I. COURSE PURPOSE

This course focuses on ethical and effective 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 (bio-psycho-social) 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 evaluation of the therapeutic relationship.
II. COMPETENCIES AND PRACTICE BEHAVIORS

Practice behaviors that are covered this class are indicated by **bold**. Practice behaviors that are not covered in this class are indicated by grey.

1. **Professional Identity:**
*Identify as a professional social worker & conduct oneself accordingly.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Social workers demonstrate professional use of self across all practice settings.</strong></td>
<td><strong>1.1 Social workers demonstrate professional use of self across all practice settings.</strong></td>
<td><strong>1.1 Social workers demonstrate professional use of self across all practice settings.</strong></td>
<td><strong>1.1 Social workers demonstrate professional use of self across all practice settings.</strong></td>
</tr>
<tr>
<td><strong>1.2 Develop, manage, and maintain therapeutic relationships with clients within the person-in-environment and strengths perspectives.</strong></td>
<td><strong>1.2 Develop, manage, and maintain therapeutic and professional relationships with clients within the person-in-environment and strengths perspectives.</strong></td>
<td><strong>1.2 Develop, manage, and maintain professional relationships with clients within the person-in-environment and strengths perspectives.</strong></td>
<td><strong>1.2 Develop, manage, and maintain professional relationships with clients within the person-in-environment and strengths perspectives.</strong></td>
</tr>
</tbody>
</table>

2. **Ethical Practice**
*Apply social work ethical principles to guide advanced practice.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Social workers recognize and manage personal biases in practice settings.</strong></td>
<td><strong>2.1 Social workers recognize and manage personal biases in practice settings.</strong></td>
<td><strong>2.1 Social workers recognize and manage personal biases in practice settings.</strong></td>
<td><strong>2.1 Social workers recognize and manage personal biases in practice settings.</strong></td>
</tr>
<tr>
<td><strong>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures interact with competing professional standards</strong></td>
<td><strong>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures interact with competing professional standards</strong></td>
<td><strong>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures interact with competing professional standards</strong></td>
<td><strong>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures interact with competing professional standards</strong></td>
</tr>
</tbody>
</table>
for ethical social work practice.

2.3 Social workers apply ethical principles through the use of an ethical decision making model that helps in the resolution of an ethical dilemma.

3. Critical Thinking
Apply critical thinking to inform and communicate professional judgments.

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Social workers engage in reflective practice.</td>
<td>3.1 Social workers engage in reflective practice.</td>
<td>3.1 Social workers engage in reflective practice.</td>
<td></td>
</tr>
<tr>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
<td></td>
</tr>
</tbody>
</table>

4. Diversity in Practice
Engage diversity and demonstrate awareness of the complexities regarding identity differences and how they impact practice.

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
<td></td>
</tr>
</tbody>
</table>
### 4.2 Social workers practice within the context of difference in shaping the life experiences of clients, themselves, and the working alliance.

4.2 Social workers practice within the context of difference in shaping the life experiences of clients, themselves, and the working alliance.

### 5. Human Rights & Justice

*Advance human rights through understanding how social and economic justice factors impact practice*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</strong></td>
<td>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</td>
<td>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</td>
<td></td>
</tr>
<tr>
<td><strong>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</strong></td>
<td>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</td>
<td>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Research Based Practice

*Engage in research-informed practice and practice-informed research*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</strong></td>
<td>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</td>
<td>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</td>
<td></td>
</tr>
</tbody>
</table>
### 7. Human Behavior

*Apply knowledge of human behavior and the social environment*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td><strong>7.1 Social workers differentially apply theories of human behavior that address the bio-psycho-social-spiritual nature of clients and the social environment to guide social work practice.</strong></td>
</tr>
</tbody>
</table>

### 8. Policy Practice

*Engage in policy practice to advance social and economic well-being and to deliver effective social work services.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td><strong>8.1 Advocate with and inform administrators and legislators to influence policies that affect clients and services.</strong></td>
</tr>
</tbody>
</table>

### 9. Practice Contexts

*Respond to contexts that shape advanced social work practice.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td><strong>9.1 Social workers assess the current political, economic, social, and cultural climate as it affects the most vulnerable</strong></td>
</tr>
</tbody>
</table>
9.2 Social workers intervene through advocacy to serve the most vulnerable persons within the political, economic, social, and cultural contexts.

