This document does not constitute a contract with the University. It contains guidelines only.

Academic Term and Year:	Fall 2012-2013
Course Prefix and Number:	SW 600 – HE1
Course Title:	Advanced Social Work Practice with Children and Families: Direct Practice
Credit Hours:	3
Days, Time and Location of class:	Daily- Online/Hybrid Thursday, 6:00-8:40pm 2nd Floor William Sutton Administration Room 232
Professor:	Catherine Singleton-Walker, Ph.D., LMSW
Office Location:	Department of Social Work William Sutton Administration Building, Suite 118
Office Hours:	Tuesday 1:-4:30; Wednesday 2-6; Thursday 1:00-430; and other times by appointments only.
Office Phone Number:	(662) 254-3090
Main Office Number	(662) 254-3365
Email Address:	Bb9 Email
Prerequisite:	All Social Work Foundation Courses including Foundation Field Internship and Field Seminar I

Required Technology Skills:
Students in the class are expected to be efficient in the use of computers, Basic computer skills, the internet, and PowerPoint.

CATALOG COURSE DESCRIPTION:

Preparation for specialized social work practice with children and families.

COURSE DESCRIPTION

This course is designed to prepare students to become specialized social workers in practice with children and families. Students will integrate a variety of direct practice roles into their practice. Using an ecosystems perspective, students will incorporate the knowledge and skills essential to conduct multi-dimensional assessments on complex issues that include biological and psychological aspects of clients. Students will also interpret the influences of social, cultural and spiritual factors both on the presenting problems of clients and possible solutions. They will also learn to evaluate, integrate, synthesize and apply theories that incorporate strengths-based and empowerment approaches to practice with children and families. Students will incorporate an understanding of rural culture and environmental dynamics into work with children and families.

DEPARTMENT OF SOCIAL WORK/MSW PROGRAM MISSION

The mission of the Department of Social Work at Mississippi Valley State University is to prepare graduates to practice with individuals in need and populations-at-risk in rural areas. The Master of Social Work (MSW) Program prepares students for professional social work practice at the micro, mezzo, and macro levels. Through the curriculum, the program instills in students advanced social work knowledge, values and skills in a manner which enables students to work with diverse populations in a wide range of settings. Concurrently, special emphasis is place on social work practice with impoverished minorities living in rural regions, such as the Mississippi Delta where the University is located and committed to serve, as well as rural areas globally. Within the framework of rural social work, the area of concentration is Child and Family Welfare.

PROGRAM GOALS
The goals of the Master of Social Work Program are:
1. Educate students for social work positions for advanced levels of practice with individuals, families, groups, organizations and communities.
2. Provide students with the necessary knowledge and skills for working with diverse populations, including oppressed, minority and rural populations.
3. Instill in students a professional social work identity and the values and ethics of the profession.

COMPETENCIES
1. **EPAS Competency: 2.1.1** Identify as a professional social worker and conduct oneself accordingly.
2. **EPAS Competency: 2.1.2** Apply social work ethical principles to guide professional practice.
3. **EPAS Competency: 2.1.3** Apply critical thinking to inform and communicate professional judgments**.**
4. **EPAS Competency: 2.1.4** Engage diversity and difference in practice.
5. **EPAS Competency: 2.1.5** Advance human rights and social and economic justice.
6. **EPAS Competency: 2.1.6** Engage in research-informed practice and practice-informed research.

7. **EPAS Competency: 2.1.7** Apply knowledge of human behavior and the social environment.
8. **EPAS Competency: 2.1.8** Engage in policy practice to advance social and economic well-being and to deliver effective social work practice
9. **EPAS Competency: 2.1.9** Respond to contexts that shape practice
10. **EPAS Competency: 2.1.10(a)–(d)** Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities
11. **Rural Competency: 2.1.11 –** Demonstrate knowledge and skills to apply a bio-psychosocial-cultural-spiritual perspective in advanced social work practice with children and families.
12. **Rural Competency: 2.1.12 –** Integrate knowledge of rural values and customs into autonomous social work practice with children and families.

