A. Description of Course Content

Overview of the literature which describes physical, psychological, and cultural characteristics unique to childhood and adolescence. Attention then turned to treatment principles, and the specification of procedures for the amelioration of problems common to children and adolescents.

This course focuses on direct social work practice with children and adolescents with mental health conditions. It follows the course SOCW 6325 Advanced Micro Practice and SOCW 6336 Direct Practice with Mental Health Clients. While 6325 details a broad range of interventions and 6336 narrows the focus to adults with mental health concerns, this course addresses children and adolescents/youth with mental health concerns, including a focus on early onset of adult conditions described in the categorical system, DSM V, as well as infant, child, and adolescent conditions described in that system. Thus, the categorical system, DSM V, will be explored as it applies to this age group. The course addresses assessment and interventions for mental illness, substance abuse, and mental health disabilities. The current research literature on mental health is explored to determine the most reliable bases for contributing factors, assessment, and treatment. Particular mental health issues will include the fundamentals of mental well-being, problems-in-living, chronic and acute mental illnesses, and substance abuse.

The rationale for the course is that, in many settings, social workers are often the first, and sometimes the only, helping professionals available to provide services to troubled children. Social workers need a core foundation of assessment and intervention skills in order to work effectively with the unique challenges of working with children and adolescents. Assessment of children is examined in the context of human development, both of the individual child, their parent(s) and family, as well as the larger systems in their environment. An integrative bio-psycho-social framework for assessment and treatment of children and adolescents, drawing on ecological, systemic, cognitive, and behavioral theories, is used to assess and intervene with children’s
problems and difficulties with a strong emphasis on evidence-based interventions in children’s mental health. The current research literature on mental health is explored to determine the most reliable bases for contributing factors, assessment, and treatment. Wraparound philosophy and collaboration with other helping disciplines is emphasized.

Interventions are broadly defined to include both direct work with individual children, collaborative and/or conjoint work with parents and families, advocacy efforts and consultation. Specific techniques addressed in this course include behavioral contracting, cognitive-behavioral interventions and crisis intervention. Particular attention is given to understanding child development, assessment and intervention approaches with a culturally sensitive context, and through social work values and ethics. Content on interviewing children and families in a variety of settings is included. Collaboration with other helping professions is emphasized. Issues pertaining to social and economic justice are addressed through examining the impacts of poverty, health disparities, single-parent families and homelessness on children and families.

B. Student Learning Outcomes

EPAS core competencies and related advanced practice behaviors addressed in this course:

Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.

1. Advanced practitioners practice in DPMHSA active self-reflection and continue to address personal bias and stereotypes to build knowledge and dispel myths regarding mental health and mental illness.
2. Advanced practitioners in DPMHSA develop an action plan for continued growth including use of continuing education, supervision, and consultation.

Recovery-oriented social workers understand how SAMHSA’s definition of mental health recovery and the 10 key components connect with social work ethics, history, and practice. Practitioners should be aware of their own lived experiences of psychiatric diagnoses, trauma, and/or substance abuse; cognizant of the effects of these experiences on their own lives; and mindful of how those dynamics may influence their work and their relationships. Recovery-oriented social workers

- identify as recovery-oriented social workers and behave accordingly;
- engage in self-care methods and seek support to develop awareness, insight, and resiliency to more effectively manage the effects of trauma and retraumatization in their lives.

Educational Policy 2.1.2—Apply social work ethical principles to guide professional practice.

1. Advanced practitioners in DPMHSA implement an effective decision-making strategy for deciphering ethical dilemmas in mental health treatment.
2. Recovery-oriented social workers apply thoughtful strategies of ethical reasoning to resolve dilemmas between individual self-determination and the ethical mandate to protect the client and others under the law.

Educational Policy 2.1.3—Apply critical thinking to inform and communicate professional judgments.

1. Advanced practitioners in DPMHSA evaluate, select and implement appropriate assessment and treatment approaches to the unique characteristics and needs of diverse clients.
2. Recovery-oriented social workers: use a recovery-oriented framework, engage in professional curiosity, and offer their expertise to support the client’s choices and preferences; analyze the medical/deficits model of assessment of the Diagnostic and Statistical Manual of Mental Disorders (DSM) with clients.