10. Engage, Assess, Intervene, Evaluate
Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement:</strong></td>
<td><strong>Social workers:</strong></td>
<td><strong>Social workers:</strong></td>
<td><strong>Social workers:</strong></td>
</tr>
<tr>
<td>Social workers:</td>
<td>10.1.1 Use empathy, active listening, and other clinical skills to establish rapport in order to set treatment goals with clients.</td>
<td>10.1.1 Use empathy, active listening, and other clinical skills to establish rapport in order to set treatment goals with clients.</td>
<td>10.1.1 Effectively use interpersonal skills to establish collaboration between multiple stakeholders involved in enhancing organizational, community, and social well-being.</td>
</tr>
<tr>
<td>10.1.2 Develop culturally responsive therapeutic relationships.</td>
<td>10.1.2 Develop culturally responsive therapeutic relationships.</td>
<td>10.1.3 Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance.</td>
<td>10.1.4 Effectively use interpersonal skills to establish collaboration between multiple stakeholders involved in enhancing organizational, community, and social well-being.</td>
</tr>
<tr>
<td>10.1.3 Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance.</td>
<td>10.1.3 Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance.</td>
<td>10.1.4 Effectively use interpersonal skills to establish collaboration between multiple stakeholders involved in enhancing organizational, community, and social well-being.</td>
<td>10.1.4 Effectively use interpersonal skills to establish collaboration between multiple stakeholders involved in enhancing organizational, community, and social well-being.</td>
</tr>
</tbody>
</table>
Assessment:
Social workers:
- 10.2.1 Use multi-dimensional assessment tools that include bio-psycho-social-spiritual data to assess client’s strengths, capacities, and readiness for change.
- 10.2.2 Use differential diagnostic processes.

Assessment:
Social workers:
- 10.2.1 Use multi-dimensional assessment tools that include bio-psycho-social-spiritual data to assess client’s strengths, capacities, and readiness for change.
- 10.2.2 Use differential diagnostic processes.
- 10.2.3 Assess organizations, communities, and policy environments using relevant theories and models.

Intervention:
Social workers:
- 10.3.1 Develop, with clients, an intervention plan that incorporates client strengths, capacities, and protective factors.
- 10.3.2 Use culturally appropriate clinical techniques for a range of presenting concerns identified in the assessment.
- 10.3.3 Adapt appropriate intervention strategies based on continuous clinical assessment.
- 10.3.4 Use appropriate and collaborative interventions to affect organizational, community, and societal change.

Intervention:
Social workers:
- 10.3.1 Develop, with clients, an intervention plan that incorporates client strengths, capacities, and protective factors.
- 10.3.2 Use culturally appropriate clinical techniques for a range of presenting concerns identified in the assessment.
- 10.3.3 Adapt appropriate intervention strategies based on continuous clinical assessment.
- 10.3.4 Use appropriate and collaborative interventions to affect organizational, community, and societal change.

Intervention:
Social workers:
- 10.3.1 Develop, with clients, an intervention plan that incorporates client strengths, capacities, and protective factors.
- 10.3.2 Use appropriate and collaborative interventions to affect organizational, community, and societal change.
<table>
<thead>
<tr>
<th>Evaluation:</th>
<th>Evaluation:</th>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social workers:</td>
<td>Social workers:</td>
<td>Social workers:</td>
</tr>
<tr>
<td>• <strong>10.4.1 Critically analyze, monitor, and evaluate interventions and program implementation and outcomes.</strong></td>
<td>• 10.4.1 Critically analyze, monitor, and evaluate interventions and program implementation and outcomes.</td>
<td>• 10.4.1 Critically analyze, monitor, and evaluate interventions and program implementation and outcomes.</td>
</tr>
<tr>
<td>• 10.4.2 Revise intervention and program implementation plans based on ongoing process and outcome evaluation.</td>
<td>• 10.4.2 Revise intervention and program implementation plans based on ongoing process and outcome evaluation.</td>
<td>• 10.4.2 Revise intervention and program implementation plans based on ongoing process and outcome evaluation.</td>
</tr>
</tbody>
</table>

