

# THE CATHOLIC UNIVERSITY OF AMERICA

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## SSS 803

### Clinical Social Work with Adolescents and Young Adults

(3 credits)

Spring 2010

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## I. COURSE DESCRIPTION

This course focuses on ethical clinical social work practice with adolescents and young adults

You will learn specific skills for effectively assessing and treating adolescents. We will discuss the **science** and the **art** of effectively treating this population – that is we will focus on both the research and knowledge base developed to date to guide treatment and to establish and cultivate the therapeutic relationship necessary for successful treatment to occur. You will learn what to do with adolescents in treatment, and you will also learn how to do it.

We will examine the biological, psychological, and environmental (biopsychosocial) factors that contribute to deficit conditions and resiliency in adolescents. With this foundation, we will focus on techniques to accurately assess and diagnose adolescent problems appropriate for social work intervention, establish goals for treatment, and develop a treatment plan, with attention paid to approaches and techniques that are effective given the adolescent's strengths, age, motivation level, support systems, and diagnostic profile.

Specific diagnostic categories, risk issues, and potential challenges of this life stage will be covered in detail, with an ongoing focus on how to provide effective, ethical treatment and methods for the evaluation of outcomes and the therapeutic relationship.

## II. EDUCATIONAL OBJECTIVES

1. To understand the importance of the therapeutic alliance with adolescents and young adults of diverse racial, cultural, and economic backgrounds, stressing in particular the issues of confidentiality and mandated status.
2. To develop skill in clinically interviewing adolescents and young adults for the purposes of assessment and intervention.
3. To recognize the impact of human diversity on the development of the adolescent and young adult.

4. To recognize the impact of one's own values, biases, and experiences on the understanding and treatment of adolescents and young adults.
5. Building on foundation knowledge of Human Behavior and the Social Environment, to apply dynamic and learning theories to the process of assessment of a young person's problems within a familial, school, and/or work environment.
6. To understand the role of developmental tasks and normal stressors of this life stage on human functioning.
7. To balance traditional theories and models used to explain or treat deficit conditions with the strengths perspective and competency-based practice.
8. To translate presenting problems into measurable objectives for treatment.
9. To effectively understand and clinically address resistance in the treatment of adolescents.
10. To develop skills in the differential application of theoretically and scientifically based techniques to issues of mental illness, violence, substance abuse, intimacy, and identity formation.
11. To produce a theoretically and scientifically based, professionally written psychosocial assessment of an adolescent/young adult client.
12. To write an annotated bibliography or scholarly paper that draws upon theoretical and empirical social work and related literature to explain or suggest best practice treatment of an issue related to this age group.

### **III. COURSE REQUIREMENTS**

#### **Required Texts**

Friedberg, R. & McClure, J. (2002) *Clinical Practice of Cognitive Therapy with Children and Adolescents*. New York: The Guilford Press.

Wolfe, D. A. & Mash, E. J. (2006) *Behavioral and Emotional Disorders in Adolescents: Nature, Assessment and Treatment*. New York: The Guilford Press.

Course packet of scholarly articles (available online through the library) and articles handed out in class

#### **Recommended Texts**

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed., Text Revision). Washington, D.C.

## Course Assignments

Each of these assignments is described in more detail in attachments to this syllabus. These assignments are structured to parallel the clinical progression of working with an adolescent, from engaging, assessing and diagnosing the client to developing a clinical hypotheses connected with theory and research, to formulating, implementing and evaluating the effectiveness of the treatment plan. When possible, please use a case from your field placement to complete the assignments. To preserve client confidentiality, please disguise your case material by using pseudonyms for all family members and altering specific identifying details. If you are not seeing adolescents or young adults this semester, please see me.

