#### UNIVERSITY OF PENNSYLVANIA

SCHOOL OF SOCIAL POLICY AND PRACTICE

# SWRK 722 - 01 Practice with Children and Adolescents Spring 2019

#### **COURSE PURPOSE**

This course is designed to provide a foundation for social work practice with children and adolescents. Beginning with an overview of normative child development and psychosocial developmental theory, the course will cover various methods for helping children and adolescents with emotional and behavioral problems. Emphasizing the complex interplay between children, adolescents and their social environments, consideration will be given to the child and adolescent's biological/temperamental/developmental status, the familial/cultural context, and other aspects of the physical and social environment. Particular attention will be paid to working with children and their families who are at risk due to social, emotional, financial, and health factors.

Various methods for helping troubled children, adolescents and their families will be covered. A transactional framework is used to assess the "goodness of fit" between children, adolescents, and their social environments, and guide interventions that attend to individual, familial, and environmental factors. The aim of this course is to increase the ability of the students to assess the needs of children and adolescents and to explore the various intervention techniques available. They will learn how to adapt the appropriate intervention techniques and apply them in appropriate situations. There is a range of techniques explored including family systems, one on one, play therapy, group, and school-based interventions.

This course builds on the foundation of theory, knowledge, and skills of the first-year practice courses, SWRK 604 and SWRK 614, as they apply to individuals and families, as well as knowledge and other social work foundation courses. SWRK 722 focuses on the knowledge of human development in the early stages of the life cycle as presented in SWRK 602 (Individual Functioning in the Social Environment) and knowledge of the impact of social policies on vulnerable populations such as children and adolescents as introduced in SWRK 601 (History and Philosophy of Social Work and Social Welfare). SWRK 722 extends awareness of how oppression impedes the social functioning and development of this vulnerable segment of the population and the disproportionately high risk to minorities as presented in SWRK 603 (American Racism and Social Work Practice) and SWRK 613 (Promoting Social Change: Issues of Race and Gender). This advanced social work direct practice course also provides core information and knowledge that informs electives such as Brief Treatment and Crisis Intervention, Marriage and Family Intervention, Social Work Practice with the Developmentally Disabled, Social Work Practice with Persons with Anxiety and Depression and other elective offerings. This course focuses on intervention strategies and fits into the framework of practice that is presented in SWRK 704.

All interventions covered in this course will be examined to assess their consistency with the foundation of the values and ethics of sound social work practice. The course will also focus on diversity and will include examining the factors needed to make intervention with this population sensitive to the issues of diversity and to examine how the issues of race, poverty, gender, and social and economic justice impact both the worker and the client. There will be an in-depth exploration of the risk factors of poverty, mental illness, racism, lack of economic opportunity, lack of adequate health care and substance use and how these contribute to the placing of certain populations at risk and the consequences of this on the day-to-day existence of children, adolescents and their families.

#### **EDUCATIONAL OBJECTIVES**

In this course participants will:

Consider the concepts of vulnerability, risk, and resilience in the psychosocial development of the child and

- adolescent.
- Learn to relate various types of childhood difficulties to developmental and environmental stressors and vicissitudes.
- Gain an understanding of the processes of engagement, assessment, and intervention in work with children, adolescents, and their families.
- Explore various modalities in work with children and adolescents, including family, one-on-one, group, and school-based interventions.
- Learn how to assess and work with children in special circumstances, including children in families struggling with substance abuse, illness and death, and violence.
- Learn how to assess and work with adolescents in special circumstances, including adolescents struggling with: abuse, neglect, and sexual victimization; school failure; substance use; and issues of adolescent sexuality, premature parenthood, and prostitution.
- Examine the major categories of psychosocial disturbances in children and adolescents.

## **COURSE REQUIREMENTS**

### **REQUIRED TEXTS**

Allen-Meares, P. & Fraser, M.W. (2003). *Intervention with Children and Adolescents: An Interdisciplinary Perspective*. Boston, MA: Pearson.

Mash, E. J. & Barkley, R. A. eds. (2009) Assessment of Childhood Disorders, 4th Edition, New York, NY, Guilford.

Webb, N. B. (2011). Social work practice with children.3<sup>rd</sup> Edition, Guilford Press.