Educational Policy 2.1.4—Engage diversity and difference in practice.

Advanced practitioners in DPMHSA understand and can apply the relevant cultural, class, gender, race, age, disability, and other diversity issues that influence the prognosis and treatment of persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons...
with psychiatric disabilities, and their families and communities. They can relate social work perspectives, the evidence base, and related theories to practice with these groups.

Recovery-oriented social workers attend to the potential for institutional bias in diagnosis by critically examining evidence of differences in diagnoses between and within groups (including race/ethnicity, gender, etc.)

**Educational Policy 2.1.5—Advance human rights and social and economic justice.**

1. Advanced practitioners in DPMHSA understand the range of physical and mental health disease course and recovery issues associated with social stigma and marginalization of persons with mental health diagnoses and psychiatric disabilities, and incorporate them in their assessment and intervention.
2. Recovery-oriented advanced practitioners in DPMHSA:
   - Advocate within the profession and across the behavioral health system for recovery-oriented philosophy, progress, and practices;
   - “Help individuals understand and act on their legal, civil, and human rights” (AHP, 2011, p. 29), specifically those rights involving advance directives, informed consent and refusal for any particular mental health treatment, involuntary treatment, restraint and seclusion, and equal access to resources;
   - Advocate for an improvement in individuals’ daily living conditions and address the inequitable distribution of power, money, and resources that results in disadvantage and injustice for their clients;
   - Promote reduction and/or elimination of the use of physical and chemical restraints;
   - Confront oppression and injustices and engage in efforts to minimize and overcome stigma and discrimination toward individuals with psychiatric conditions;
   - Help professionals and others involved with individuals with lived experience of psychiatric diagnoses to replace demeaning, dehumanizing, and shame provoking language with recovery-oriented, strength-based, hope-building language and actions.

**Educational Policy 2.1.6—Engage in research-informed practice and practice-informed research.**

1. Advanced practitioners in DPMHSA use advanced strategies to search, appraise, and select for application the most up to date evidence and evolving practice guidelines in the assessment and intervention with influence persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons with psychiatric disabilities, and their families and communities.
2. Recovery-oriented advanced practitioners in DPMHSA:
3. Critically examine the evidence for newly identified “evidence-based” practices and services for clients, particularly with regard to the inclusion of clients’ voices in intervention development and evaluation;
4. Stay informed about emerging and promising approaches to recovery-oriented practice, especially in regard to how it can be applied and/or customized to the individual, family, groups, organization, and communities;
5. Use quantitative, qualitative, participatory action research, and first person accounts to show that people can and do recover from psychiatric conditions;
6. Promote the inclusion of service users and their viewpoints at multiple levels of the research process including evaluating the relevance of outcomes when compared to their lived experience of psychiatric diagnoses.

**Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.**

1. Advanced practitioners in DPMHSA distinguish mental health, mental illness, and mental well-being across the life span.
2. Advanced practitioners in DPMHSA compare the various etiology and treatments for substance abuse and addiction.
3. Advanced practitioners in DPMHSA understand the relevant organizational world-views and culture that influence persons with severe and persistent mental illness and substance use disorders, persons with other mental health issues, and persons with psychiatric disabilities, and their families and communities. They can relate social work perspectives, the evidence base, and related theories to practice with these groups.
4. Advanced practitioners in DPMHSA understand system resources available to clients across the life course, and the unique issues facing them in gaining access to and utilizing these resources and reforming policy and delivery systems to address unmet needs.

5. Advanced practitioners in DPMHSA understand increased risk and protective factors related to bio-psycho-social-spiritual domains and incorporate them in their assessment and intervention, as well as a range of physical health and recovery issues associated with social stigma and marginalization of persons with mental health diagnoses and psychiatric disabilities. Recovery-oriented advanced practitioners in DPMHSA critically analyze the various ways of understanding the multiple factors influencing an individual’s behavior.

Educational Policy 2.1.9—Respond to contexts that shape practice.