**Important:** Your paper must use APA format exactly. Make sure your references are correctly cited and supported in the reference section. Do not include references that are not cited in the paper and do not cite references that are not in the reference section. Papers should be well written. If you have trouble with writing, visit the writing center for help. Writing skills are necessary for clinical social work and you must be able to produce a quality written product in this class. When handing in all written assignments, attach the cover page to the back of the paper and attach a blank page to the front. I do not want to be aware of the author of the paper until I finish grading it.

### Assignment 1: Due Class 5

Write a brief biopsychosocial assessment of an adolescent or young adult client, including treatment goals and outcome measurement

### Assignment 2: Due Class 8

Choose **one** of the following assignments:

- a. Write a scholarly paper applying theory to the assessment and treatment of an issue within a particular adolescent population that would be appropriate for clinical social work intervention. Remember, you will need to integrate the findings from the topic you select with the clinical treatment plan you develop in assignment 3.
- b. Write an annotated bibliography summarizing scholarly social work and related literature of an issue within a particular adolescent population that would be appropriate for clinical social work intervention. Remember, you will need to integrate the findings from the topic you select with the clinical treatment plan you develop in assignment 3.

*For either assignment, prepare an abstract with key points to be distributed to the class.*

### Assignment 3: Due Class 11

Develop a treatment plan for an adolescent or young adult client. Include clear and measurable goals as well as the rationale (theoretical model, evidence-based practices) for the approach you select. Integrate relevant findings from your second paper. Prepare a 1-page handout relevant to the treatment plan.

**Weekly** You are required to participate in the blackboard discussion on the readings for the week, and this will be factored into your class participation grade. You are also expected to participate in class discussion weekly as you would be expected to participate in a clinical team as a social worker. Ask questions – this is an opportunity to learn and exchange ideas. I will call on you to comment on the readings or material

presented in the class from time to time. Be prepared! Your thoughtful contributions and consistent attendance will contribute to a positive learning environment. We jointly share the responsibility for maintaining an appropriate environment for sharing and exploring our values and beliefs, free of judgment, during the semester. Class participation grade will be determined by my evaluation of your preparation for and participation in class discussion, demonstrations, and input on the weekly reading assignments as noted above.

Please sign in at each class. We have less than 26 hours of face to face time in this course. Every minute counts! We will move quickly and you are expected keep up with the readings. *Absences beyond one will lower the participation grade. Three absences will result in a grade of F for participation. Please submit assignments on the due date. For each day the assignment is submitted late, 5 points will be deducted.*

### **Grading Policy**

Assignment 1	20%
Assignment 2	40%
Assignment 3	20%
Class attendance and participation	20%

The grade for this course will be based on the University Grading system. Please refer to CUA Announcements, or Program Handbooks for Academic Requirements that include scholastic and behavioral requirements.

### **Course and Instructor Evaluation**

NCSSS requires electronic evaluation of this course and the instructor. At the end of the semester, the evaluation form may be accessed at [evaluations.cua.edu/evaluations](http://evaluations.cua.edu/evaluations) using your CUA username and password. Additional formal and informal written or verbal feedback to the instructor during the semester is encouraged and attempts will be made to respond to requests.

## **IV. CLASS EXPECTATIONS**

### **A. Scholastic Expectations**

Please refer to NCSSS Announcements, or appropriate Program Handbook for Academic Requirements, including scholastic and behavioral requirements. All written work should reflect the original thinking of the writer, cite references where material is quoted or adapted from existing sources, adhere to APA format, and should be carefully proofread by the student before submission to the instructor for grading.

### **B. Academic Honesty**

Joining the community of scholars at CUA entails accepting the standards, living by those standards, and upholding them. Please refer to University Policy and appropriate Program Handbooks. *Engaging in academic dishonesty will result in a grade of F in this course.*

### **C. Accommodations**

Students with physical, learning, psychological or other disabilities wishing to request accommodations

must identify with the Disability Support Services (DSS) and submit documentation of a disability. If you have documented such a disability to DSS that requires accommodations or an academic adjustment, please arrange a meeting with the instructor as soon as possible to discuss these accommodations.