EXPECTED CORE COMPETENCIES & PRACTICE BEHAVIORS

Course Competencies	Practice Behaviors	Assessment of Practice Behaviors
EPAS Competency: 2.1.1 Identify as a professional social worker and conduct oneself accordingly.	Function within clearly-defined professional roles and boundaries based on the needs of the client, the agency context, the type of services provided, and differential use of self. **(2.1.1b)** Demonstrate professional demeanor in behavior, appearance, and communication appropriate for the clinical relationship and setting. **(2.1.1d)**	Family Assessment Individual Assessment & Treatment Plan Group Therapy Intervention Bio-psychosocial Assessment Bibliotherapy Intervention
EPAS Competency: 2.1.2 Apply social work ethical principles to guide professional practice.	Integrate the use of complex social work practice knowledge and skills in the application of social work values and ethics with children and families. **(2.1.2a)** Apply ethical decision-making skills in working with rural children and families. **(2.1.2b)**	Family Assessment Individual Assessment & Treatment Plan Group Therapy Intervention Bio-psychosocial Assessment

		Case Assessment & Documentation
EPAS Competency: 2.1.3 Apply critical thinking to inform and communicate professional judgments**.**	Evaluate, integrate, synthesize, and apply theories, incorporating strengths-based approaches to practice with children and families. **(2.1.3a)**	Family Assessment Bio-psychosocial Assessment
	Critically evaluate, select, and implement evidence-informed assessment, intervention, and evaluation tools and techniques with rural children and families. **(2.1.3b)**	Family Assessment Bio-psychosocial Assessment Individual Assessment & Treatment Plan
	Communicate effectively, in oral and written form, with diverse clients and with other professionals. **(2.1.3c)**	Group Therapy Intervention Bibliotherapy Intervention Case Assessment & Documentation
EPAS Competency: 2.1.4 Engage diversity and difference in practice.	Accurately identify and assess issues among diverse client populations in a rural environment **(2.1.4b)**	Individual Assessment & Treatment Plan Bio-psychosocial Assessment Family assessment
	Recognize how factors related to diversity may influence client functioning and help-seeking behaviors. **(2.1.4c)**	Individual Assessment & Treatment Plan Bio-psychosocial Assessment Family

		Assessment
	Implement assessment, develop and implement intervention, and use evaluation tools that are culturally sensitive and appropriate to diverse clients. **(2.1.4d)**	Individual Assessment & Treatment Plan Bio-psychosocial Assessment Family Assessment
EPAS Competency: 2.1.6 Engage in research-informed practice and practice-informed research.	Generate and apply research knowledge to critical discussions on best practices for children and families. **(2.1.6b)**	Bibliotherapy Intervention Individual Assessment & Treatment Plan Group Therapy Intervention Individual Play Therapy Intervention
EPAS Competency: 2.1.7 Apply knowledge of human behavior and the social environment.	Integrate knowledge of rural values and customs into autonomous social work practice with children and families. **(2.1.7a)**	Family Assessment Individual Assessment & Treatment Plan
	Apply appropriate theories, models, and research to diverse client systems and circumstances. **(2.1.7b)**	Bibliotherapy Intervention Group Therapy Intervention
	Demonstrate the ability to critically evaluate and select from multiple theories when working with children and families. **(2.1.7d)**	Family Assessment Individual Assessment & Treatment Plan Bio-psychosocial Assessment

		Family Assessment
EPAS Competency: 2.1.10(a)–(d) Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities	Conduct multidimensional assessments on complex issues that include client system and environmental strengths and stressors such as cultural, economic and social/relationship factors. **(2.1.10a)**	Family Assessment Individual Assessment & Treatment Plan Bio-psychosocial Assessment
	Apply bio-psycho-social-cultural-spiritual perspective in advanced social work practice with children and their families. **(2.1.10b)**	Family Assessment Individual Assessment & Treatment Plan Bio-psychosocial Assessment
Rural Competency: 2.1.11 – Demonstrate knowledge and skills to apply a bio-psychosocial-cultural-spiritual perspective in advanced social work practice with children and families.	Utilize advanced social work knowledge, value and skills in order to appropriately assess and intervene in the lives of children and families in a rural setting. **(2.1.11a)**	Family Assessment Individual Assessment & Treatment Plan Bio-psychosocial Assessment
Rural Competency: 2.1.12 – Integrate knowledge of rural values and customs into autonomous social work practice with children and families.	Demonstrate knowledge of local resources in rural settings in order to effectively empower children and families to enhance their capacities. **(2.1.12a)**	Family Assessment Individual Assessment & Treatment Plan Bio-psychosocial Assessment Case Assessment & Documentation