# **RECOMMENDED TEXTS**

Steele, W. & Malchoidi, C. (2011). <u>Trauma-Informed Interventions for Children and Adolescents.</u> Boston, MA: Pearson.

Kaduson, H. G., & Schaefer, C. E. (Eds.). (2012). Short-term play therapy for children. Guilford Press.

Malekoff, A. (2014). Group work with adolescents: Principles and practice. Guilford Publications.

#### **COURSE ASSIGNMENTS**

Students will be responsible for three written assignments during the semester. The third assignment offers the choice of options for those students who are not working directly with a child or adolescent.

1) "My Life as a Child" - Explore a developmental milestone, event, or experience in your life before the age of 12. The focus can be on a significant experience, developmental milestone or ongoing situation. It can be a positive, negative or other important event. Based on developmental literature (see handouts on Canvas) and research relevant to your experience, describe the topic, describe your context (family, sibling position, environmental context), explain where you were developmentally, the impact on your development - positive or negative - and the important people who supported you. What were your strengths and weaknesses at that the time? What were the important influences that you remember helping you? If you talk about a negative event did your family seek out and receive services? Did the services help?

3-4 pages – Bibliography required, minimum 4 references.

Due Session 4: February 12, 2019

### 2) Adolescents - Annotated Bibliography

A. Choose a practice topic either from the literature or one that is relevant to the population that you are currently working with. As an as example: eating disorders, conduct disorders, depression, suicide, racism, poverty.

B. Select 5-8 articles and analyze these articles and how the information and ideas in these can be used to inform your own practice. You can use this assignment to research your final paper or to increase your knowledge in a selected area. The information should indicate a thorough reading and understanding of the concepts presented and a critique. You can contrast the articles read or discuss them in relation to class discussions and your field experience.

C. Articles should cover one or more of the following areas: development, theory or intervention approaches. You can focus on one or all of these areas in relation to your topic.

5-6 pages – See handout on Canvas for details on formatting.

Due Session 8: March 12, 2019

- 3) Option #1 Students working directly with a child or adolescent
  - Option #2 Students who are not working directly with a child or adolescent, topic must be cleared with the instructor for this option.
- 1. **Intervention Paper** Describe an intervention with a child or adolescent, either individually or in context of family or group. The intervention can be in the context of your role, i.e. DHS, hospital or school-based intervention, therapy setting. The following areas should be covered:
  - A. Brief history of presenting problem. Where did sessions or work take place, who else is involved with child including other agencies? Family context? Use ecomap or genogram to describe context.
  - B. Assessment, treatment plan and description of intervention and where this fits in (session #, agency context, etc). Discuss relevant theories behind intervention strategy.
  - C. Evaluate effectiveness of intervention. What factors, positive or negative, support this evaluation?
  - D. Include references to support your approach.

10-12 pages - Minimum 8 references

Due Session 11: April 9, 2019

2. **Research Paper** – This option is for students who do not have access to children and adolescent clients for the intervention paper. <u>Macro students need to discuss assignment with instructor.</u>

A. Select a topic focusing on a specialized child or adolescent population from your syllabus or a population with whom you are working in your field placement. Conduct a search of the literature to identify intervention approaches that have been used.

## Choose one of the following to analyze your topic:

- B. Select one of the approaches identified in A and analyze it along several dimensions, such as the following:
- Philosophy underlying the approach;
- Interventions emphasized in this approach;
- Problem definitions unique to this approach;
- Goals of intervention, as specified in this approach;
- Role of the worker and role of the client;
- View of "pathology" and "health";
- Specific intervention considerations based on ethnicity, socioeconomic status, race, gender, religion or sexual orientation
- Specification of the role of relationship to change;
- Identify in your opinion the positives, negatives, and the unsolved issues of this approach.
- C. Examine two approaches and contrast them, utilizing the concepts listed in B.