## CLASS SCHEDULE

### **Class 1 Understanding Adolescence**

Overview of adolescent neurobiological and biopsychosocial developmental issues; risk and resilience framework.

#### **Required Readings**

Wolfe & Mash, Chapters 1 and 2.

#### **Recommended Readings**

Strauch, B (2003) *The Primal Teen*, Anchor Books.

Weisz, JR & Hawley, KM (2002) Developmental Factors in the Treatment of Adolescents, *Journal of Consulting and Clinical Psychology*, 70:1, 21-43.

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### **Class 2 Connecting: Beginning the Therapeutic Alliance**

Conducting the initial interview, building the relationship, developing assessment skills and case conceptualization, issues of confidentiality and mandated status

#### **Required Readings**

Edgette, J (2002) Candor, Connection and Enterprise in Adolescent Therapy, WW Norton & Company, New York, Chapter 5 (Candor and Connection).

Hanna, FJ, et. al., (1999) Fifty Strategies for Counseling Defiant, Aggressive Adolescents: Reaching, Accepting, and Relating, *Journal of Counseling and Development*, 77:Fall, 395-404.

Hardy, K (1996) Breathing Room. *Psychotherapy Networker*, 20:3.

Strauss, M (2006). Hungry for Connection, *Psychotherapy Networker*, July/August, 59-74.

Taffel, R (2006) The Divided Self: Inside the World of 21<sup>st</sup> Century Teens, *The Psychotherapy Networker*, July/August.

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### **Class 3 Clinically Assessing the Adolescent: Integrating Observations and Clinical Data**

Assessing adolescent functioning, including biological, environmental factors. Applying psychodynamic, cognitive, behavioral and humanistic theory to case conceptualization.

#### **Required Readings**

Friedberg & McClure, Chapter 8

Coleman, D. (2007). Further factorial validity of a scale of therapist orientation. *Research on Social Work Practice*, 17: 4, 474-482.

(Take the Theoretical Evaluation Self Test online at: <http://web.pdx.edu/~dcoleman/test.html>)

Corcoran, J. & Nichol-Casebolt, A. (2004). Risk And Resilience Ecological Framework For Assessment And Goal Formulation, *Child and Adolescent Social Work Journal*. 21:3, 211-236.

### **Recommended Readings**

AACAP, (1997) Practice Parameters for the Psychiatric Assessment of Children and Adolescents, J. Am. Acad. Child Adolesc. Psychiatry, 36:10 Supplement.

Shih, R. A., Belmonte, P. L., Zandi, P. P., (2004) A Review of the Evidence From Family, Twin and Adoption Studies for a Genetic Contribution to Adult Psychiatric Disorders, *Interpersonal Review of Psychiatry*, 16:4, 260-283.

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### **Class 4 Developing a Game Plan: Collaborative Goal Setting and Follow-up**

Establishing goals, contracting, and outcome measurement; dealing with issues of boundaries and termination. Practical case conceptualization, synthesizing findings, applying theory and translating it to practice.

### **Required Readings**

Friedberg & McClure, Chapters 4-5 (skip child parts)

Wolfe & Mash, Chapter 3

Bertolino, B. (2003). Ch 2: Creating a culture of respect

Hatchett, G. (2004). Reducing Premature Termination in University Counseling Centers, *Journal of College Student Psychotherapy*, 19:2, 13-27.

Duncan, B. et al, (2007). How being bad can make you better: developing a culture of feedback in your practice. *Psychotherapy Networker*, Nov/Dec, 36-42.

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### **Class 5 ASSIGNMENT 1 DUE**

#### **Sticky Treatment Topics**

Dealing with issues of transference, countertransference, cultural differences, ethical dilemmas, and resistance.

### **Required Readings**

Friedberg & McClure, Ch 6 & 7 & 10

Dodd, S (2007) Identifying the Discomfort: An Examination of Ethical Issues Encountered By MSW

Students During Field Placement. *Journal of Teaching in Social Work*, 27:1/2, 1-20.