COURSE REQUIREMENTS

Required Textbooks:

Timberlake, E.M. & Cutler, M.M. (2001) *Developmental play therapy in clinical social work.* Needham Heights, MA: Allyn and Bacon.

Webb, N.B. (2011). *Social work practice with children*. (3rd ed.) New York: The Guilford Press.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (Rev. 4th ed.).* Washington: American Psychiatric Association.

Supplemental Text/Materials:

Coady, N. & Lehmann, P. (2008). *Theoretical perspectives for Direct Social Work Practice.* New York: Springer Publishing Company, LLC.

Drewes, A. A. (2009). *Blending play therapy with cognitive behavioral therapy: Evidence-Based and other effective treatments and techniques.* Hoboken, New Jersey: John Wiley & Sons, Inc.

Pomeroy, E. & Wambach, K. (2003). *The clinical assessment workbook: Balancing strengths and differential diagnosis.* California: Brooks/Cole.

Toys and other counseling materials used in play therapy will be provided. Student may wish to use some of their personal materials when learning about play therapy. Reading will also be assigned from other sources which will be on reserve in the J. H. White Library.

Class Attendance Policy:

Each student is required to participate in using Blackboard Communication Tools, taking online exams, and other aspects of Blackboard. You are expected to log in regularly (**daily**, perhaps several times per day) to submit assignments, check grades, personal messages, and view course materials. Student(s) who fail to participate in the online course during a course week will be deemed absent for that week. The absence will be annotated as <u>absent unexcused</u> (AU), unless the instructor has been informed beforehand and deemed the absence as <u>absent excused</u> (AE). The instructor shall report all absences to the main campus as required. A student who has not participated for 7 consecutive days regardless if the absences were deemed AU or AE shall be recommended for administrative withdrawal to the main campus. In a traditional classroom just because a student contacts the instructor and is excused from a scheduled class meeting does not mean the student is given credit for participation or attendance. The student is still annotated as AU or AE**. The online classroom shall be no different in this respect.** It is the instructor's sole discretion as to what he/she shall consider AU or AE.

Policy and Procedure on Cheating and Plagiarism:

Philosophy

Honesty and integrity are essential values of Mississippi Valley State University's mission to pursue truth and knowledge. All persons – administrators, faculty, staff, and students – share the responsibility for achieving high standards of excellence. Academic dishonesty of any kind negates this mission and is antithetical to the development of morally and ethically sound human beings. Therefore, Mississippi Valley State University will not tolerate cheating or plagiarism in any form. Cheating and plagiarism compromise the process of fair and equitable evaluation conferred by the University. Students who engage in such activities deny themselves the opportunity to benefit from accurate assessment and feedback and prevent full academic and personal development.

Responsibility

Although the faculty of Mississippi Valley State University is responsible for establishing the standards for moral and academic excellence in teaching and learning, these standards can be reached only with the cooperation and support of students. Each student is expected, therefore, to accept responsibility for maintaining honesty and integrity in all endeavors inside and outside the classroom, studio, or laboratory. Faculty encourages ethical behaviors by: establishing an atmosphere of respect in the classroom; stating clearly on the syllabus their standards and expectations for academic performance, structuring learning situations that encourage honesty and deter cheating and plagiarism; and for presenting and enforcing the University's policy on academic dishonesty.

Definitions

Cheating is the actual or attempted practice of fraudulent or deceptive acts for the purpose of improving one's grade or obtaining course credit. Such behavior also includes assisting another student in such practice. Although cheating is often associated with examinations, it is the intent of this definition that the term "cheating" not be limited to examination situations only, but also that it includes any and all actions by a student that are intended to gain an unearned academic advantage by fraudulent or deceptive means.

