Interpersonal Practice with Children & Youth  
Social Work Course # 625: Fall 2003, SWB, B684

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

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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 the 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, working 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, it may be wise to wear appropriate clothing for doing so.

Accommodations for students with disabilities
If you need or desire an 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 your 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 9/22 
10% Self reflection: a workable model built with kids media 10/24 
20% An assessment and treatment plan 11/21 
25% A Role Play Final Exam 12/05 – and TBA (graduating students first) 

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, which is just as good as larger class participation. 
4. Preparedness for answering questions from 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 only: 
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 & double spaced 
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 9/12
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. How does your standpoint (your race, gender, age, ability, etc.) alter your observation of healthy kids?
5. 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 9/19
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 using a full five axis diagnosis.
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 they are the better!
5. How could issues of oppression play into this diagnosis or result from it for this character?
6. Write up both analyses in no more than 3 pages total.

5% Self reflection: a workable model built with kid’s media 10/24
1. Create a workable representation of yourself.
2. Use ‘reworkable’ media that a child might use: playdo, pencil, clay, magnets, Legos, 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. Some areas are harder to understand, but even more important than others. For example, areas of privilege in relationship to race, ethnicity, gender, sexual orientation, ability, age and the intersection of these, as well as how aware you are of differences among people and oppression you and they experience may greatly affect how you work with children, youth and families. These areas must be considered in the self reflection assignment.
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 11/21
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. A brief assessment and diagnosis. This should include areas of: measurable symptoms (yes, #s, frequency of behaviors, experiences of or system caused oppression and privilege, strengths and resiliency along with all of the typical assessment information covered in class.

b. An empirically (research)-based treatment plan. In this case, you must mention and cite at least 5 references that empirically describe the problem you are working on; at least 3 references from the literature that demonstrate empirical efficacy for the treatment you suggest and at least 2 additional references that can cover treatment or the problem of the youth you are working with. **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**

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. See the attached grading sheet.**

**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 document my explanations.
**Texts & Readings**
There are two required texts. The texts are available at The Common Language Book Store located at 215 S 4th 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, Kevin, for me!

**Required:**


**Recommended- especially for adolescents or mandated populations**

**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.
# 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>9/5 Beginnings, relationship and who is the client?</td>
<td></td>
<td></td>
<td>1, skim 13 / introductions (both of them) 1 &amp; 2</td>
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<tr>
<td>9/12 Client assessment and first session</td>
<td>Healthy kids</td>
<td>/ 3, 4 &amp; 5</td>
<td></td>
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<tr>
<td>9/19 Privilege and diversity in tx</td>
<td>Sesame Street</td>
<td>8, 9</td>
<td></td>
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<tr>
<td>9/26 ADHD &amp; individual tx. Focus on individual therapies.</td>
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<td>2 &amp; 3 (5)</td>
<td></td>
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<tr>
<td>10/3 Groups and delinquency</td>
<td>Bill Powell, MSW &amp; boys from Adrian Training School</td>
<td>10 &amp; 11 / 7</td>
<td></td>
</tr>
<tr>
<td>10/10 Assessment</td>
<td>CesarValdez</td>
<td>7 (180-186)</td>
<td></td>
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<tr>
<td>10/17 Exceptional kids (and ADHD) &amp; trauma</td>
<td></td>
<td>4, 7 / 6</td>
<td></td>
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<tr>
<td>10/24 Development of the use of self as the critical tool in therapy</td>
<td>Self reflection &amp; brief analysis</td>
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<tr>
<td>11/1 Risks and adolescents &amp; RET, CBT</td>
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<td>5, 6 &amp; 10 /</td>
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<td>11/07 Play day for the class</td>
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<tr>
<td>11/14 Working with parents and families</td>
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<td>13 &amp; 14</td>
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<tr>
<td>11/21 Groups and more practice</td>
<td>Assessment and tx plan</td>
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<td>11/28 Pulling it all together</td>
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<tr>
<td>12/05 Final role plays</td>
<td>Final</td>
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* 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 with a sexually abusive youth

*Please note that this is incomplete and offers some ideas and is not a strict model*

Joshua is a sexual offender. His victim was his 6 year old sibling whom he anally penetrated approximately 50 times in 6 months. *More detail is needed here to describe your case…*

He has a diagnosis of …. 
Axis I  
Axis II  
Etc.