1. Advanced practitioners in DPMHSA assess social contexts.
2. They develop intervention plans to accomplish systemic change that is sustainable.
3. Recovery-oriented advanced practitioners in DPMHSA: Practice with consideration for evolving contextual changes on macro and micro levels, innovations in science and technology, and nonlinear pathways to provide up-to-date services for persons with lived experience of psychiatric diagnoses.

Educational Policy 2.1.10(a)-(d)—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities. Recovery-oriented advanced practitioners in DPMHSA are guided by the 10 components of recovery practice in their engagement, assessment, intervention, and evaluation activities. Above all, recovery-oriented practitioners hold hope for the individual’s recovery. They understand the interrelated connections among different aspects of wellness and mental health. Recovery-oriented advanced practitioners in DPMHSA know how to work effectively in an integrated health/mental health setting with peer practitioners/specialists and representatives from other professional disciplines. Coordination continues throughout the process.

Educational Policy 2.1.10(a)—Engagement: Recovery-oriented advanced practitioners in DPMHSA recognize that individuals are much more than their diagnoses. Recovery-oriented mental health practitioners understand that each individual has a unique pathway to recovery, which should be recognized through shared decision-making and treatment-planning; these plans should remain flexible throughout the client’s nonlinear journey of recovery. They view their clients as individuals with unique histories, talents, resources, hopes, and dreams who are capable of self-determination and choice. Recovery-oriented advanced practitioners in DPMHSA learn from how individuals with mental health diagnoses have coped and support them to share their stories. They recognize that in some settings the value of the experience that peer specialists bring has far greater authenticity and resonates with service users in a way that is difficult for professional staff to replicate.

1. Advanced Practitioners in DPMHSA use strategies to establish a sense of safety for a collaborative therapeutic relationship.
2. They know how mental health concerns and mental illness influence the development of the helping relationship.
3. Recovery-oriented advanced practitioners in DPMHSA treat the voices of their clients with primacy, dignity, and value; construct a safe, trusting, and hope-building relationship with individuals and their families and significant others as appropriate by minimizing power differentials in relationships through respectful communication (e.g., avoiding jargon), transparency, partnership, and shared decision-making; assume the stance of learner instead of expert and help individuals with lived experience of psychiatric conditions to tell their stories, including their abilities to survive, overcome, and thrive; use a conversational approach while mining interactions for hidden or overt clues about the individual’s interests, strengths, and so forth; increase the individual’s ownership of the strengths assessment process; self-disclose to a level or degree that is comfortable for them, to engage with and meet the needs of the individual client; work with peer specialists within their professional settings to improve their ability to connect with people and the quality of treatment available to service users.

Educational Policy 2.1.10(b)—Assessment: Recovery-oriented advanced practitioners in DPMHSA assess
client strengths and limitations from a holistic perspective that considers context, culture, and community norms alongside a clinical comprehension of psychiatric diagnoses. They have a critical understanding of the epidemiology of psychiatric diagnoses, the biopsychosocial causes of psychiatric conditions, and the role of culture in defining psychiatric diagnoses and responses to them. Recovery-oriented advanced practitioners in DPMHSA are aware of the established disparities in mental health diagnoses that have significant effects on service users’ courses of treatment and treatment outcomes. They are knowledgeable about the differences between strengths assessment and problem assessment. They recognize the importance of attending to trauma in assessment and take steps to mitigate or eliminate any retraumatization during the assessment process.

Recovery-oriented advanced practitioners in DPMHSA:

- obtain an accurate description of the individual’s talents, skills, abilities and aptitude, and resources (including social relations, present condition, and his or her hopes for the future);
- search for multiple possible explanations of a person’s behavior by assessing the biological, psychological, environmental, and social bases of the behavior;
- assess for trauma, co-occurring disorders, suicide risk, and physical health in planning recovery activities and treatment;
- empower the individual to define meaningful personal goals and select his or her own pathways to goal attainment;
- critically use diagnostic systems, including the DSM, as one way to understand psychiatric conditions and to inform their understanding and treatment of clients;
- co-create an understanding about the client’s current situation as part of the assessment so that the client can choose how he or she wishes to define his or her life condition;
- work to ensure appropriate diagnosis and advocate for service users in this area.