Hubbs Ullman, K (2001) Unwitting Exposure Of The Therapist: Transference And Countertransference Dilemmas. *Journal of Psychotherapy Practice and Research*, 10:1, 14-22.

Moyers, T. B., Rollnick, S. (2002) A Motivational Interviewing Perspective on Resistance in Psychotherapy, *JCLP/In Session: Psychotherapy in Practice*, 58:2, 185-193.

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## **Class 6 Treatment Models and Techniques with Issues of Anxiety**

Cognitive approaches to working with anxiety, phobias, OCD, PTSD and Tourette Syndrome.

### **Required Readings**

Friedberg & McClure, Ch 12

Wolfe & Mash, Chapter 7, 20

McHugh, P. R. and Treisman, G., (2007) PTSD: A Problematic Diagnostic Category, *Journal of Anxiety Disorders*, 21, 211-222.

### **Recommended Readings**

AACAP, (2007) Practice Parameters for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders, *J. Am. Acad. Child Adolesc. Psychiatry*, 46:2

Barrett, P. M., et. al., (2008) Evidence-Based Psychosocial Treatments For Child And Adolescent Obsessive Compulsive Disorder, *Journal Of Clinical Child And Adolescent Psychology*, 37:1, 131-155.

Fisher, P. et al. (2004). Skills for social and academic success: a school-based intervention for social anxiety disorder in adolescents. *Clinical Child and Family Psychology Review*, 7:4, 241-251.

Kirk, A. & Madden, L. (2003). Trauma related critical incident debriefing for adolescents. *Child and Adolescent Social Work Journal*. 20:2, 123-138.

Silverman, W. K., et. al., (2008) Evidence-Based Psychosocial Treatments For Phobic and Anxiety Disorders In Children And Adolescents, *Journal Of Clinical Child And Adolescent Psychology*, 37:1, 105-130.

Silverman, W. K., et. al., (2008) Evidence-Based Psychosocial Treatments For Children And Adolescents Exposed to Traumatic Events, *Journal Of Clinical Child And Adolescent Psychology*, 37:1, 156-183.

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## **Class 7 Treatment Models and Techniques with Issues of Depression and Suicide**

Explore strategies that include cognitive and strengths-based approaches for working with depressed adolescents; assessing and treating suicidality, suicide prevention contracts and area resources.

**Required Readings**

Friedberg & McClure, Chapter 11

Wolfe & Mash, Chapters 8 and 9

Holman, W. D. (1997) "Who Would Find You?" A Question For Working With Suicidal Children And Adolescents. *Child and Adolescent Social Work Journal*. 14:2, 129-137.

Baroni, Argelinda; Lunsford, Jessica R.; Luckenbaugh, David A.; Towbin, Kenneth E.; Leibenluft, Ellen (2009) Practitioner Review: The Assessment Of Bipolar Disorder In Children And Adolescents. *Journal of Child Psychology & Psychiatry*, 50:3, 203-215.

**Recommended Readings**

AACAP, (1997) Practice Parameters for the Assessment and Treatment of Children and Adolescents with Depressive Disorders, *J. Am. Acad. Child Adolesc. Psychiatry*, 46:11

AACAP, (2007) Practice Parameters for the Assessment and Treatment of Children and Adolescents with Bipolar Disorder, *J. Am. Acad. Child Adolesc. Psychiatry*, 46:1

Bryant, C. E. and Harder, J. (2008) Treating Suicidality in African American Adolescents with Cognitive Behavioral Therapy, *Child Adolesc Soc Work J* 25:1-9

David-Ferdon, C. and Kaslow, N. J., (2008) Evidence-Based Psychosocial Child And Adolescent Depression, *Journal Of Clinical Child And Adolescent Psychology*, 37:1, 62-104.