societal change.
III. FURTHER EDUCATIONAL OBJECTIVES

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

2. Effectively engage adolescent clients in a therapeutic alliance that involves collaborative development of goals that are meaningful to the adolescent client.
3. Develop a comfort level with different clinical theories and treatment models while considering adaptations in their use with adolescent clients.
4. Redefine adolescent oppositional or acting out behaviors as adaptive developmental strivings as appropriate. Explore and practice effective techniques for managing acting out behaviors.
5. Explore social worker’s own countertransference reactions or feelings about own adolescence and how these may impact the treatment relationship.

IV. COURSE REQUIREMENTS

A. Required Texts and Readings:


B. Recommended Readings


**C. Other Recommended Resources and Media:**

[www.livesinthebalance.org](http://www.livesinthebalance.org)
[www.understood.org](http://www.understood.org)
[www.johnbriere.com](http://www.johnbriere.com)
www.clinicalcasemanagement.com  
www.psychologytools.org  
www.anxieties.com  
www.dbsalliance.org  
www.aacap.org

D. **Course Assignments:**

**Attendance and Class Presence/Participation**
Students are expected to complete all assigned readings, arrive to class on time, and be fully prepared to actively participate in all class exercises and discussions. All clinical content in discussions must be kept confidential, in keeping with the Student Confidentiality Agreement.

Missing more than two class sessions will result in a significantly reduced grade. The only exceptions are student illness (with doctor’s note), illness of immediate family member, accident/hospitalization, or death of immediate family member. Arriving to class late or leaving early (30 minutes or more) will be considered an absence. *Three absences will result in a grade of F for participation. Please plan ahead and submit assignments on the due date. For each day the assignment is submitted late, 3 points will be deducted. Work ahead so you will not penalized if an unexpected emergency arises.*

Class participation requires the student to have reviewed the readings in advance, and be fully present and engaged in the material for the entire class meeting. When in class, all cell phones and other electronic devices should be turned off or set to silent operation. Computers or tablets should be used in class to further learning only, and not for other purposes.

**Written 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:** All your assignments 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 and checked for grammar and spelling errors. 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.

**Proposal for Assignment 2: Due Class 4**
This must be approved before proceeding with the assignment.
Assignment 1 - Psychosocial Assessment: Due Class 5
Write a brief biopsychosocial assessment of an adolescent or young adult client, including treatment goals and outcome measurement, and treatment plan. *see outline for this assignment in syllabus attachment

Assignment 2 - Clinical Literature Review: Due Class 10
Write an annotated bibliography summarizing scholarly social work and related literature of a clinical issue within a particular adolescent population that would be appropriate for clinical social work intervention. Prepare a handout with key points to be distributed to the class. *see details for this assignment in syllabus attachment

Assignment 3 – Take Home Exam Due Class 14
Class Attendance & Participation 20%
Assignment 1 20%
Assignment 2 40%
Assignment 3 20%

E. Grading Policy: The university grading system will be utilized (see policy in bulletin). The grade will be based upon the extent to which the student meets the course objectives as demonstrated by class participation and the two NCSSS required papers.

Grading System

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Numeric Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95 – 100</td>
</tr>
<tr>
<td>A-</td>
<td>90 – 94</td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89</td>
</tr>
<tr>
<td>B</td>
<td>83 – 86</td>
</tr>
<tr>
<td>B-</td>
<td>80 – 82</td>
</tr>
<tr>
<td>C</td>
<td>70 - 79</td>
</tr>
<tr>
<td>F</td>
<td>0 - 69</td>
</tr>
</tbody>
</table>

F. Attendance and Participation

1. Students are expected to attend all class sessions, to arrive at classes on time, and to conduct themselves in an ethical and scholarly fashion. In the event that it is necessary for a participant to miss a class session or come late, s/he is expected to notify the instructor in advance. Students are responsible for obtaining any class notes or other materials distributed when they are absent. Unexcused or multiple absences may result in a reduction of the final grade.