Plagiarism is a specific type of cheating which consist of the misuse of the published and/or unpublished works of others by misrepresenting the intellectual property of others as one's own ideas or works.

Academic Sanctions for Cheating or Plagiarism

When a faculty member responsible for a course has reason to believe that an action of a student falls within one or both of the aforementioned definitions, the faculty member should initiate a conference with the student to present the student with the charge and the evidence. If the student admits to the wrong doing, the instructor shall impose an academic sanction. The instructor has the prerogative of lowering the grade, assigning a grade of "0" or "F" for the work submitted, assigning an "F" for the entire course, or recommending another penalty, including dismissal from the University. In the advent that the student does not admit wrong doing or that no mutually agreeable settlement is reached as a result of the faculty-student conference, the faculty member will consult the department chair. (See page 33 for examples).

Make-Up Examination Policy:
 It is the responsibility of the student to request to make up an examination within one week following the missed examination. The decision rests with the class instructor as to whether a student will be allowed to make up the test. The decision will be based on whether the instructor considers the reason for missing the examination to be justifiable.

Teaching/Learning Strategies:
Various teaching methods will be used to meet the core competencies and to stimulate discussions in the classroom. Students are expected to participate in discussion and share their thoughts regarding issues being discussed. This class will be formatted to accommodate the use of videos, assigned readings, presentations, and lectures. Guest speakers will also be invited to share knowledge and experiences in policy development and advocacy to help students to understand better about macro practice.

Submission of Work:
Scheduled assignments MUST be completed and successfully submitted through the MVSU Blackboard Upload Assignment Page by due date and time. Assignments automatically become unavailable after the due date/time expires. Every assignment should have a cover page, and the cover page and the assignment should be in the same electronic file in the right order. All assignments MUST be keyed using MS Word (saved as a .doc file); and no multiple submissions will be allowed.

Course Drops/Incompletes:
Students not completing the course for any reason are required to submit official drop notices to the Registrar's Office prior to the deadline date. **This is your responsibility**. Failure to comply with the procedure WILL result in your receiving a letter grade of "**F**".
Not officially withdrawing from the university may impact your financial aid and result in you owing the university.

Online Communication Observation of "Netiquette"
Students MUST use Blackboard mail for contact with the instructor and other members of the class. All your online communications should be composed with fairness, honesty and tact. What you put into an online course reflects on your level of professionalism.

Technology Infusion:

Hardware: Operating System:	Windows 98, 2000, NT, XP or a Macintosh System 8.1 or higher
Processor:	200 MHz or higher
Memory:	32 MB of RAM
H Drive Space:	100 MB free disk space
Modem:	28.8 kbps or higher
Monitor:	800x600 resolution

Software: Internet Access:	Any Internet Service Provider
Browser:	Internet Explorer, Netscape r 4.7 or

	higher*, AOL 5.0 or higher**
Application	Recommend Microsoft Word or application file name **.doc**
Audio & Video:	RealPlayer, Quick Time

Technical Problems:

If you experience technical/computer difficulties (need help downloading browsers or plug-in, logging into your course, using your course web site tools, or experience errors or problems while in your online course), contact **Mr. mack pendleton** at 662.254.3114 as well as your instructor.

Americans with Disabilities Act (Special Needs Policy)

Students who believe that they may need accommodations in this class are encouraged to contact the Americans with Disabilities (ADA) Coordinator at 662-254-3446. It is the policy of the Department of Social Work to accommodate students with disabilities pursuant to federal and state law. Students, however, must self-identify with the ADA Coordinator at MVSU. Any student registered at the University with a disability and who needs special accommodations should inform the instructor at the beginning of the course.