Frank, E. Interpersonal and Social Rhythm Therapy: A Means of Improving Depression and Preventing Relapse in Bipolar disorder, (2007) *Journal of Clinical Psychology: In Session*, 63:5, 463-473.

Groholt, B. et. al. (2006) Adolescent Suicide Attempters: What Predicts Future Suicidal Acts?, *Suicide and Life Threatening Behavior*, 36:6, 638-650

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**Class 8 ASSIGNMENT 2 DUE**

**Treatment Models and Techniques with Self Injury**

Types of and factors contributing to cutting, eating disorders and other self injurious behavior. Challenges in diagnosing and treating these behaviors, DBT, treatment coordination.

**Required Readings**

Wolfe & Mash, Chapters 13 and 14

Orzolek-Kronner, C. (2002). The effect of attachment theory on the development of eating disorders: can symptoms be proximity-seeking?, *Child and Adolescent Social Work Journal*. 19:6, 421-437.

Yip, Kam-shing. (2005) A Multidimensional Perspective of Adolescents' Self-Cutting. *Child & Adolescent Mental Health*, 10:2, 80-86.

### **Recommended Readings**

Benjamin, H. (2007) The Female Adolescent Athlete: Specific Concerns, *Pediatric Annals*, 36:11, 719-726

Fairburn, C. G., et. al. (2003) Cognitive Behaviour Therapy for Eating Disorders: A “Transdiagnostic” Theory and Treatment, *Behaviour Research and Therapy*, 41, 509-528.

Keel, Pamela K. and Haedt, Alissa (2008) Evidence Based Psychosocial Treatments for Eating Problems and Eating Disorders, *Journal of Clinical Child & Adolescent Psychology*, 37:1, 39-61

Romi, T. & Kowen, G. (2006). Multidisciplinary family-based intervention in the treatment of a diabetic adolescent with an eating disorder. *Journal of Family Psychotherapy*, Vol. 17:1, 21-31.

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### **Class 9 ADHD, Learning Disabilities and Chronic Mental Illness**

Learning disabilities and pervasive developmental disabilities, ADHD, Chronic mental illness. Hospitalization issues.

#### **Required Readings**

Wolfe & Mash, Chapters 4, 11 and 12

Addington, J. et al. (2006) Family work in early psychosis. *Journal of Family Psychotherapy*, Vol 16(3/4), 137-154.

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### **Class 10 Treatment Models and Techniques with Issues of Violence and Offending Behaviors**

Anger management techniques, multi-level interventions in working with oppositional and conduct disordered adolescents

#### **Required Readings**

Friedberg & McClure, Chapter 13

Wolfe & Mash, Chapters 4 and 5

Anonymous, “I Wrote This Essay on 25mgs of Ritalin”

Greene, R & Doyle, A. (1999). Toward a transactional conceptualization of Oppositional Defiant Disorder: implications for assessment and treatment. *Clinical Child and Family Psychology Review*, Vol. 2:3, 129-150

Muraven, M., Baumeister, R., (2000) Self Regulation and Depletion of Limited Resources: Does Self-Control resemble a Muscle?, *Psychological Bulletin*, 126:2, 247-259.

#### **Recommended Reading**

Tolan, P., Gorman-Smith, D., & Henry, D. (2003). The developmental ecology of urban males’ youth

violence. *Developmental Psychology*, 39:2, 274-291.

Button, T. M. M., et al, (2005) Family Dysfunction Interacts with Genes in the Causation of Antisocial Symptoms, *Behavioral Genetics*, 35:2, 115-120.

Eyberg, S. et. al, (2008) Evidence Based Psychosocial Treatment For Children And Adolescents With Disruptive Behavior, *Journal Of Clinical Child And Adolescent Psychology*, 37:1, 215-237.