10-12 pages – Minimum 8 references

Due Session 11: April 9, 2019

## **FORMAT FOR WRITTEN ASSIGNMENTS**

All papers must be typewritten, double-spaced, page-numbered, with 1" margins at the left, top, and bottom, and at least 1/2" margin at the right. The first page should include the heading and the title of the paper. The heading should include the course number, semester/year and instructor's name (top-left) and student's name and date of assignment (top-right). **Do not use folders, title pages, or other extra pages**. Papers should be stapled, not paper-clipped. Please proofread all papers carefully for spelling, punctuation, and other similar errors. Endnotes may be used following APA (American Psychological Association) guidelines regarding format. All ideas of others should be credited. Direct quotes must have the specific source, including page number(s) cited. Quotations longer than four typewritten lines must be single-spaced and indented. A list of references cited or consulted must be included at the end of each paper in proper University of APA bibliographic form. You should keep a copy of each paper submitted.

The instructor will gladly answer any questions regarding format.

## **Plagiarism**

According to the Policies and Procedures Handbook of the University of Pennsylvania, using the ideas, data, or language of another without specific and proper acknowledgement constitutes plagiarism. If you are at all unsure about the appropriate form of acknowledgement in a particular situation, it is your responsibility, as stated in Penn's Code of Academic Integrity, to consult with the instructor to clarify any ambiguities. Plagiarism in any assignment will result in a failing grade for that assignment, and may result in further disciplinary action, which may include receiving a failing grade for the course.

## Statement on Academic Integrity

Students are expected to conduct themselves consistent with the University of Pennsylvania's Code of Academic Integrity, which presents standards regarding plagiarism, multiple submissions, and other actions. Students are expected to be familiar with the Code, which can be found at: https://catalog.upenn.edu/pennbook/code-of-academic-integrity/

#### **GRADING POLICIES**

Grades will be based on:

- Class attendance, professional behavior, participation, and preparedness: 15%
- Assignment #1 "My Life as a Child" 20%
- Assignment #2 Annotated Bibliography 25%
- Assignment #3 Intervention Paper 40%

The final course grade is based on the student's performance in both class and in their written work. Please refer to the MSW Student Handbook for the School's grading policy. Students whose performance is minimal or failing at midterm should be notified in writing. An explanation of the weight of assignments counting towards the grade will be provided. At the end of the course, the student's performance will be evaluated according to the following criteria:

- 1) Quality of written assignments: papers should be of graduate-level quality, well documented, and submitted on time.
- 2) Class participation: attendance and quality of oral participation, and participation in experiential exercises.
- 3) Demonstration of having done assigned readings and having understood course concepts.

Students are encouraged to provide on-going feedback to the instructor regarding the quality of the course content and instruction.

## **CLASS PARTICAPTION**

Students are expected to participate substantively in class discussions by being prepared having read assigned material.

## **ATTENDANCE**

Classroom learning is a fundamental component of your professional education. Students are therefore expected to

attend each class, arrive to class on time, and be in attendance for the full class. If you are unable to attend class for any reason, you must notify your instructor in advance and learn how you are to make up the content you missed. Excessive absenteeism (i.e., missing more than two classes) is considered a serious problem that instructors will handle by meeting with the student and determining whether the student's educational adviser should be notified. Excessive absenteeism could result in course failure.

## WHERE TO GO FOR HELP (as noted https://www.sp2.upenn.edu/student-life/services-support/health/)

**Student Health Services** 

3535 Market Street, Suite 100

Phone: (215) 746-3535

When contacting Student Health Services please dial 215.746.3535 and choose one of the available options:

- 1. Urgent Medical Problem/Emergencies
- 2. Appointments
- 3. Insurance
- 4. Immunization Requirements
- 5. Medical Records
- 6. Contact Clinical Staff
- 7. Prescription Refill
- 8. Administration

www.vpul.upenn.edu/shs

Student Health offers a wide variety of health services, provided by a diverse staff. They understand the pressures of the University environment and of an academic schedule and can help you access other University or Hospital resources according to your need. The medical staff consists of general practitioners, adolescent medicine physicians, internists, and a gynecologist, each of whom has an appointment in the Department of Medicine, or Obstetrics and Gynecology, of the University of Pennsylvania Medical Center. The health care team also includes nurses, nurse practitioners, physician assistants, health educators, and trained peer health educators. We have staff consultants from the Departments of Dermatology, Orthopedics and the College of Podiatric Medicine on site in Student Health for several sessions each week. In addition to the day service, they provide a Night/Weekend Service staffed by senior medical residents and fellows and nurse practitioners. An attending physician is always on call for emergencies. In cases of emergency, a provider is always accessible.

