

SWK-S 632 Child Welfare Practice I (3cr.)

Course Information

Semester Year: Spring 2017
Section Number: XXXXX
Location: XXXXX
Day: XXXXX
Time: XXXXX

Instructor: XXXXX XXXXXXXXXX
Office: XXXX
Email: XXXX
Phone: XXXXX
Office Hours: XXXXXXXXXX

Course Description

This course is designed to build individual and group practice skills for work with children and families impacted by child physical abuse, sexual abuse, neglect and/or family violence. Emphasis will be placed on practice skills with children. Students will practice assessment and intervention skills guided by theories of child development, attachment and bonding, grief, and trauma. The goals of safety, permanency and well-being will be emphasized when assessing risk and trauma and intervening within the child welfare and school systems. Students will explore cultural differences and issues impacting particular oppressed and underserved populations.

Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

Primary

- 1: Demonstrate Ethical and Professional Behavior in Practice with Children, Youth and Families
- 2: Engage Diversity and Difference in Practice with Children, Youth and Families.
- 6: Engage with Individuals and Groups when working with Children, Youth and Families.
- 7: Assess Individuals and Groups when working with Children, Youth and Families.
- 8: Intervene with Individuals and Groups when working with Children, Youth and Families.

Course Objectives

Through active participation in the learning experiences and completion of the readings, assignments, and learning projects offered throughout this seminar, learners are expected to demonstrate the ability to:

- 632-01** Apply social work perspectives, theories, and models to guide assessments with children and youth as it relates to trauma, child's age and stage of development, needs, strengths, and protective/risk factors.
- 632-02** Assess the service needs of children from diverse backgrounds with consideration to family structure, race and ethnicity, social class, and sexual orientation.
- 632-03** Assess the community and social context to determine how current service delivery systems are meeting the needs of traumatized children and identify any gaps in services.
- 632-04** Select and implement empirically-based intervention strategies and social work perspectives, theories, and models to design appropriate trauma focused interventions plans that build on

children and families' strengths and needs and considers the child's age and stage of development.

- 632-05** Demonstrate an ability to intervene collaboratively with oppressed populations and/or diverse groups in a culturally sensitive and strengths-based manner to set goals and establish treatment plans.
- 632-06** Demonstrate an ability to facilitate transitions and endings in working with children, youth and families.

Required and Recommended Textbooks

Briere, J. N. & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment (2nd ed), Los Angeles: Sage.

Saxe, G.N., Ellis, B.H., & Kaplow, J. (2015). Collaborative treatment of traumatized children and teens: The trauma systems therapy approach 2nd ed. New York: Guilford Press.

Course Content

This course will allow students the opportunity to build on practice skills with children and adolescents in the context of working with children who have experienced various traumatic events in their lives. The student will learn a trauma systems treatment approach, TF-CBT techniques, all while integrating developmental and other assessment and intervention techniques germane to trauma treatment. Students will complete a comprehensive trauma assessment on a case based child and their family and include a treatment plan for evidence-based treatment of the child based on the assessment. Students will receive level one TF-CBT training for certificate in this class. This course uses a case-based/problem-based approach to teaching course content. There will be few lectures. Students are actively involved in their learning.

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

Course Outline

Module 1: Overview of Child Welfare and Review of Assessment in Clinical Practice

Readings and Assignments

Child Welfare Information Gateway (2013). How the child welfare system works. [Child Welfare System fact sheet](#)

Clinical Assessment-PPT on Canvas

Practice writing a biopsychosocial spiritual assessment for a child/adolescent

Module 2: Attachment and bonding within Neuroscience and Theoretical Frameworks

Begin Case 1 (Amarika)

Readings and Assignments:

- Child Welfare Information Gateway (2015). [Understanding the effects of maltreatment on early brain development PDF file](#)
- Perry, Bonding & Attachment in Maltreated Children (2013). [Child Trauma Academy website](#)
- Lieberman, F. A., Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37(6), 416-422.
- Saxe, et al. (text). Chapter 1: Introduction and Chapter 2: Survival Circuits

Module 3: Case 1 Continued

Readings and Assignments:

- Briere & Scott, Chapter 1: What is trauma, Chapter 2: The Effects of Trauma
- Saxe, et al. (text) Chapter 3: The regulation of emotional states
- TF-CBT Module: Psychoeducation

Module 4: Case 1 Continued

Readings and Assignments:

- Saxe, et al. (text). Chapter 4: The social environment & Chapter 5: Signals of care: Relationships
- Briere & Scott, Chapter 5: Psychoeducation
- **Developmental Charts Due**

Module 5: Case 2-Child Neglect

Readings and Assignments:

- Child Welfare Information Gateway (2013).
- Chronic child neglect. U.S. Department of Health and Human Services, Children's Bureau, Washington, DC
- Kinniburgh, Blaustein, Spinazzola & van der Kolk (2005). Attachment, self-regulation & competency, *Psychiatric Annals*, 424-430.
- Milot, T., Ethier, L.S., St. Laurent, D., & Provost, M.A. (2010). The role of trauma symptoms in the development of behavior problems in maltreated pre-schoolers. *Child Abuse and Neglect*, 34, 225-234.