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## **Class 11 ASSIGNMENT 3 DUE Treatment Models and Techniques with Substance Abuse**

### **Required Readings**

Wolfe & Mash, Chapter 6

### **Recommended Reading**

Smith, J. E., Meyers, R. J., Austin, J. L. (2008) Working With Family Members to Engage Treatment-Refusing Drinkers: The CRAFT Program. *Alcoholism Treatment Quarterly*, Vol. 26:1/2 169-193.

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## **Class 12 Working with Parents and Families**

### **Required Readings**

Friedberg, Ch 14: Working with Parents

Taffel, Chapter 8 Working With Parents, Chapter 9: How to Conduct a Family-Focused Session.

Glasser H & Easley, J (1998) Transforming Your Difficult Child, The Nurtured Heart Approach. Chapter 5.

Greene, R & Ablon, J (2006) Treating Explosive Kids, The Collaborative Problem Solving Approach. Chapters 3 and 4.

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## **Class 13 Group Therapy With Adolescents**

### **Required Readings**

Malekoff, A. (2007). A flexible organizing framework for group work with adolescents. *Social Work with Groups*, 30:3, 85-102.

Doel, M. (2005). Difficult behavior in groups. *Social Work with Groups*, Vol. 28:1, 3-23.

Wayne, J., & Gitterman, A. (2003). Offensive behaviors in groups: challenges and opportunities. *Social Work with Groups*, Vol. 26:2, 23-34.

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## **Class 14 Adolescent Sexuality**

Understanding adolescent sexuality, the sexuality spectrum and treatment of LGBT youth. Adolescent pregnancy and parenthood.

**Required Readings**

Wolfe and Mash, Chapters 16, 17, 18

Crisp, C. & McCave, E. (2007). Gay affirmative practice: a model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal*. 24: 403-421.

Bright, Chuck. (2004) Deconstructing Reparative Therapy: An Examination Of The Processes Involved When Attempting To Change Sexual Orientation. *Clinical Social Work Journal*, 32:4, 471-481.

**Recommended Reading**

Benson, M. (2004) After the adolescent pregnancy: parents, teens, and families. *Child and Adolescent Social Work Journal*. 21:5, 435-457.

Pistella, C. et al. (1999). Adolescent women's recommendations for enhanced parent-adolescent communication about sexual behavior, *Child and Adolescent Social Work Journal*. 16:4, 305-317.

Weisfeld, G. E., Woodward, L. (2004) Current Evolutionary Perspectives on Adolescent Romantic Relations and Sexuality. *J Am Acad Child Adolesc Psychiatry*, 43:1, 11-19

**Assignment 1: Outline for Psychosocial Assessment:**

I. PRESENTATION OF FACTS (the “what”) **2-3 pages**. Write this section in a succinct narrative using the following headings

A. Identifying information

1. Identified client: name, sex, age, grade/occupation
2. Immediate family and/or others in the household
3. Ecomap and genogram (attached, not part of 2-3 pages)

B. Presenting problem and other identified problems

1. Referral source
2. Precipitating event
3. Presenting problem (state in terms of functioning – what is the impact?)
4. Other problems subject to treatment

C. Pertinent history

1. Development
  - a. Relevant early history
  - b. Milestones, physical and emotional development
  - c. Temperament
2. Medical
3. School
4. Social
5. Family (history of caregivers, substance abuse, violence, mental illness)
6. History of presenting problem

D. Present functioning

1. Mental status exam
2. School functioning: behavioral, academic
  - a. Attitudes about achievement
3. Social functioning
4. Family issues
  - a. Attitudes about autonomy
5. Strengths and coping mechanisms
6. Connection to community

II. Assessment and analysis (the “why”) **1-2 pages**

- A. Social worker’s assessment of the problem (1-3 sentences, summarize and explain problem development)
- B. Five axis DSM-IV diagnosis
- C. Assessment of the problem using a theory (explain the development of the problem using theoretical concepts, using ONE of the following individual change theories – psychodynamic, cognitive/behavioral or attachment.

III. Treatment goals and outcome measurement **>1 page**

- A. State clear and measurable goals; indicate who articulated the goals, and how you will know if the goals are being met.