Required Tasks/Activities:

1. **Bio-psychosocial Assessment:** Students will conduct a bio-psychosocial interview in the classroom. After gathering the necessary data on a child, each student will write up the bio-psychosocial assessment and submit via Blackboard under assignments by the due date. It is highly suggested that students refer to chapter 6 of Timberlake and Cutler to help them understand the entire assessment process. The clinical assessment format to be used for this assignment is in an attachment in Bb9 under the assignment.
2. **Individual Assessment & Treatment Plan:** Students will use the assigned case study to complete an individual assessment and treatment plan. Student will use the format provided as an attachment for Case Summary Report. After completing the individual assessment, students will complete a treatment plan. Students must use evidence-based treatment intervention. This evidence must be documented in the rationale for treatment. Make sure you rule out any diagnosis that are appropriate to be ruled out. Make sure you have a cover page and a reference page.
3. **Family Assessment & Treatment Plan:** Students will use the assigned case study to complete a family assessment and treatment plan. Student will use the format provided as an attachment for Case Summary Report. After completing the individual assessment, students will complete a treatment plan. Students must use evidence-based treatment intervention. This evidence must be documented in the rationale for treatment. Make sure you rule out any diagnosis that are appropriate to be ruled out. Make sure you have a cover page and a reference page.
4. **Group Therapy Intervention:** a) Students will research an assigned diagnosis which will include the appropriate treatment modality; b) students will conduct a therapeutic group to address this diagnosis; c) one student will serve as the social worker (leader of group) and the remainder of the group; members will play the role of children or adolescents participating in group. d) you are to select a characteristic or behavior of the diagnosis to address in group; e)

each group will use a therapeutic group technique appropriate for children and or adolescents to address the assigned diagnosis; f) please see the chart below with the assigned diagnosis and age group of the group participants; f) make sure your group activity is appropriate for the age group and the diagnosis; g) parents are not a part of this group activity; h) to start the group you must have an introduction which will include group goal(s) and objective(s) no more than two of each; i) the introduction will allow group member to tell their name (role play), diagnosis and age and; j) each group member will prepare an annotated bibliography with a minimum of six scholarly sources; three of which should address the treatment modality (i.e. cognitive behavior, behavior, etc.) and three which should discuss using group intervention for the disorder. NOTE: Your annotated bib must be different from group members. Submit work under Group Therapy Intervention by due date. Be creative and play this out as if you are truly conducting a group.

5. **Bibliotherapy Intervention:** Students will use bibliotherapy in an individual therapy session with a child or adolescent to address the assigned diagnosis. Please see the chart in Bb9 under assignment as an attachment with the assigned diagnosis and age group of participants. Make sure your book or literature is appropriate for the age group and the diagnosis. Parents are not a part of this activity. You will take on the role of the therapist and you can select one of your classmates to play the child's role. You are to select a characteristic or behavior that is prevalent for the diagnosis to address through the use of bibliotherapy. Make sure you bring to class a two page summary of the diagnosis being addressed in bibliotherapy and why you choose this particular material/book. Include your goal(s) and objective(s) for therapy. There should only be two group goals and objectives. Information on the diagnosis should be based on scholarly literature within the last five years. You must also discuss the use of bibliotherapy as an intervention (based on literature) for this diagnosis. Make sure you have a cover page and a reference page. You will upload this information into Bb9 under assignment.

6. **Individual Play Therapy Intervention:** Students will demonstrate assigned play therapy technique to the class. Student will research assigned play therapy technique using scholarly literature to support the use of the technique. Student will submit a one to two page paper discussing the technique. The paper must include: a) an introduction/overview of the play therapy technique; b) the appropriate population including age group, diagnosis, etc. for the technique; c) appropriateness of the intervention for group or individual activity; d) what treatment modality supports the use of the activity; e) it is highly suggested that you read chapter 7 in Webb & chapter 1 pages 22-26 in Timberlake and Cutler to help strengthen your understanding about play therapy.

7. **Case Assessment & Documentation:** a) Complete a clinical case assessment using information provided from case study; b) any information not listed in the case must be addressed but you cannot add or take away information in order to make the case say what you want it to say; c) you must show your diagnosis using Axis I-V; d) you must include a brief rationale for your decision for the diagnosis (must be support by the literature); e) provide documentation using SOAP format after completion of your clinical assessment; f) in your plan you must show the treatment intervention that you will used to address each problem; g) you must give a brief rationale for your intervention; h) complete the second documentation using SOAP to indicating

a follow-up visit with client in to your office; i) you must document the interventions and other services provided; remember your plan of intervention is not in the case study; your plan of intervention must be developed by you, based on Evidenced Based Practice (EBP); j) format, grammar, and sentence structure are very important (be careful) and; k) do not forget to address the client's strengths (Strengths Perspective) and other important factors that may be a part of the case.