1. Advanced practitioners in DPMHSA will be able to describe the structure of the DSM V and conduct an assessment using the DSM criteria and structure.
3. They assess clients’ readiness for change and coping strategies.

**Educational Policy 2.1.10(c)—Intervention:** Recovery-oriented advanced practitioners in DPMHSA advocate for organizational change and transformation to a recovery-based system. They promote individual recovery by advocating on behalf of their clients to access resources and services that support their recovery pathways. They understand that education and support for the family and significant others can be key elements to supporting the individual’s own recovery process. They recognize that peers “encourage and engage each other in recovery, often providing a vital sense of belonging, supportive relationships, valued roles, and community” (AHP, 2011 p. 25). They are knowledgeable about the importance of trauma-informed principles for “[mitigating] the negative consequences of trauma...and minimization of coercive practices in the process of recovery” (AHP, 2011, p. 27). They understand reputable evidence-based practices for recovery and for whom they are applicable. Recovery-oriented Advanced practitioners in DPMHSA:

- practice or refer clients to family psychoeducation, supported employment, wellness self-management, integrated treatment for co-occurring disorders, peer support, supported education, and other well-established evidence-based approaches;
- encourage and assist the client to identify and expand on social support networks within the community, tap into existing resources, and create supports around himself or herself (such as using peer support options);
- ensure that the client, with input from his or her family and significant others as appropriate, is the central decision-maker;
- assist the individual in his or her quest for meaningful employment, education, housing, or any other goal he or she might have;
- empower the client to assume leadership of his or her own well-being through self-directed care, shared decision-making, and self-advocacy skills development;
- communicate to assist the individual in decision-making about a range of possible treatments, services, and options, sharing potential positive and negative effects of these options with the individual;
• help individuals to identify nonpharmacological options for treatment, including a broad range of social and individual wellness activities (i.e., personal medicine as defined by Deegan, 2005);
• ensure plans are in place for psychiatric advance directives, wellness recovery action plans (WRAP), and other preventative steps (to include identifying early warning signs of symptoms, coping strategies, and personal medicine);
• develop and implement recovery plans and goals with clients that cross multiple life domains (e.g., emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions), use natural community resources, and promote community integration;
• help clients negotiate unique challenges or barriers to gain access to resources and attain their goals by building relationships with resource holders and through the use of a variety of advocacy strategies;
• know about current guidelines for use of medications to treat psychiatric conditions and co-occurring disorders.

1. Advanced Practitioners in DPMHSA describe causes (empirically validated and theoretical), advanced assessment methods, and the most effective treatments for a variety of disorders: Mood, anxiety, cognitive, substance abuse, sexual, eating, psychotic disorders for adolescents, adults, and older adults.

2. Advanced practitioners in DPMHSA recognize the impact of illness phase-specific and treatment-phase-specific transitions and stressful life events throughout the individual’s and family’s life course; identify issues related to losses, stressors, changes, and transitions over their life cycle in designing theoretically based interventions and treatment.

Educational Policy 2.1.10(d)—Evaluation: Recovery-oriented advanced practitioners in DPMHSA evaluate the effects of services and interventions for their consistency with the 10 components of recovery and individual goal achievement.

Recovery-oriented advanced practitioners in DPMHSA:
• monitor attainment of client established goals and outcomes;
• help clients access and interpret data to inform their decision-making regarding services and supports;
• involve clients in service and program evaluation and quality improvement.

Social workers critically analyze, monitor, and evaluate interventions.

1. Advanced practitioners in DPMHSA contribute to the theoretical knowledge base in the area of mental health and mental illness through practice-based research, and use evaluation of the process and/or outcomes to develop best practices.

UTA-School of Social Work: Definition of Evidence-Informed Practice:

Evidence-informed practice (EIP) is a guiding principal for the UTA-SSW. This approach is guided by the philosophy espoused by Gambrill (2006) and others who discuss evidence-based practice (EBP). Though many definitions of EIP/EBP saturate the literature, we offer two definitions that most closely define our understanding of the concept and serve to explicate our vision of EIP for the UTA-SSW:

The use of the best available scientific knowledge derived from randomized, controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgment, and practice wisdom (Barker, 2003, p. 149).