Do not add anything subjective in section I. It should simply recount the relevant information and facts. Make sure you have included factual information in section I to support your diagnosis and assessment in section II.

The total paper should not exceed 5 pages, but does not need to be 5 pages. Your goal is to list the relevant information, wrap it up in an assessment, and document the goals. This is a tool for you formulate a case, and to document it for others and for medical records. Cut the fat! Make every word count.

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## Assignment 2 – Option 1

## ANNOTATED BIBLIOGRAPHY

## ASSIGNMENT OBJECTIVES

- Enhance skill in writing a clear, cogent problem statement appropriate for a research proposal, scholarly paper, etc.
- Deepen understanding of the process of literature review.
- Deepen knowledge about a problem relevant to social work, this course, and of interest to you.
- Increase familiarity with social work scholarly literature.
- Enhance skill in tightly summarizing literature and articulating it in writing.

Assignment Instructions

- **Choose an issue or problem** for social workers that is relevant to this course and of interest to you. Further, select one or more change theories (such as psychodynamic, cognitive, behavioral) that reflects the understanding, assessment or treatment of the issue at hand. Begin by generating a short list of possible issues or questions you have about social work practice with adolescents and young adults, and the theory bases that may best describe them.
- **Write a problem statement** reflecting your chosen issue. This should be a tightly crafted paragraph of 4 to 6 sentences that lays out the problem. Be sure to what practice knowledge you are expecting to gain through the literature. All articles in scholarly journals begin with a problem statement. Look at several to familiarize yourself with the “formula.” Add one sentence explaining how and why you organized your bibliography to provide reader clarity (see below).
- **Conduct a search of the *recent* literature on your topic** (within 10 years), comprising *scholarly* articles (peer reviewed theoretical or empirical articles, not book chapters, mass media, or internet articles unless they are from peer reviewed on-line journals). A literature search means referring to printed and/or on-line indexes such as *Social Work Abstracts* or *PsychInfo*.
- **Identify at least 15 articles** that seem relevant to your topic using social work and related journals
- **Locate the whole-text articles.** Copy them. Read them.
- **Write an annotated bibliography** of these 15 articles using APA format. Organize them in a way that is helpful to the reader, such as grouping them according to theory, comparing and contrasting groups, or laying out information that comes together in a clear and organized way as the paper develops. Beneath each reference, write a brief paragraph (3 to 4 sentences) summarizing the article and noting specifically how this article furthers knowledge **about the problem or issue you chose**. Do not repeat the article’s abstract. Rather, compose your own summary **relating it to your problem**. The summary should be written in the third person in appropriate, formal language. The articles should be organized in such a way that they show how you arrive at your conclusion.
- **Write a brief conclusion** (4 to 6 sentences) that summarizes what you’ve learned from your literature review about the topic. You may consider competing or complimentary assessments of the problem, treatment concepts, and/or applications of theory. Specifically address the implications for social work practice with adolescents and young adults.

### **THE PRODUCT**

Hand in:

- A title page, using APA format, that indicates the topic, the course, your name and the date (attach to the back of the assignment)
- The problem statement
- The annotated bibliography of 15 articles
- The conclusion
- The first page of each of the articles summarized
- An abstract with key points to be distributed to the class.

**SSS 803**

**Assignment 2 – Option 2**

**SCHOLARLY PAPER**

**ASSIGNMENT OBJECTIVES**

- Enhance skill in writing a clear, cogent scholarly paper that conceptualizes both the development and treatment of a problem in functioning for adolescents and/or young adults
- Deepen understanding of the process of literature review
- Deepen knowledge about a problem relevant to social work, this course, and of interest to you
- Increase familiarity with social work scholarly literature
- Increase ability to determine and understand evidence-based and clinically substantiated treatments for the adolescent/young adult population