Campus Health 3535 Market St. Suite 100 Philadelphia, PA 19104-3376 (215) 746-3535

http://www.vpul.upenn.edu/shs/campushealth

Campus Health Initiatives, the public health arm of Student Health Service, seeks to improve health and well-being across campus through policy, health promotion and epidemiology. Our department provides the entire Penn community with health education and promotion, disease surveillance, and advocacy for making the healthy choice the easy choice. We work collaboratively to produce evidence-based and data-driven outcomes for Penn's health. We even have a Student Health Advisory Board (SHAB) that acts as a liaison between the students at Penn and our office in order to better meet your needs. You can follow us on Twitter, Facebook and Instagram for all your health information!

Counseling and Psychological Service (CAPS)

113 S. 36th Street, 2nd floor Phone: (215) 898-7021 www.vpul.upenn.edu/caps

The Counseling and Psychological Service offers a wide range of services including: individual and group counseling and

therapy, crisis intervention, structured workshops, psychological testing, medication reviews, and consultation. The CAPS staff consists of psychologists, psychiatrists, and social workers, in addition, psychology doctoral interns, psychiatric residents, psychology practicum students, and social work field placement students supplement the professional staff. Services are confidential and without charge for Penn students. Appointments can be made between 9am and 5pm daily. An on-call counselor is available each day for consultation.

Penn Violence Prevention 3611 Locust Walk Phone: 215 898-6081 www.vpul.upenn.edu/pvp

Penn Violence Prevention is a collaborative program that grew out of the Penn Women's Center. It is now managed by the Director of Sexual Violence Prevention and Education, housed in the Division of the Vice Provost of University Life. PVP aims to engage the Penn community in the prevention of sexual violence, relationship violence, and stalking on campus. The goal is to not only ensure students have access to safe and effective resources, but to provide preventative education focused on building healthy relationships, understanding consent, reaching out to friends in need, and being an active bystander. The director works closely with a team of colleagues across campus to provide education and outreach. The Director also serves as a confidential resource for students affected by sexual violence, relationship violence, and stalking.

#### **ADDITIONAL SUPPORTS**

Student Disabilities Services
Weingarten Learning Center
Marks Family Writing Center
SP2 Writing Support
Career Services
Graduate Student Center
Library – SP2's Librarian, Anne Larrivee

# **CLASS SCHEDULE**

Topic	Readings
Session 1 - January 22, 2019	

Introduction Overview of course The child in context Stages of development Psychosocial developmental theory Risk and resilience Impact of race and ethnicity on policy	Child Development Handouts (on Canvas)
Session 2 – January 29, 2019	
Engagement, Contracting and	Allen-Meares & Fraser, Chapter 2 & 3
Assessment: Establishing relationships with family and other relevant systems Establishing relationship with child Biopsychosocial assessment Creating safe environments for joining with children and families of various	Webb, Chapters 1-4  Kirby, L. & Fraser, M. (2004), Chapter 2, "Risk and Resilience in Childhood," in Fraser, M. W., (Ed). Risk and Resilience in Childhood, An Ecological Perspective. Washington, DC: NASW Press, pp. 13-66.
ethnic and racial backgrounds	Xue, Y., Leventhal, T, Brooks-Gunn, J. & Earls, F. J. (2005) "Neighborhood Residence and Mental Health Problems of 5- to 11- Year Olds," Archives of general Psychiatry, May 2005, Vol. 62, pp. 554-563.
	Act 31 on-line training
Session 3 – February 5, 2019	
Contracting and Planning Interventions Identifying client needs Goal-setting Working with the family Individual work with the child	Webb, Chapters 5-8  Forrester, D., Westlake, D., & Glynn, G. (2012). Parental resistance and social worker skills: towards a theory of motivational social work. <i>Child &amp; Family Social Work</i> , <i>17</i> (2), 118-129.
Selected Modalities in Work with	Newsome, W.S. (2004) Solution-Focused Brief Therapy Groupwork with at–Risk Junior High Students: Enhancing the Bottom Line, Research on Social Work Practice, September 2004, Vol. 14, No. 5, PP. 336-343
<u>Children</u> Group Work	Guest Speaker: Amy Geyer (Nemours)
Session 4 – February 12, 2019	Assignment due #1 - "My Life as a Child"
Selected Modalities in Work with	Webb, Chapter 9
Children- Play therapy Group Chapter Review of Kadsun & Schaeffer's "Short-term play therapy for children"	Kaduson, H. G., & Schaefer, C. E. (Eds.). (2012). Short-term play therapy for children. Guilford Press. Chapter Selection- Short-term Play Therapy for Children with Disruptive Behaviors. Chapter Selection
	Timberlake, E. M. & Moore Cutler, M. M. (2001), Chapter 3, "Play Objects and Symbolic Metaphor: Tools in Developmental Change," <u>Developmental Play Therapy in Clinical Social Work,</u> Boston, Allyn and Bacon, pp. 51-74.
	Group chapter review