2. The use of laptops or other devices should be used in such a manner that they do not disturb or distract other students. Recording devices should only be used with the
permission of the instructor and should be turned off at the request of the instructor or
class participants when requested in the event that personal or confidential information is
being discussed.

3. Students are expected to read all required readings for each class session and be prepared
to participate in classroom discussions and exercises.

4. The course combines the formats of didactic lectures and participatory seminars.
   Students and the instructor will endeavor to draw on their own experience including
   professional practice experience, relevant literature and analytic thinking about the course
   content. Each student is expected to participate actively in class discussions and to come
   prepared to share current knowledge, ideas, and relevant experiences as appropriate.
   Students and the instructor will view each other as resource persons.

G. **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 [http://evaluations.cua.edu/evaluations](http://evaluations.cua.edu/evaluations)
using your CUA username and password. Additional informal written or verbal feedback
to the instructor during the semester is encouraged and attempts will be made to respond
to special requests. These evaluations will serve as a basis for ongoing course revisions.

V. **CLASS EXPECTATIONS**

**Scholastic Expectations:**

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

**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.

**Accommodations:**

Students with physical, learning, psychological or other challenges wishing to request
accommodations must identify themselves with the Disability Support Services (DSS)
and submit documentation of a disability. Once you have documented a disability, DSS
will establish whether any accommodations or academic adjustments are required. If so,
please arrange a meeting with the instructor as soon as possible to discuss these
accommodations.
CLASS SCHEDULE

Class 1: Class Introduction: Adolescent Neurobiology and Brain Development

- Introduction to class
- Overview of syllabus
- Review of assignments, readings, grading
- The human brain as a product of evolution
- Information on adolescent neurobiology
- Practical application of information on adolescent brain development
- Implications of the adolescent evolutionary brain in modern society

Required Reading:


Recommended Reading:


Class 2: Adolescent Developmental Themes / Adolescent Sexuality

- Adolescent bio-psycho-social development
- Developmental stages and clinical intervention
- Assessing risk and resilience
- Psychodynamic framework for adolescent development
- Cognitive framework for adolescent development
- Understanding the spectrum of adolescent sexuality

Required Reading:


**Recommended Reading:**


**Class 3: Therapeutic Alliance / Basic Therapy Techniques with Teens / Managing Confidentiality with Minor Clients**

- Building connection in therapy
- Practical strategies for building trust with involuntary or resistant clients
- Use of authentic self in therapy with adolescents
- Boundaries – finding a balance with self-disclosure in adolescent work
- Ethical approaches to managing confidentiality with minors / parents / institutions

**Required Reading:**


Recommended Reading:


Class 4: Clinical Assessment and Goal Setting with Adolescents

- Integrating observations and clinical data
- Assessing functioning from biological, psychological and environmental perspectives
- Application of theory to case conceptualization
- Collaborative goal setting and follow through
- Outcome measurements – Use of Miller’s SRS and ORS rating scales

Required Reading:


Recommended Reading:


you better: Developing a culture of feedback in your practice. *Psychotherapy Networker, 31*(6), 36-42.

Class 5: Psychodynamic Theory in the Treatment of Adolescents

- Common defenses in adolescent clients
- Supporting adolescent clients with healthy ego functioning
- Nature of transference with adolescent clients
- Common countertransference reactions with adolescent client
- The second separation/individuation of adolescence
- Being a healthy “object” in adolescent treatment

**Required Reading:**


**Recommended Reading:**


Class 6: Cognitive-Behavioral Theory in the Treatment of Adolescents

- Modifications of CBT models based on adolescent cognitive development
- The importance of relationship and motivation in CBT with adolescents
- Common distorted thinking patterns in adolescence and how to address clinically
- CBT techniques related to anxiety and depression
- Trauma informed CBT with adolescents
- Combining CBT with other treatment models