**ASSIGNMENT INSTRUCTIONS**

- Choose an issue or problem for social workers that is relevant to this course and is of interest to you. Further, select one or more change theories (such as psychodynamic, cognitive, behavioral) that reflects the understanding, assessment and treatment of the issue at hand. Begin by generating a short list of possible issues or questions you have about social work practice with adolescents and young adults, and the theory bases that may best describe them.
- Conduct a search of the *recent* (within 10 years), *scholarly* (peer reviewed theoretical or empirical articles – not book chapters, not mass media, not internet articles unless they are from peer reviewed on-line journals) literature on your topic. A literature search means referring to printed and/or on-line indexes such as *Social Work Abstracts* or *PsychInfo*.
- Identify a minimum of 15 articles that seem relevant to your topic using social work journals and, if necessary, other related disciplines.
- Locate the whole-text articles. Copy them. Read them.
- Write a scholarly paper in four parts using APA format.
  1. Introduction of problem, including specific clinical information about the issue at hand, historical background if relevant, who struggles with the problem, (prevalence rates, typical populations, etc.), etc.
  2. Assess the problem, describing how the problem may have developed, using relevant scholarly literature. Consider biopsychosocial factors, including using a specific clinical theory, or comparison of two theories. Assessment refers to conceptualizing where the problem came from, how it originated or developed, NOT assessment tools or inventories used in practice, such as Beck's Depression Inventory. Critique the ways in which problem development has been conceptualized in the literature.
  3. Treatment of the problem using relevant scholarly literature. Review the treatment literature, especially empirical work and work with large sample sizes (avoid case studies unless especially relevant), emphasizing social work scholars and journals when possible. Discuss how the same theory is or has been used in the treatment of the problems in social functioning for your selected population. Again, what are the strengths and limitations related to treatment? What treatments appear to have the most efficacy?

4. Consider implications of your findings. You might focus on needs for future research, needs for treatment comparisons, policy implications, or other areas in which more or different scholarly literature would be helpful in your provision of clinical work with this population.

#### **THE PRODUCT**

- 12-15 pages of text, excluding title page and at least 15 scholarly references, written according to the “Suggested Format for Scholarly Paper in the MSW Program,” and consistent with APA style. Please refer to the Borst Guide to APA located at <http://www.ldr.net/~bill/aparef.htm> or via the link on the NCSSS web page. Use headings to clearly delineate the four sections of your paper, noted above. Subheadings may also be used for organization and clarity. Attach an abstract with key points to be distributed to the class.

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**ASSIGNMENT 3: TREATMENT PLAN PAPER**

This assignment builds on the previous two assignments in which you wrote a brief psychosocial assessment of an adolescent or young adult, which required you to observe (or read about), gather information, and assess an adolescent, leading to your diagnostic impression or clinical hypothesis, then did research and applied theory to a specific clinical problem or treatment intervention.

This paper requires that you develop a treatment plan for an adolescent or young adult client, preferably one that you wrote about in an earlier assignment. If you are not working with adolescents this semester, please see me. The treatment plan should include:

- A brief discussion of your diagnosis and/or clinical hypothesis, taking into account genetic, developmental, psychodynamic, family, and environmental issues.
- Treatment plan, including specific measurable goals, the rationale for choosing your approach, and the relationship between the clinical hypothesis and treatment plan. Include discussion about the theoretical model(s) you selected and evidence-based practices for the approach(es) you plan to use. Where appropriate, integrate relevant findings from your second paper.
- Since work with youth almost always requires multiple intervention modalities and adjunct services, address how those will be integrated into your treatment plan. That may include parent work, coordination with other professionals, referrals for other services, involvement with multiple services (such as schools, juvenile court), and/or advocacy work.
- Discussion of the treatment relationship, including attachment and transference issues, counter-transference and ethnic/cultural issues, and an assessment of the clients progress in terms of the treatment objectives.
- Plans for continuing treatment, termination, or transfer.

Length: ~4 double spaced pages, APA Style