	Assignment due #1
Session 5 – February 19, 2019	-
Role of Education in the Life of a Child School-based interventions Role of school social worker Impact of foster care and homelessness on school function School violence	Cawood, N. D. (2012). Addressing Interpersonal Violence in the School Context: Awareness and Use of Evidence-supported Programs. <i>Children &amp; Schools</i> , cds013.
	O'Brien, K. H. M., Berzin, S. C., Kelly, M. S., Frey, A. J., Alvarez, M. E., & Shaffer, G. L. (2011). School social work with students with mental health problems: Examining different practice approaches. <i>Children &amp; Schools</i> , 33(2), 97-105.
	Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. <i>School Psychology Quarterly</i> , 26(1), 1.
	Sabatino, C. A., Kelly, E. C., Moriarity, J., & Lean, E. (2013). Response to Intervention: A Guide to Scientifically Based Research for School Social Work Services. <i>Children &amp; Schools</i> , 35(4), 213-223.
Session 6 –February 26, 2019	
Special Issues in Work with Children Children in families affected by acute and chronic illness	Sims, S. G. (1995) "A Protocol for Seriously III Children with Severe Psychosocial Symptoms: Avoiding Potential Disasters". <u>Family Systems Medicine</u> 13(2) pp. 245-257.
Bullying	Gendron, B. P., Williams, K. R., & Guerra, N. G. (2011). An analysis of bullying among students within schools: Estimating the effects of individual normative beliefs, self-esteem, and school climate. <i>Journal of school violence</i> , 10(2), 150-164.
	Olweus Bullying Prevention Model (will be distributed in class)
	Kazak, A. E., Sims, S. G. & Rourke, M. T. (2002) "Family Systems Practice in Pediatric Psychology". Journal of Pediatric Psychology, 27(2), pp. 133-143.
	Guest Speaker: Ma.Luisa Chua Hasiuk (NIICU at CHOP)
Spring Break	NO CLASS ON MARCH 5, 2019
Session 7 – March 12, 2019	Assignment 2 Due: "Annotated Bibliography- Adolescents"
Common Disorders of Childhood	Mash & Barkley, Chapters 2, 3, 5, 8, 10
Overview of DSM-V diagnosis, including	
strengths and weaknesses, and socio-	
cultural critique	Assignment due #2
Intellectual Disability	
Autism	
Behavioral disorders	
ADHD	
Anxiety disorders	
Phobic disorders	
Affective disorders	