**Required Reading:**


**Recommended Reading:**


**Class 7: Techniques for Treating Anxiety in Adolescents and Young Adults**

- Overview of anxiety disorders
- Anxiety as a clash between the evolutionary brain (acute anxiety) and modern life (development of chronic anxiety)
- The use of CBT for Generalized Anxiety Disorder
- The use and effectiveness of exposure treatments for phobias and OCD
- Focus on behavior change with anxiety

**Required Reading:**


**Recommended Reading:**


**Class 8: Treatment of Mood Disorders / Suicidal Risk Assessment**

- Biological factors in adolescent depression, Jon Allen’s tripartite model
- Using CBT approaches with depression, modifying distorted thinking
- Psychodynamic approaches, importance of attachment relationships
- Controversies with anti-depressant medications with adolescents
- Suicide risk assessment – Use of the CAMS

**Required Reading:**


**Recommended Reading:**


Class 9: Trauma, Emotional Dysregulation, and Self-Injury

- Impact of trauma on development and psychopathology
- Organic sensitivity coupled with invalidating environment as a formula for emotional dysregulation
- Development of self-harm as a tool for self-regulation
- Treatment of trauma, dysregulation, self-harm behaviors from CBT and psychodynamic perspectives
- Dialectical Behavior Therapy (DBT) as an evidenced-based treatment for emotional dysregulation
- Overview and examples of the four DBT treatment skills

Required Reading:


HSE Ireland (Producer). (2014). Video interview with marsha linehan with host daniel flynn [Youtube video]. Available from https://www.youtube.com/watch?v=fR7Oif0cyoVo

Recommended Reading:

Courtney, D., & Flament, M.F. (2015). Adapted dialectical behavior therapy for adolescents with
self-injurious thoughts and behaviors. *Journal of Nervous & Mental Disease, 203*(7), 537-544.


**Class 10: Treatment of Violence / Offending Behaviors in Adolescence**

- Development of offending behaviors (ODD, Conduct Disorder) – nature and/or nurture
- Treatment resistance and lack of evidenced-based approaches to offending behaviors
- Psychodynamic approaches to violent behaviors
- Cognitive and behavioral approaches to violent behaviors
- Behavioral modification programs for conduct and oppositionality
- Multi-modal treatment programs for conduct and oppositionality
- Greene and Ablon’s collaborative problem-solving model

**Required Reading:**


**Recommended Reading:**


interacts with genes in the causation of antisocial symptoms. *Behavioral Genetics, 35*(2), 115-120.


**Class 11: Substance Use Disorders and Eating Disorders. Use of Motivational Interviewing Techniques**

- Physiology and mechanisms of substance misuse
- Research supported risk factors for adolescent substance use
- Prevention and harm reduction models
- Family and parental interventions and attitude
- Overview of adolescent body image and eating disorder issues
- Psychodynamic, CBT, and Family Systems approaches to treating eating disorders
- Motivational enhancement therapy and motivational interviewing strategies – differences from more confrontational approaches

**Required Reading:**


**Recommended Reading:**


**Class 12: Attention Deficit, Executive Functioning, and Learning Issues**

- Assessment and treatment of attention issues in teens
- Evidenced-based treatments for ADHD – medications and behavioral interventions
- Use of mindfulness strategies and group interventions with ADHD
- Psychological and neuropsychological testing
- Advocating for teens in the school system
- Executive functioning – how is it different than ADHD, how is it treated?
- Learning issues – IQ, processing speed, working memory – the “wheels of a car” model

**Required Reading:**


guide for practitioners (pp.94-112). New York, NY: The Guilford Press.