Module 6: Case 2 Continued

Readings and Assignments:

- Cross, S. L., Day, A. G., & Byers, L. G. (2010). American Indian grand families: A qualitative study conducted with grandmothers and grandfathers who provide sole care for their grandchildren. *Journal of Cross-Cultural Gerontology*. 25(4), 371-383.
- Indian Child Welfare Act of 1978 [National INdiana Child Welfare Association website](#). Also click on the [Top 10 Myths About ICWA Fact Sheet](#)

- Indian Child Welfare Act — Termination of Parental Rights — Adoptive Couple v. Baby Girl
- Saxe, et al. (text). Chapter 6: Ten Treatment Principles and Chapter 7, Assessment: How to assess child traumatic stress

Module 7: Preparing yourself and your clients for court

Readings and Assignments:

Charleston, R.D. (1988). Witness primer. *Case & Comment*, 93(5), 31-33.

- Rainville, C. (2012). [Preparing Children with Post-Traumatic Stress Disorder for Court: A Multidisciplinary approach](#), *Child Law Practice*, 31(10), 129, 134-137, also review The Role of Judges in Implementing Fostering Connections: Health and Educational Well-being Provisions, pp 138-141 and How to Engage Families in Youth Justice Systems, *Child Law Practice*, p.144.
- Wotherspoon, et al. (2010). Neglected infants in Family Court. *Family Court Review*, 48(3), 505-515

Module 8: Domestic Violence and Child Sexual Abuse: Case 3 (William and Emma)

Readings and Assignments:

- Briere & Scott, Chapter 3: Assessing Trauma and Posttraumatic Outcomes and Chapter 4. Central Issues in trauma treatment
- Grasso, D., et al. (2009). Posttraumatic stress disorder: The missed diagnosis. *Child Welfare*, 88(4), 157-176.
- Herrenkohl, T. I., Sousa, C., Tajima, E. A.; Herrenkohl, R. C. and Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence, *Trauma, Violence & Abuse*, (2), 84-99.
- Saxe, et al. (text). Chapter 6: Ten Treatment Principles and Chapter 7, Assessment: How to assess child traumatic stress

Module 9: Case 3 Continued

Readings and Assignments:

- Crenshaw, A. D. (2006). An interpersonal neurobiological-informed treatment model for childhood traumatic grief. *Journal of Death and Dying*, 54(4), 319-335.
- Frazier, et al, (2009). Transgenerational trauma and child sexual abuse: *Journal of Mental Health Counseling*, 31(1), 22-33.
- Saxe, et al. (text). Chapter 8: Treatment Planning: How to plan for child traumatic stress interventions & 9 The Tx team
- Vickerman, A. K., Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38(6), 620-628.
- **Discussion on Canvas. Enter one comment and one response**

Module 10: Case 3 Continued

Readings and Assignments:

- Ai, A.L., Jackson Foster, L.J.J., & Pecora, P.J. (2013). Reshaping Child Welfare's Response to Trauma: Assessment, Evidence-Based Interventions, and New Research Perspectives. *Research on Social Work Practice*,
- Fontes, chapter 6: Child Sexual Abuse
- Holt, S., Buckley, H. & Whelan, S. (2008) The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 797–810.
- Strong, D, D, Bean, R. A. & Feinauer, L. L. (2010). Trauma, attachment and family therapy with grand families: A model for treatment. *Children and Youth Services Review*, 32(1), 44-50.

Module 11: Separation Loss, Grief, and Moves as Transitions

Readings and Assessments:

- Busch, T. & Kimble, C.S. (2001). Grieving children: Are we meeting the challenge? *Pediatric Nursing*, 27(4), 414-418.
- Linseisen (2011). Chapter 3: Grief and loss of children in foster care, adoption and residential settings, in Pomeroy, E.C. & Garcia, R. B. (2011). *Children and Loss*, pp. 39-61.
- Walker, J. (2007). Unresolved loss and trauma for parents and the implications for child protection. *Journal of Social Work Practice*, 77-87.
- Nixon, K., Radtke, H. L., & Tutty, L. (2013). "Every day it takes a piece of you away": The experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare*, 7(2): 172-193.
- Saxe, et al. Chapter 14: Emotion Regulation Skills

Module 12: TF-CBT-Guest Speaker-Vanessa Enos

Readings and Assignments:

- Briere & Scott (text) Chapter 5: Psychoeducation, Chapter 7 Cognitive Interventions, & Chapter 10 Mindfulness in trauma treatment.
- Saxe, et al. Chapter 15 Cognitive processing skills & Saxe, et al. (text). Chapter 16 Meaning Making Skills
- **TF-CBT Course Certificate Due**

Module 13: Emancipating youth and At Risk Populations: LGBTQ Youth, Physical Abuse: Case 4: Emilio

Readings and Assignments:

- Garcia, D. & Ramirez-Valles, J. (2008). The priest obviously doesn't know that I am gay: The religious and spiritual journeys of Latino gay men. *Journal of Homosexuality*, 55 (3), 411-436.
- Ream, G. L., Forge, N.R.(2014). Homeless lesbian, gay, bisexual, and transgender (lgbt) youth in New York city: Insights from the field. *Child Welfare*, 93(2), 7-22.

- Walker, D. F., Reese, J. B., Hughes, J. P., & Troskie, M. J. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. *Professional Psychology, Research & Practice*, 41(2), 174-180.

Module 14: Case 4 Continued

Readings and Assignments:

- CWLA & Lambda Legal (2010). Getting Down to Basics, [Child Welfare Information Gateway website](#), Download the toolkit and read the section on Basic facts about being GLBTQ and the section on caseworkers.
- Davis, T. S., Saltzburg, S. & Locke, C. R. (2009). Supporting the emotional and psychological well being of sexual minority youth: Youth ideas for action, *Children & Youth Services Review*, 31(9),1030-1041.
- Saxe, Chapter 15: Cognitive processing skills
- Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse:
- Understanding vehicles of change. *Psychology & Psychotherapy: Theory, Research & Practice*, 76(3), 267-283.
- **Treatment Planning Assignment-Worth 100 points**

Module 15: Conclusions: Completing the case of Emilio and wrapping up the semester

Readings and Assignments:

- Saxe et al. (text) Chapter 12 Advocacy
- **Professionalism Paper Due, electronic copy only**

Assignments and Grading

Student accomplishment of course objectives is the mutual responsibility of students and the course instructor. Class sessions will provide for the mutual exchange of ideas and experiences, the discussion of assigned readings and written assignments, and experiential activities designed to facilitate skill development, self-awareness and integration of learning. Therefore, class attendance and active participation in class activities are considered necessary for the satisfactory completion of the course objectives.

Completion of assigned reading, library research and class participation will be required to facilitate mastery of course content and provide a means for evaluation of student accomplishment of course objectives. **Please note: You must turn in all assignments to receive a grade for this course, including a passing grade on the on-line course.**

Developmental Chart Assignment-Rubric provided

An understanding a child development is crucial for working with children and families. This class will consider developmental theory throughout the semester. In this assignment you will create a developmental guidepost for yourself using the chart supplied.

The chart asks for physical, social/emotional, cognitive, moral, sexual development, developmental fears and understanding of death. As you fill out the chart, you will notice that some break downs are quite large. In some areas of development, it would be important to narrow the age breakdown in parenthesis after the developmental task. For example, you might write "rolls over (6 months)" rather than just indicating that somewhere between 0-18 months a child learns to roll over.

Cite the professional literature and attach a reference page in proper APA format. The information you find should be summarized rather than including each developmental milestone. An example of a completed developmental chart and a theory critique can be found on canvas under the assignment tab.

Within your chart include content by child development stage theorists such as Freud (psychosexual), Erickson (social/emotional), Bowlby (attachment), Bandura (social learning), Piaget (cognitive), or Kohlberg (moral). This content can be abbreviated in the chart by including only the constructs such as "stage of trust vs. mistrust" or "Pre-operational stage of cognitive development." At the end of each age group in your chart, define any constructs you included in your chart and then critique the theories in 1-2 paragraphs. Consider the work of other theorists in your discussion such as Gilligan who takes issue with Kohlberg, Vygotsky who stressed the fundamental role of social interaction in the development of cognition, or alternative theorists who addressed ethnic or gender identity.

Books on child development as well as professional articles as source materials are preferred. If you use the web, you need to be sure you are looking at credible websites. Government websites are your best bet. Educational websites need to be reviewed for the authorship. Some educational sources (.edu) are professor's opinions or student papers. Check the web address for a tilde (~). If this is included in the web address, the website is strictly under the authority of a professor and the material posted is not peer reviewed. Organizational websites (.org) can be used if the source is considered credible such as the Child Welfare League of America. Look at the organization's mission statement before using their material to understand the bias they are bringing to the material. Web pages that are not authored are not considered credible unless they are backed by a credible organization. In such a case, the organization is considered the author. **Wikipedia is not a professional reference.** Encyclopedia of social work references are acceptable but should be used sparingly. Keep your references current. References within the last 20 years only will be counted unless the work is a seminal piece or a theory. Point deductions will be taken for excessive use of one source or downloading information directly from the web. If you really like your source, find a secondary source to support your finding.