Adjustment disorders	
Session 8 – March 19, 2019	Webb, Chapter 12, 14
Special Issues in Work with Children	
Children in families affected by death Grief reactions in children	Allen-Meares & Fraser Chapter 7 & 8
Issues working with dying children	McBride, J., & Sims, S. "Death in the Family: Adapting a Family Systems Framework to the Grief Process". <u>American Journal of Family Therapy</u> , Jan 2001.
	Winton, M. A. & Mara, B. A. (2001) Chapter 9, "Treatment," Child Abuse and Neglect: Multidisciplinary Approaches. Allyn and Bacon, pp. 161-201.
Children in substance abusing families Child victims of abuse, and witnesses of	Munford, R., & Sanders, J. (2014). Negotiating and constructing identity: Social work with young people who experience adversity. British Journal of Social Work, bcu059.
family violence Gender Identity and Social Development	Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self-child therapy. <i>Journal of Homosexuality</i> , 59(3), 337-356.
	Guest Speaker: Pat Connolly (Peter's Place)
Session 9 – March 26, 2019	
Adolescent Development in Context Adolescence in current context Transactional framework Adolescent developmental tasks: identity, autonomy, intimacy, sexuality, and achievement Gender Identity as related to	Small, S. & Covalt, B. (2006) "The Role of the Family in Promoting Adolescent Health and Development: Critical Questions and New Understandings" in Villarruel, F.A. & Luster, T. eds, The Crisis in Youth Mental Health: Disorders in Adolescence, Volume 2. Westport, CT: Praeger. pp. 1-26.
Adolescents	Perry, D. G., & Pauletti, R. E. (2011). Gender and adolescent development. <i>Journal of Research on Adolescence</i> , 21(1), 61-74.
	Crockett, L. J., & Crouter, A. C. (2014). Pathways through adolescence: Individual development in relation to social contexts.  Psychology Press. Chapter Developmental Paths in Adolescence.
	Guest Speaker: Samantha King (Gender and Sexuality Development Clinic @ CHOP)
Session 10 – April 2, 2019	
Assessment and Interviewing  The assessment and interviewing	Allen-Meares & Fraser, Chapter 4
process with adolescents Individual and contextual influences on functioning Assessing risk-taking behaviors	Whitcomb, S., & Merrell, K. W. (2013). <i>Behavioral, social, and emotional assessment of children and adolescents</i> . Routledge. Selected reading - PGS 159-183.
Distinguishing between normative and non-normative adolescent behaviors	Wasserman, G. A., Ko, S. J., & McReynolds, L. S. (2004). Assessing the Mental Health Status of Youth in Juvenile Justice Settings. Juvenile Justice Bulletin. <i>Office of Juvenile Justice and Delinquency Prevention</i> .

Session 11 – April 9, 2019	Assignment #3 due Option 1 or 2
Emotional Problems of Adolescents	Mash & Barkley, Chapter 7, 16
Overview of common adolescent	
disorders	Allen-Meares & Fraser, Chapter 23
Eating disorder	
Depression	Allen-Meares & Fraser, Chapter 12-13
Suicide	
	Walls, N. E., Freedentdal, S. & Wisneski (2008) "Suicidal Ideation and
	Attempts among Sexual Minority Youths Receiving Services", Social
	<u>Work</u> , January 2008, Vol. 53, No. 1, pp. 21-29.
	CDC Suicida Trands Among Parsons Agod 10 24 Years - United
	CDC. Suicide Trends Among Persons Aged 10-24 Years – United States, 1994-2012 Article:
	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a1.htm
	nttp://www.cuc.gov/mmw/preview/mmwmcm/mmo rooux.mm
	Assignment due #3
	Guest Speaker: Regan Sarmento (Adolescent Partial Hospital
	Program, Onward Behavioral Health)
Session 12 – April 16, 2019	
Adolescent Sexuality, Teen Pregnancy,	Allen-Meares & Fraser, Chapter 16, 18, 21
and Prostitution	
Sexual development	Malekoff, A. (2014). Group work with adolescents: Principles and
Teen parenthood	practice. Guilford Publications.
LGBTQ adolescents	
Adolescent prostitution	Guest Speaker: Sarah Wash (The Field Center for Children's Policy,
	Practice, & Research)
Session 13- April 23, 2019	
<u>Substance Abuse</u>	Allen-Meares & Fraser, Chapter 15
Types of drugs	A A .AA
Genetic, family, peer, and social	Austin, A. M., Macgowan, M.J. & Wagner, E.F. (2005) Effective Family-
influences &	Based Interventions for Adolescents with Substance Use Problems: A Systemic Review, Research on Social Work Practice, March 2005, Vol.
Impact on Brain Development	15, No. 2, PP. 67-83.
Assessment, intervention, and	
prevention	
Session 14 – April 30, 2019	
Odds and Ends	
Miscellaneous but important	
information	
Class Wrap-Up	
Review of adolescent intervention	
Review of adolescent intervention  Course review – issues of intervention	