**Recommended Reading:**


**Class 13: Autism Spectrum Disorders and Schizophrenia**

- Assessment and diagnostic criteria for autism spectrum disorders
- Cognitive and behavioral treatment approaches for ASD
- Development, prodromal symptoms, and diagnostic criteria for schizophrenia
- Individual and family treatment approaches for psychosis
- Psychodynamic conceptualization of psychosis

**Required Reading:**


**Recommended Reading:**


**Class 14: Working with Parents and Caregivers in Support of Teen Clients**

- Supporting parents to develop new skills to match new developmental phases of adolescence
- Working with adolescents in family therapy, moving past the adolescent as I.P.
- Use of the collaborative problem solving model
- Parental triggers from their own adolescence
- Helping parents to manage dangerous and risky adolescent behaviors
- Relationship changes: separation individuation or attachment individuation?
- Managing family disruptions – divorce, family trauma and loss, foster care and adoption

**Required Reading:**


**Recommended Reading:**


# 803 (02) Mondays – Class Schedule with Corresponding Dates and Assignments

<table>
<thead>
<tr>
<th>Date</th>
<th>Class Session</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1/18</td>
<td>NO CLASS – MLK HOLIDAY</td>
<td></td>
</tr>
<tr>
<td>1/25</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2/1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2/8</td>
<td>4</td>
<td>Topic for Literature Review Due</td>
</tr>
<tr>
<td>2/15</td>
<td>5</td>
<td>BioPsychoSocial Assignment Due</td>
</tr>
<tr>
<td>2/22</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2/23</td>
<td>7</td>
<td>ADMINISTRATIVE MONDAY</td>
</tr>
<tr>
<td>3/7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>3/14</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>3/21</td>
<td>10</td>
<td>Clinical Review of Literature Assignment Due</td>
</tr>
<tr>
<td>3/28</td>
<td>NO CLASS</td>
<td></td>
</tr>
<tr>
<td>4/4</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>4/11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4/18</td>
<td>13</td>
<td>Take Home Exam Handed Out</td>
</tr>
<tr>
<td>4/25</td>
<td>14</td>
<td>Take Home Exam Due</td>
</tr>
</tbody>
</table>
Professional Conduct

Class participation is more than mere attendance. It is arriving on time, reading the assigned material, preparing for class with questions, contributing appropriately to class discussions, doing assignments, and participating in class activities. The class participation grade is a subjective grade given by the professor. The professor will use this matrix to determine the class participation grade (modified from Maznevski, M. (1996). Grading Class Participation. *Teaching Concerns*. http://www.virginia.edu/~trc/tcgpart.htm).

<table>
<thead>
<tr>
<th>Points</th>
<th>CLASS PARTICIPATION GRADING CRITERIA (Carpenter-Aeby, 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent No effort, disruptive, disrespectful.</td>
</tr>
<tr>
<td>60-70</td>
<td>Infrequent Effort</td>
</tr>
<tr>
<td></td>
<td>□ Present, not disruptive (This means coming in late.)</td>
</tr>
<tr>
<td></td>
<td>□ Tries to respond when called on but does not offer much.</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates very infrequent involvement in class.</td>
</tr>
<tr>
<td>70-80</td>
<td>Moderate Effort</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them.</td>
</tr>
<tr>
<td></td>
<td>□ Offers straightforward information (e.g. straight from the case or reading), without elaboration or very infrequently (perhaps once a class).</td>
</tr>
<tr>
<td></td>
<td>□ Does not offer to contribute to discussion, but contributes to a moderate degree when called on.</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates sporadic involvement.</td>
</tr>
<tr>
<td>80-90</td>
<td>Good Effort</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates good preparation: knows case or reading facts well, has thought through implications of them.</td>
</tr>
<tr>
<td></td>
<td>□ Offers interpretations and analysis of case material (more than just facts) to class.</td>
</tr>
<tr>
<td></td>
<td>□ Contributes well to discussion in an ongoing way: responds to other students’ points, thinks through own points, questions others in a constructive way, offers and supports suggestions that may be counter to the majority opinion.</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates consistent ongoing involvement.</td>
</tr>
<tr>
<td>90-100</td>
<td>Excellent Effort</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.).</td>
</tr>
<tr>
<td></td>
<td>□ Offers analysis, synthesis, and evaluation of case material, e.g. puts together pieces of the discussion to develop new approaches that take the class further.</td>
</tr>
<tr>
<td></td>
<td>□ Contributes in a very significant way to ongoing discussion: keeps analysis focused, responds very thoughtfully to other students’ comments, contributes to the cooperative argument-building, suggest alternative ways of approaching material and helps class analyze which approaches were effective.</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates ongoing very active involvement.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100 points</td>
</tr>
</tbody>
</table>
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. Eco-map and genogram submitted as attachments (not part of 2-3 pages) which may be hand drawn or software format.