......the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances (Strauss, et al. (2005).

The UTA SSW vision statement states that the “School’s vision is to promote social and economic justice in a diverse environment.” Empowerment connects with the vision statement because, as Rees (1991) has pointed out, the very objective of empowerment is social justice. Empowerment is a seminal vehicle by which social justice can be realized. It could well be argued that true social justice cannot be realized without
empowerment. Empowerment, anchored with a generalist base, directs social workers to address root causes at all levels and in all contexts, not simply “symptoms”. This is not a static process but an ongoing, dynamic process, a process leading to a greater degree of social justice and equality.

**UTA-School of Social Work: Definition of Empowerment**

Empowerment is defined by Barker (2003:142) as follows:

In social work practice, the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances.

Upon completion of this course, the participant will be able to:

1. Demonstrate an understanding of person-centered evidence-based practice that includes understanding recovery support systems, the person in the environment, human development, the neurological underpinnings of mental health conditions, and concepts of service user recovery and empowerment. EPAS 2.1.3, 2.1.6, 2.1.7, 2.1.9
2. Identify the potential risk factors, including biological underpinnings, that may increase children’s vulnerabilities for emotional, social and behavioral problems, as well as protective factors that promote resilience. Understand the social and economic context and forces impacting the development and well-being of children/adolescents. EPAS 2.1.3, 2.1.6, 2.1.7, 2.1.9
3. Describe the cultural context of development and epidemiology of prevalent mental health conditions in children and adolescents, including the roles played by race, ethnicity, gender and sexual orientation. EPAS 2.1.1, 2.1.2, 2.1.3, 2.1.4
4. Demonstrate skills in using valid diagnostic and assessment instruments and in the interviewing process, for diagnostic evaluation of early onset mental health conditions. EPAS 2.1.5, 2.1.6, 2.1.7, 2.1.10a-b
5. Demonstrate skills in the collaborative, ethical intervention process using the most appropriate evidence-based treatments with high fidelity. EPAS 2.1.5, 2.1.6, 2.1.7, 2.1.10c-e

**C. Required Textbooks and Other Course Materials**

Some class sessions will be done online using the WebCT site for this course to teach literature search techniques and single subject design strategies for evaluating practice. Some will be located in the computer lab/technology classroom, Social Work Building E, to teach literature search techniques, to teach techniques for evaluating the available evidence on best practices in mental health, and to permit students to analyze primary source readings from major theorists and to identify and review research on evidence-based mental health interventions. **Thus, the developing evidentiary base on mental health interventions will serve as a required “text” in this course.** Major online references will include *Clinical Evidence Mental Health* at [www.clinicalevidence.com](http://www.clinicalevidence.com), The Cochrane Library at [http://www.cochrane.org](http://www.cochrane.org), and the Campbell Collaboration Library at [www.campbellcollaboration.org](http://www.campbellcollaboration.org). A program-oriented resource is [www.samhsa.gov/ebpWebguide](http://www.samhsa.gov/ebpWebguide).


Also available free online courtesy of the Central Library--

**UTA web access for DSM V:**

[http://eresource.uta.edu/cgi-bin/db-statref.cgi](http://eresource.uta.edu/cgi-bin/db-statref.cgi)

D. Additional Recommended Textbooks and Other Course Materials


REFERENCE TEXTS:

CHOOSE ONE (obtained through Interlibrary Loan):


E. Descriptions of Major Assignments and Examinations

In Classroom Assignments

1. Role plays: Students will practice assessment role plays/videotaping in class (3 classes).
2. Video taped simulation: Standardized Teen Client Videotaped simulation in CCSW Video Observation Room; Demonstration of play therapy in CCSW play therapy room, differentiation of play techniques in assessment and in treatment, stage of development issues in using play therapy, discussion of implementation of various treatment models (CBT, solution-focused, psychodynamic, systematic desensitization, behavioral/social learning) in play therapy modality, search for current evidence on efficacy of play therapy techniques in assessment and treatment with various populations.