Currently Joshua refuses to see his father who anally penetrated Joshua on a daily basis from the aged 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, April 12, 2003) 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.

*Presenting issues should be targeted here – first…*

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. Aggression Replacement Training (ART) (Douglas, 1997; Smith, 1999) and cycle work (Mathias, 2002) will be used with Joshua in by Ms. Smith to focus on anger resolution.

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 (James & Miranda, 1998) and cognitive behavioral therapy using cognitive restructuring (Kendall, 1989, Kendall & Braswell, 1994) will be used to work towards decreasing Joshua’s feeling of abandonment.

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.
Explanation of the components of the statement

Currently Joshua refuses to see his father who anally penetrated Joshua on a daily basis from the ages 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 from mother and conversation with cocaine treatment staff and mom’s employer). The treatment team (meeting date, April 12, 2003) 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, 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 small group or larger 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 (purpose of meetings). 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). Aggression Replacement Training (ART) (Douglas, 1997; Smith, 1999) and cycle work (Mathias, 2002) will be used with Joshua in by Ms. Smith to focus on anger resolution. (this offers the citations of studies that have found statistical success with these methods for this problem and type of youth).

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 (James & Miranda, 1998) and cognitive behavioral therapy using cognitive restructuring (Kendall, 1989, Kendall & Braswell, 1994) will be used to work towards decreasing Joshua’s feeling of abandonment. (this offers the citations of studies that have found statistical success with these methods for this problem and type of youth).

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 sexual assault cycle triggers (relationship to his current work and presenting problem).
A note on the self reflection assignment written to students in SP/SU, 2003

This assignment is easier than it seems in some ways and harder in others. It challenges one’s creativity and self exploration. Let me give some examples- that may be the easiest way to explain what I am looking for.

One student who had been suffering from dramatic health problems and threats, created a playground. It had a slide, swings, a teeter-totter and a see-saw. This one was made from play-do and fit into a large shoe box. One of the most fascinating things about it was that the surface of the playground was utterly deep black clay. It was a stark comparison to the brightly colored toys and the blackness represented her justifiable fear of death. In her write-up she discussed how she was afraid that her fear of death might make her hold onto kids too much, or that they might sense her fear and it might scare them. She did not discuss her assignment in depth with the class – only very briefly- as was appropriate.

Another student created a small house out of a cardboard box. In this house various walls represented various things in his life. One wall was brightly colored and had a window. The colors were the energy he was putting into his future. One wall had a photo of his parents –various symbols were drawn on this to indicate different parts of the student’s family life such as love and pain. One wall had a picture of his partner and their home. In the center of the house was a small red man with a large rock on him. The student said this represented someone who had hurt him, and the rock represented the need to control these feelings.

Another student created a tree from clay – it was 3 feet in height with branches representing parts of her life – strengths, development and losses. It was very detailed and had roots as well as vines and leaves.

In all cases students represent who they are and what goes into themselves as therapists – good bad and ugly. We are tools of our trade and we need to know how to use those tools. For me, my health, hyperactivity, years of experience, childhood issues, reading and education would all have to be reflected as each of these affect how I work with kids.

Students have used playdo, write, pipe cleaners, collages, cork boards, play flowers, birds, computer generated images, books, clay, erasable pen and pencil drawings, jewelry, photos, music and many, many other things. The items must be rearrangable (sp?). Here are the keys to success: work hard at reflecting which parts of you will go into who you are when working with kids. The quality of the work is not the issue for grading, rather it is the thought goes behind it and that is reflected in the assignment and its write up. That being said, however, last minute thrown together projects will not be graded very well and are quite obvious. Use your strengths, use your hearts, use your minds and have fun. Do not over disclose- recall that you will need to say a few words to the whole class about your project. You can have symbols or objects that you do not explain or that you simply say are deeper or private and then move on.