8. **Mid-Term Examination**
9. **Final Examination**

Evaluation Procedures:

Performance Standards/Grading Policy

Assessments

	Value	Points
Bio-psychosocial Assessment	1@100	100
Individual Assessment & Treatment Plan	1@100	100
Family Assessment & Treatment Plan	1@100	100
Group Therapy Intervention	1@100	100
Bibliotherapy Intervention	1@ 100	100
Individual Play Therapy Intervention	1@ 100	100
Case Assessment & Documentation	2@ 50	100
Mid-Term Examination	1@100	100
Final Examination	1@100	100
Total		900

Grading Scale:

A	≥ 810	90% and above
B	720-809	80% to 89%
C	630-719	70% to 79%
D	540-629	60% to 69%
F	≤ 539	59% and below

*While a grade of "C" is passing, a student may not make more than two C's in the Program.
* A grade of "D" is failing

COURSE ACTIVITIES

Week 1 August 23, 2012 Meet in class NOTE: **Students must read chapters prior to attending class**	Bb9 Orientation -Review of Syllabus -Review NASW Code of Ethics -Research and review Ecosystems Perspective and Strengths Perspectives Nick Coady & Peter Lehmann: Chapter 4 Critical Ecological Systems Theory Webb-An Ecological-Developmental Framework for Helping Children: Chapter 1: The Challenge of Meeting Children Needs Chapter 2: Necessary Background for Helping Children
Week 2 August 30, 2012	**Students Must read chapters prior to attending class** Timberlake and Cutler Chapter 1: Developmental Play Therapy in Clinical Social Work Timberlake and Cutler Chapter 2: Therapeutic Alliance and Developmental Change Process Webb Chapter 3:Building Relationships with All Relevant Systems Webb Chapter 4: Bio-psychosocial Assessment of the Child. Discussion of assigned cases from a developmental perspective.

Week 3 **September 6, 2012** **Meet in classroom**	Scholarly Dialogue & Interactive Clinical Activity • Psychosocial Assessment Timberlake and Cutler Chapter 6: Parent Interviews in Bio-psychosocial Assessment of Children Timberlake and Cutler Chapter 7: Child Interviews in Bio-psychosocial Assessment and Planning Chapter 2 of Coady and Lehmann: The Science and Art of Direct Practice: An Overview of Theory and an Intuitive-Inductive Approach to Practice Chapter 2 of Coady and Lehmann: The Problem-Solving Model: A Framework for Integrating the Science and Art of Practice **Required Articles:** Baker, B. L., McIntyre, L. L., Blancher, J., et. al. (2003). Pre-school children with and without developmental delay: Behavior problems and parenting stress over time. *Journal of Intellectual Disability Research,* 47, 317-230. Reams, R., Friedrick, W. (1994). The efficacy of time-limited play therapy with maltreated preschoolers. *Journal of Clinical Psychology,* 50, 889-899. Discuss the use of an ecosystems perspective in direct social work practice with children. A case study will be presented for classroom discussion. We will also discuss strengths and empowerment approaches (Risk and resilience perspective in working with children)
Week 4 **September 13, 2012**	DSM-IV-R: Introduction xxiii-xxxv DSM- IV-TR: Cautionary Statement xxxvii-p12 DSM-IV-TR: Classification p13 DSM-IV-TR: Multiaxial Assessment 27-37 Assessing for Suicidality Video Play Therapy (online)