Out of Classroom Assignments

1. Evidence-based practice with children and adolescents: Students will formulate an evidence-based question to guide their decision about the most effective intervention to employ in the case of a 6-year-old African American boy who witnessed his father severely battering his mother and whose diagnosis includes both Conduct Disorder and Post Traumatic Stress Disorder. Students will then conduct a literature search, identify, and select 3 intervention articles that could guide their intervention process. Finally, students will critically appraise each article, and select the most adequate intervention. Students will examine the racial, ethnic, and cultural issues.
2. Therapeutic session videos questions: Students will answer questions on videos that are assigned to be watched in or outside the classroom. These videos are real-life sessions on several children and adolescent
mental health issues and therapeutic modalities.

3. **Critique of local agencies youth/young adult programs:** Select a local agency that focuses on psychosocial rehabilitation inclusive of youth/young adults. You may not select an agency or program where they are currently interning or where they have previously served as an intern or been employed. From their website, materials, and/or staff phone interview, gather and summarize information, and write a critique of the agency in terms of the mission, goals, intervention model, and outcome monitoring within the context of the published literature for youth with mental disorders (if possible, focus on a selected diagnosis or diagnostic category to target the brief critique). Follow the rest on the online agenda on single subject design and other outcome measurement approaches for intervention effectiveness.

**Examinations**

1. **Mid term case formulation** (Take Home to be distributed on class 6, and due on class 7): A case formulation prepared about a child/adolescent client/patient will test students' ability to think critically, and integrate class, reading, and practice materials. Criteria to be used in grading case formulations include the following: 1) research skills (use of library, at least 5 reference sources); 2) analytical skills (logical, objective development); 3) integration of course concepts and readings; 4) expressive quality (writing, editing, ease of reading, grammar, spelling); and 5) insight and innovation (originality, creativity). Case formulations should be about 10 pages, typed with one-inch margins and double-spaced in 12 point font and written in appropriate academic style using the *Publication Manual of the American Psychological Association*.

2. **Final exam case study** (In Classroom on the last day of class): A final exam will test students' knowledge and ability to accurately integrate the entire course content (e.g., case formulations, client diagnosis, DSM-V).

**F. Attendance**

At The University of Texas at Arlington, taking attendance is not required but attendance is a critical indicator in student success. Each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. However, while UT Arlington does not require instructors to take attendance in their courses, the U.S. Department of Education requires that the University have a mechanism in place to mark when Federal Student Aid recipients "begin attendance in a course." UT Arlington instructors will report when students begin attendance in a course as part of the final grading process. Specifically, when assigning a student a grade of F, faculty report the last date a student attended their class based on evidence such as a test, participation in a class project or presentation, or an engagement online via Blackboard. This date is reported to the Department of Education for federal financial aid recipients. As the instructor of this section,

Attendance to the course is of critical importance in order to obtain a passing grade in the course. In addition, attendance will be an important component of your grade, which will be evaluated in the Commitment and Engagement component of the grade, explained below.

**G. Grading**

Grading is conceptualized as the process of evaluating the extent and quality with which each student is able to demonstrate mastery of course outcomes. Student performance and achievement will be determined by a combination of (1) a mid-term and a final examination testing a student’s ability to apply relevant knowledge and skills, (2) in-classroom assignments, (3) out of classroom assignments, and (4) commitment and engagement with the class. This last aspect, will be evaluated as follows: (a) active participation in and
outside of the classroom, (b) visual, verbal, or written engagement with the professor and classmates, (c) In-classroom attitude, and (d) attendance and punctuality. It is important that students complete all of the assignments and exams for this course in order to receive a passing grade.