   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 as available
      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”) 1-1.5 pages
   A. Social worker’s assessment of the problem (1-3 sentences, summarize and explain problem development)
   B. DSM 5 diagnosis with relevant nomenclature
   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.

IV. INTERVENTION PLAN >1 page
   A. General modality or modalities (Who is to be seen directly? How will parents, teachers, others, be engaged in the change effort?)
   B. Specific intervention techniques – relate directly to goals
   C. Referrals
   D. Plan for evaluation and termination.

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 – IV.

The total paper should not exceed 6.5 pages. Your goal is to list the relevant information, wrap it up in an assessment with goals and treatment. This is a tool for you formulate a case, and to document it for others and for medical records. Make every word count. Please use APA format, double-spaced. Attach your ecomap and genogram at the end. These may be scanned or included in the original Word document.

Assignment 2: Clinical Review of Literature

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 and other mental health disciplines’ scholarly literature.
- Increase ability to determine and understand evidence-based and clinically substantiated treatments for the adolescent/young adult population
- Enhance skill in tightly summarizing literature and articulating it in writing.

* A 1-page summary of your research proposal is due by class 4. This should include a description of your clinical problem and your research question. You should also include a brief description of your research plan as well as any questions you have in moving forward.

Assignment Instructions:
1. Choose an issue or problem for social workers that is of interest to you and relevant to the clinical assessment and/or treatment of adolescents and young adults. Further, select one or more clinical theories (such as psychodynamic, CBT, ) that reflect 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. It is strongly recommended that you have your topic approved by your instructor.
2. **Write a clinical question** in a paragraph reflecting your chosen issue. This should be a tightly crafted paragraph of 4 to 6 sentences that lays out the problem. Discuss what practice knowledge you are expecting to gain through the literature. Add one sentence explaining how and why you organized your bibliography to provide reader clarity (see below).

3. **Conduct a search of the recent literature on your topic** (within 10 years), comprising scholarly articles. These include peer reviewed theoretical or empirical articles. They do not include book chapters, newsletter summaries, mass media, or internet articles (unless they are from peer reviewed on-line journals). You may use search engines such as *Social Work Abstracts* or *PsychInfo*.

4. **Identify 10-12 articles** that seem relevant to your topic using social work and related journals.

5. **Locate the whole-text articles.** Copy them. Read them.

6. **Organize your articles into related groups** (perhaps three or four). Label them with a heading. Some ways to organize your literature include: theory base, similar treatment techniques, comparing and contrasting different treatment approaches, etc. The articles should be organized in such a way that they show how you arrive at your conclusion. Your grade will be based in part on the way the articles are organized. They should progress in a logical order that leads the reader to the conclusion. For example: you could organize them by theory base, research model, relevance, application to practice, modality, etc.

7. **List the 3-4 articles, alphabetically within that small grouping, in APA bibliography format.**

8. **Describe what you have learned.** Create headings for each group and compose your own summary relating it to your problem. Address in 1-2 paragraphs what you have learned and how the articles relate to one another (for example they may support or contradict each other in terms of treatment technique or approach). You should also include, when possible, the size of the study, use of controls, specificity of the treatment description, or other comments that lets the reader understand the usefulness of this study to the larger understanding of the problem. The summary should be written in the third person in appropriate, formal language.

9. **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.

10. **Write an abstract of your paper** briefly summarizing what you learned. This will be distributed to the class. Be sure your name is on this abstract.

*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 clinical question paragraph
- 3-4 headings with 3-4 articles listed in bibliographical format
- Under each of these headings include 1-2 paragraphs describing what you have learned
- The conclusion
- A copy of the first page of each of the articles summarized

An abstract with key points you feel important to be distributed to the class.