	Chapter 5 of Timberlake and Cutler: Concurrent Parent Work
	Chapter 8 of Timberlake and Cutler (Integrating Cognitive Behavioral Theory) (Use of Play Therapy)
	Chapter 7 of Webb: Individual Play Therapy
Week 5 **September 20, 2012** **Meet in classroom**	Scholarly Dialogue & Interactive Clinical Activity • Clinical Assessment & Diagnosis Chapter 4 Timberlake and Cutler: Developmental Change Process across Treatment Stages Chapter 5 of Webb: Contracting, Planning Interventions, and Tracking Progress Chapter 6 of Webb: Working with the Family Required Article: Barrio, C. A. (2007). Assessing suicide risk in children: Guidelines for developmentally appropriate interviewing. *Journal of Mental Health Counseling*, 29(1), 50-66.
Week 6 **September 27, 2012**	Scholarly Dialogue & Interactive Clinical Activity Drewes Chapter 1: The Therapeutic Powers of Play and Play Therapy Coady and Lehmann Chapter 6: Attachment Theory Coady and Lehmann Chapter 9: Cognitive-Behavioral Theory and Treatment
Week 7 **October 4, 2012** **Meet in classroom**	Scholarly Dialogue & Interactive Clinical Activity • Simulation of Group Therapy Intervention Chapter 8 of Webb Group Work with Children Webb Chapter 9: School-Based Interventions Drewes Chapter 3: An Illustration of Science and Practice: Strengthening the Whole Through Its Part

	Chapter 13 of Timberlake and Cutler: Evaluating Therapeutic Change **Video on Play Therapy (online)**
Week 8 **October 11, 2012**	Scholarly Dialogue • Simulation of Individual Play Therapy **Timberlake and Cutler Chapter 9: Attachment Problems** **Read Coady & Lehmann (Electronic Online Library)** **Chapters 6 Attachment Theory**
Week 9 **October 18, 2012** **Meet in classroom**	**MID-TERM EXAMINATION**
Week 10 **October 25, 2012**	Scholarly Dialogue & Interactive Clinical Activity • Simulation Bibliotherapy Intervention Webb Chapter 10: Children Living in Kinship and Foster Home Placements Webb Chapter 11: Single-Parent Divorcing and Blended Families Webb Chapter 12: Children in Families Affected by Illness and Death
Week 11 **November 1, 2012** **Meet in classroom**	Timberlake and Cutler Chapter 10: Learning Disabilities and Attention-Deficit Disorder Timberlake and Cutler Chapter 11: Anxiety Disorders Timberlake and Cutler Chapter 12: Post-Traumatic Read Drewes Chapter 16: CBPT: Implementing and Integrating CBPT Into Clinical Practice
Week 12 **November 8, 2012**	Scholarly Dialogue & Interactive Clinical Activity Read Drewes Chapter 17: Play Therapy Techniques for Affect Regulation Read Drewes Chapter 18: Building Self-Esteem, Coping, Skills, and Changing Cognitive Distortions

	Read Drewes Chapter 19: Playful Strategies to Manage Frustration: The Turtle Technique and Beyond.
	Required Article:
	Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. Journal of Clinical *Child and Adolescent Psychology,* 33, 115-124.
Week 13 **November 15, 2012** **Meet in classroom**	Webb Chapter 13: Children in Substance-Abusing Families Webb Chapter 14: Child Victims and Witnesses of Family and Community Violence Read Drewes Chapter 20: Narrative Approaches: Helping Children Tell Their Stories Tse, J. (2006). Research on day treatment programs for preschoolers with disruptive behavior disorders. *Psychiatric Services,* 57(4), 477-486.
Week 14 **November 22, 2012**	**THANKSGIVING HOLIDAY**
Week 15 **November 29, 2012** **Reading Day No Class**	Scholarly Dialogue & Interactive Clinical Activity Drewes Chapter 15: Sandtray Therapy Read Drewes Section V: Integration and Application of Play-Based Techniques with CBT pages 319-348 Read Webb Chapter 15: The Interpersonal Violence of Bulling: Impact on Victims, Perpetrators, and Bystanders/Witnesses **Required Articles:** Sandler, I. (2001). Quality and ecology of adversity as common mechanisms of risk and resilience. *American Journal of Community Psychology,* 29, 19-61. Patterson, J. (2002). Understanding family resilience. *Journal of*