The grades are tabulated using the following letter grade scale:

A= 100-90
B= 80-89.9
C= 70-79.9
D= 60-69.9
F= 60 or below

Each letter grade is weighted and combined approximately as follows in computing the overall grade for the course:

Mid term case formulation= 100 points (100/265= 38% of grade)
Final examination = 100 points (100/265= 38% of grade)
Out of classroom assignments = 15 points each, total of 3 (45/265= 17% of grade)
**Commitment and engagement= 20 points (20/265= 7% of grade)**

**In classroom assignments are part of the Commitment and Engagement grade***

**Total points: 265**

All assignments and the mid term case formulation will be posted online. Hard copies will not be accepted. All assignments should be typed, double-spaced, following A.P.A. bibliographic style (however, the reference list/bibliography may be single spaced), use at least a 12 point font, and have at least 1 inch left and right, top and bottom margins. Graduate-level grammar, syntax, and spelling are expected for all submissions. Some students may find it helpful to receive assistance from the library or from the School's Writing Resources Office [https://www.uta.edu/ssw/student-resources/writing-resources/index.php](https://www.uta.edu/ssw/student-resources/writing-resources/index.php). In addition, the instructor is available for discussion.

Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels; see "Student Support Services," below.

**H. Make-Up Exams**

There will no makeup exams unless the student can provide a written request and receives approval from the professor.

Regarding out of classroom assignments, the students are expected to turn them in on the due date established in the Syllabus. If the student anticipates he or she cannot complete an assignment on time, or if there is an unforeseen circumstance, the student will have to provide a written request, and the professor will negotiate with the student a new due date for the assignment.

**I. Course Schedule**

Class 1
Topic: Introduction & Understanding Treatment of Children/Adolescents

Readings/Lecture/Assignments: Review Course Syllabus, DSM system, Assessment Skills, Ethical Issues, Recording, Neurobiology.

Read: Begin Casebook, Ch. 1, Johnson, Part 1, and DSM intro

Class 2

Topic: Evidence-based Practice with Children/Adolescents with Exemplars of Early Onset Mood and Anxiety Disorders and Conduct Disorders

Readings/Lecture/Assignments:

Read: Begin Casebook, Chs.3-5, Johnson, Parts 2 & 3, DSM sections on Mood and Anxiety Disorders

Class 3

Topic: Evaluating Clinical Evidence and Using Practice Guidelines

Readings/Lecture/Assignments: Students will formulate an evidence-based question to guide their decision about the most effective intervention to employ in the case of a 6-year-old African American boy who witnessed his father severely battering his mother and whose diagnosis includes both Conduct Disorder and Post Traumatic Stress Disorder. Students will then conduct a literature search, dentify, and select 3 intervention articles that could guide their intervention process. Finally, students will critically appraise each article, and select the most adequate intervention. Students will examine the racial, ethnic, and cultural issues.

Read: Casebook, Ch. 17, Johnson, Part 4, selected EBP text, continue DSM sections on Neurodevelopmental Disorders, Mood, and Anxiety

Class 4

Topic: The Assessment Interview and Clinical Interviewing Techniques, Elimination Disorders

Readings/Lecture/Assignments: Practice assessment role plays/videotaping in class;

Read: Casebook, Ch.11, continue DSM sections

Class 5

Topic: Early Onset Severe and Persistent Mental Illnesses

Readings/Lecture/Assignments: Practice assessment role plays/videotaping in class

Read: Casebook, Ch. 2; DSM sections on Psychotic Disorders

Class 6

Topic: Psychotic Disorders and Symptoms, cont.; Internalizing Behavior Disorders (childhood onset anxiety and mood disorders)

Readings/Lecture/Assignments:

Read: Casebook, Ch. 6, DSM section on OCD and related

Class 7

Topic: Externalizing Behavior Disorders (Conduct Disorder/Oppositional Defiant Disorders, ADHD,
Intermittent Explosive Disorder, Substance Abuse, Behavioral Counseling

Readings/Lecture/Assignments: Assessment and Treatment, Racial, Ethnic, and Cultural Issues, Practice behavioral tx role plays/videotaping

Read: Casebook, Ch. 15-16: DSM section on disruptive disorders and substance use disorders.