Children are changing. Children born now are developing physically faster than most children developed in the 1950s. Brains are also changing along with the culture. Therefore, current references are important as are multiple viewpoints. **Include multiple citations to support some of your statements.**

Comprehensiveness will be evaluated on substance not quantity. Comprehensiveness also means you have addressed all of the areas listed. At a graduate level, you are expected to look at a variety of sources to support your statements. A minimum of ten (10) sources, including your textbook, is required when the paper is completed. (That is 10 citations are not required for each section). The chart format is designed to limit the amount of information you include. Keep your chart to about 1 ½-2 pages per age group.

An electronic copy is due before class and a hard copy is due in class on.

Grading

Each stage will be worth 10 points each

Definitions of theoretical constructs and critiques of theory will be worth 30; resources and coherent argument-15 points and grammar/spelling 5 points.

It is expected that each stage can be summarized in 2 pages for a total of 10 pages. This assignment is worth 100 points in total. **The chart layout is posted under week 2.**

Quizzes

Quizzes will be given throughout the semester on the readings for the week. You may bring in hand written notes. The number of quizzes is yet to be determined.

Trauma-Focused Cognitive Behavior Therapy Web Course-Worth 50 points

Go to the website for Trauma-Focused Cognitive Behavior Therapy (TF-CBT) tfcbt.musc.edu (you can always find this if you Google "tf-cbt"). Login and complete the course. This web-based course complements the readings and class content. At the end of each module there is a post-test. You will have to complete the posttest before you can move on to the next module. Print out and hand in the certificate of completion by November 10.

Assessment and Treatment Planning Assignment-Worth 100 points-Rubric Provided

This is a three part assignment. First, using one of the cases we discussed this semester and the outline on pages 137-140 in the Saxe book, formulate an assessment about the degree of individual dysregulation of the child or adolescent and the stability of the environment or environments relevant to the case. Please note, the example in the Saxe book is an abridged entry. You are expected to fill in all of the boxes under numbers 3-5b. A copy of the form can be found in Canvas along with directions to justify your assessment.

Second, complete a DSM diagnostic assessment of the child and include the code and a written complete justification of this diagnosis. Compare and contrast this assessment with the TST assessment and justify it. That is, do the two assessments complement each other, overlap, or pull the intervention in different directions?

Last, create an intervention or treatment plan that is directly linked to your assessment. If you find a conflict between your assessment and diagnosis, how would you proceed and why? Justify the direction you are taking and support it with the literature. This is to be a comprehensive intervention plan based on a thorough literature review. Develop a secondary plan in case you need to pivot. You may only choose a cognitive-behavioral intervention once. This section must be well cited with empirically based literature.

An electronic copy is due prior to class and a hard copy should be submitted in class on week 13

Grading is as follows:

Biopsychosocial spiritual and Saxe assessment per TST using chart-30 points

Diagnostic assessment/code per Saxe and Justification and comparison of DSM and TST diagnosis-30 points

Literature review and interventions/treatment plan- 30 points

Writing quality/APA etc.-10 points

Total-100 points

Professionalism-Worth 10 points

Professionalism is demonstrated in class and evaluated as follows: Overall evaluation of class participation will take into account the manner and extent to which a learner: a) attends regularly, arrives on-time, and submits assignments in a timely manner; b) is prepared for the class and group discussions; c) shares experiences, viewpoints, and reactions; d) raises relevant questions and issues; e) participates in analysis of practices under discussion; f) gives and uses feedback constructively, g) focuses on class content and is respectful to presenters without outside distractions such as texting, e-mailing, etc. h) follows directions, i) uses technology appropriately throughout the semester, and j) is honest in rating colleagues on group effort. professionalism using the guidelines above and including a final statement of points awarded. See grading rubric posted under the assignment tab.

Attendance is expected each week throughout this intensive. In case of illness or emergency, students can make up one week by writing a 5-page paper on the content covered in class. A five point deduction off the final grade will be taken for each additional absences unless arrangements are made in advance. This paper must be well researched and include empirical based assessment and intervention practices on the topic for that week. Students missing more than 4 weeks will not be given a passing grade for the course.

Note: In addition to your personal assessment, the assessment of the professor and your colleagues will also be taken into consideration. Colleagues will fill out peer review forms following group presentations and case reviews.

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a

significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

A grade of "Incomplete" will be granted by the instructor only when a student provides a satisfactory reason for the request (for example, illness or other unexpected serious circumstances), preferably well in advance of the end of the course. Consistent with University policy an Incomplete may be given when the student has satisfactorily completed at least three quarters of the course requirements. A grade of C- is failing and will result in dismissal from the program.