	Clinical Psychology, 58, 233-246. Boykin, K., & Allen, J. (2001) Autonomy and adolescent social functioning: The moderating effect of risk. *Child Development,* 72, 220-235.
Week 16 **December 6, 2012** **Meet in classroom**	**Final Examination**

SW 600 ADVANCED PRACTICE WITH CHILDREN & FAMILIES: DIRECT PRACTICE
RUBRIC BIO-PSYCHOSOCIAL ASSESSMENT

STUDENT:

Completeness	12-14	9-11	6-8	3-5	0-2
	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such **Identifying Information** Name, date of birth, age, school, religion, parents, address, telephone number, parent employment & salary, household membership, referral date & source of referral, date of assessment, & clinician's name.	Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are indicated.	Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing five to six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Points Received					
Completeness	12-14	9-11	6-8	3-5	0-2
	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. **Presenting Problem** **(in client's own words)**	Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are indicated as	Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections	Bio-psychosocial is missing five to six of the required components and /or information is not comprehensive	Bio-psychosocial is missing more than six of the required components and /or information is not comprehensive

		such.	that are not applicable to the client are not indicated as such.	and/ or sections that are not applicable to the client are not indicated as such.	and/ or sections that are not applicable to the client are not indicated as such.
Points Received					
Completeness	**12-14**	**9-11**	**6-8**	**3-5**	**0-2**
	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Current Family Situation Family history & current situation	**Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are indicated as such.**	**Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.**	**Bio-psychosocial is missing five to six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.**	**Bio-psychosocial is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.**
Points Received					
Completeness	**13-15**	**10-12**	**7-9**	**4-6**	**0-3**
	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Development History	**Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are**	**Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive**	**Bio-psychosocial is missing five to six of the required components and /or information is not**	**Bio-psychosocial is missing more than six of the required components and /or information is not**

	of Child Education, medical, legal, & psychiatric.	indicated as such	and/ or sections that are not applicable to the client are not indicated as such.	comprehensive and/ or sections that are not applicable to the client are not indicated as such.	comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Points Received					
Completeness	13-15	10-12	7-9	4-6	0-3
	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Psychosocial Assessment Summary Name, age, overall description of the child, appearance, behavior, interpersonal observation, client's environment, mental state, strengths, social, suicidal/homicidal, assessment supported by information from case & other sources, etc.	Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are indicated as such	Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing five to six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Points Received					
Completeness	13-15	10-12	7-9	4-6	0-3

	The majority of the components are present with no more than one to two components missing. Areas not applicable to the client are indicated as such. Clinical Impression/Diagnosis Summary of your impression of the client, motivation for treatment, barriers to treatment, barriers to treatment, mental status (mood & affect) and cognitive aspects, scales used, rule outs, rationale for clinical diagnosis, etc. Axis I-IV.	Bio-psychosocial is missing three to four of the required components. Areas not applicable to the client are indicated as such	Bio-psychosocial is missing three to four of the required components or the area of specialty is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing five to six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.	Bio-psychosocial is missing more than six of the required components and /or information is not comprehensive and/ or sections that are not applicable to the client are not indicated as such.
Points Received					
Organization & Written Expression	11-13	7-9	4-6	2-3	0-1
	Bio-psychosocial is organized into logical sections, formatted so that information is easily found, professional in appearance, free of spelling and grammatical errors and summary is professionally stated using clinical	Bio-psychosocial is organized but in a format different from the one suggested. The narrative summary is well organized, missing sectional	Bio-psychosocial is not well organized and data is difficult to locate or the narrative summary is disorganized. Document is missing the sectional	Bio-psychosocial and narrative summary are disorganized. Document is unprofessional in appearance. Five or more spelling or grammatical errors present	Bio-psychosocial assessment is incomplete and or fragmented. Five or more spelling or grammatical errors present.

	language.	headings but pages are still professional in appearance. One to two grammatical errors are present and summary is professionally stated.	headings and pages appear unprofessional in design. Three to four spelling or grammatical errors are present and summary is professional stated.	and or summary is not professional stated.	
Points Received					
TOTAL POINTS					

Comments:

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