old).
3. See the attached for other criteria for evaluation of this assignment
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, 734-663-0036. 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 or specific articles if you are stuck, I am happy to help. This is an opportunity for you to learn what you are interested in and ties in with the final assignment – you can also share great articles with the class during the beginning of each class when we discuss readings, questions, etc.
<table>
<thead>
<tr>
<th>Dates \ Area</th>
<th>Guests</th>
<th>Assignments</th>
<th>Book chapter(s)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/6</td>
<td></td>
<td></td>
<td>Vernon / Faber &amp; Mazlish</td>
</tr>
<tr>
<td>9/13</td>
<td>Cesar Valdez, MSW</td>
<td>Healthy kids</td>
<td>/ 3, 4 &amp; 5</td>
</tr>
<tr>
<td>9/20</td>
<td>Cesar Valdez, MSW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/27</td>
<td></td>
<td></td>
<td>Sesame Street 8, 9</td>
</tr>
<tr>
<td>10/4</td>
<td>Bill Powell, MSW &amp; boys from Adrian Training School</td>
<td></td>
<td>10 &amp; 11 / 7</td>
</tr>
<tr>
<td>10/11</td>
<td></td>
<td></td>
<td>2, 3 &amp; 7 (180-186)</td>
</tr>
<tr>
<td>10/18</td>
<td></td>
<td></td>
<td>4, 7 / 6</td>
</tr>
<tr>
<td>10/25</td>
<td></td>
<td>Self reflection &amp; brief analysis</td>
<td></td>
</tr>
<tr>
<td>11/1</td>
<td></td>
<td></td>
<td>5, 6 &amp; 10 /</td>
</tr>
<tr>
<td>11/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/15</td>
<td></td>
<td></td>
<td>13 &amp; 14</td>
</tr>
<tr>
<td>11/22</td>
<td></td>
<td>Assessment and tx plan</td>
<td></td>
</tr>
<tr>
<td>11/29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/06</td>
<td></td>
<td>Final</td>
<td></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.
Final Role Play Assignment Grading Sheet for Social Work 625

Student name__________________________________________________

25% of your final grade will be assessed on the basis of your final role-play in the following areas.

__ 1. Skills demonstrated to actually assist the client in making change (e.g., specific techniques of play therapy, cognitive restructuring, etc.) (40 points)

__ 2. Intervention should reflect research and/or class materials. Such as knowledge about the client situation (e.g. trauma, exceptional kids, violence, etc.) (15 points)

__ 3. Effectively communicating and establishing relationship w/ client (15 points)

__ 4. Collaboration building w/ client (10 points)

__ 5. Strengths perspective (15 points)

Up to 5 more points will be awarded for skills demonstrated in the following areas (or related areas of clinical skill) which may/or may not fit your role-play.

☐ Dealing with issues of privilege and difference in therapy
☐ Creativity
☐ Consultation w/ client
☐ Good handling of resistance
☐ Very good homework assignments (pragmatic, to the point, doable and aimed at success for the client)
☐ Assessment skills and questions
☐ Overall skill level
☐ Other stuff ______________________________________

__ Points

Overall Comments:
An example of clarity in treatment plan statements

Joshua is a sexual offender. His victim was his 6 year old sibling whom he anally penetrated approximately 50 times in 6 months.

Currently Joshua refuses to see his father who sexually penetrated Joshua anally on a daily basis from the age of 5-7 and has a severe alcohol problem. His mother and he have a stronger relationship. She has been in a treatment program for cocaine addiction for 6 months and has recently made several positive changes in her life. The treatment team (meeting date, September 12, 2001) agreed that Joshua should meet with her as part of his cycle work and preparation for release after resolving issues of anger and abandonment by her. This work will be in conjunction with sexual assault and behavioral cycle work done in group and will aim at assisting Joshua in applying his work on these issues to his understanding of his cycle triggers.

Ms. Smith will meet with Joshua for 1 hour per week for three months after school in the dorm) to assist him in preparing for family sessions in November. These sessions will focus on resolution of anger so that Joshua reports a decrease in anger on a subjective 1-10 scale from 10 to at most 5 (allowing for measurement of progress and the scale to be used). They will also work on the abandonment issues, which Joshua expresses with many staff members and his group members, and individuation so that Joshua will reduce his self report of feeling abandoned from 9 times per week to at most 3 times per week. Insight oriented therapy, cognitive behavioral therapy and cycle work will be used to accomplish these goals.

Explanation of the components of the statement

Currently Joshua refuses to see his father who sexually penetrated Joshua anally on a daily basis from the age of 5-7 (data from records from referral) and has a severe alcohol problem (data from mother and grandmother). His mother and he have a stronger relationship (observation by worker, by Maxey staff and corroboration by grandmother and mother and Joshua). She has been in a treatment program for cocaine addiction for 6 months and has recently made several positive changes in her life (collateral data collected fm mother and conversation with cocaine treatment staff and mom’s employer). The treatment team (meeting date, July 24, 1999) agreed that Joshua should meet with her as part of his cycle work and preparation for release after resolving issues of anger (this should be documented in URIs, corroborated by observation, interview with Joshua and his sister) and abandonment by her (clinical hypothesis, untested, but based on the fact that Joshua was frequently left alone while she obtained and worked for drugs as a sex worker and his issues with staff and youth).

Ms. Smith (who will work with the youth) will meet with Joshua (solo versus com or group...modality of the work) for 1 hour per week for three months (allowing measurement of process) after school in the dorm (place and time) to assist him in preparing for family sessions in November. These sessions will focus on resolution of anger so that Joshua reports (method of measurement) a decrease in anger on a subjective 1-10 scale from 10 to at most 5 (allowing for measurement of progress and the scale to be used). They will also work on the abandonment issues, which Joshua expresses with many staff members and his group members (illustrating the current nature of the issues), and individuation efforts (this is developmentally appropriate) so that Joshua will reduce his self report (method of measurement) of feeling abandoned from 9 times per week to at most 3 times per week (allowing for measurement of progress and the scale to be used). Insight oriented therapy, cognitive behavioral therapy and cycle work will be used to accomplish these goals (general methods/techniques to be used). This work will be in conjunction with sexual assault and behavioral cycle work done in group and will aim at assisting Joshua in applying his work on these issues to his understanding of his cycle triggers (relationship to his CO and other concurrent work).
Cognitive restructuring in six steps:

1. Identify negative thoughts/feelings words


3. Teach clients difference between observations and interpretations. Teach clients to ID irrational interpretations and beliefs

4. Change the cognitions
   a. What is the evidence? Prove it.
   b. Alternative interpretations.
   c. Teach distorted thinking errors: (Overgeneralizing, Selective abstraction, Excessive responsibility, Self references, Dichotomous thinking) Loss of perspective, control fallacy (who is in charge), fairness fallacy, minimizing or maximizing, shoulds.
   d. Increase positive statements (affirmations, attributes, etc.)

5. Test interpretations and beliefs:

6. Recognize, cope with, abolish or re-interpret activating events