Mid Term Examination due

Class 8

Topic: Gender Dysphoria, Feeding and Eating Disorders, and SIB

Readings/Lecture/Assignments: Assessment and Treatment, Racial, Ethnic, and Cultural Issues, general review of psychopharmacology

Read: Casebook, Ch. 10, 14; DSM sections on these disorders

Class 9

Topic: Brief Intervention Strategies (task-centered, solution-focused, harm reduction, motivational interviewing), Family Counseling, Grief and Loss in Families, Emotional, Physical and Sexual Abuse and other trauma

Readings/Lecture/Assignments: Meet with/interview a peer specialist from an agency listed on the online agenda to find out about their work, their approach, and how to make referrals or attend self-help or peer support group for a relevant issue (e.g., NAMI, Overeaters Anonymous, PFLAG, etc.) and reflect on the experience on the Discussion Board. Follow the rest on the online agenda on Assessment and Treatment, Racial, Ethnic, and Cultural Issues

Read: Casebook, Ch. 7, Johnson, rest of book, DSM section on stress and trauma disorders

Class 10 (in Center for Clinical Social Work)

Topic: Play Therapy and Standardized Client Videotaped Role Play

Readings/Lecture/Assignments: Standardized Teen Client Videotaped simulation in CCSW Video Observation Room; Demonstration of play therapy in CCSW play therapy room, differentiation of play techniques in assessment and in treatment, stage of development issues in using play therapy, discussion of implementation of various treatment models (CBT, solution-focused, psychodynamic, systematic desensitization, behavioral/social learning) in play therapy modality, search for current evidence on efficacy of play therapy techniques in assessment and treatment with various populations.

Read: Casebook, Ch. 12, DSM continue sections

Class 11

Topic: Intervention Outcome Measurement

Readings/Lecture/Assignments: Select a local agency that focuses on psychosocial rehabilitation inclusive of youth/young adults. You may not select an agency or program where they are currently interning or where they have previously served as an intern or been employed. From their website, materials, and/or staff phone interview, gather and summarize information, and write a critique of the agency in terms of the mission, goals, intervention model, and outcome monitoring within the context of the published literature for youth with mental disorders (if possible, focus on a selected diagnosis or diagnostic category to target the brief critique). Follow the rest on the online agenda on single subject design and other outcome measurement approaches for intervention effectiveness
Read: Selected chapters 1-2 of EBP text listed on this syllabus, p. 11-12.

Class 12

Topic: Counseling children with Special Concerns, Pervasive Developmental Delay, Intellectual Disability, Learning Disabilities, and related

Readings/Lecture/Assignments: Developmentally specific assessment and tx

Read: Casebook, Ch. 18, finish DSM sections

Class 13

Topic: Caregiver Issues/Parenting Children with Mental Health Issues

Readings/Lecture/Assignments:


Class 14

Topic: Current Controversies in the Treatment of Children and Adolescents

Readings/Lecture/Assignments:

Read: 1 current peer-reviewed article reporting research on an unresolved area in EBP with mental disorders in children and adolescents/youth, evaluate the quality of the research for practice based on the guidelines from your chosen EBP book, and post to Discussion Board.

Students will also discuss and reflect on their experiences in the classroom and field settings, and how the course topic, activities, assignments and examinations helped them navigate field placement challenges. Students will share their insight on ways on which the course can improve to tailor it to the students academic and field practice needs and experiences.

Class 15

Topic: Final Exam (In Classroom Examination)

As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course.

J. Expectations for Out-of-Class Study

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional three hours (for each hour of class or lecture per week) of their own time in
course-related activities, including reading required materials, completing assignments, preparing for assignments and exams, and reviewing online content, etc.

K. Grade Grievances


L. Student Support Services

UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at http://www.uta.edu/universitycollege/resources/index.php.

The IDEAS Center (2nd Floor of Central Library) offers free tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. To schedule an appointment with a peer tutor or mentor email IDEAS@uta.edu or call (817) 272-6593.

The UT Arlington School of Social Work community is committed to and cares about all of our students. If you or someone you know feels overwhelmed, hopeless, depressed, and/or is thinking about dying by suicide or harming oneself or someone else, supportive services are available. For immediate, 24-hour help call MAVS Talk at 817-272-TALK (817-272-8255). For campus resources, contact Counseling and Psychological Services (817-272-3671 or visit http://www.uta.edu/caps/index.php) or UT Arlington Psychiatric Services (817-272-2771 or visit https://www.uta.edu/caps/services/psychiatric.php) for more information or to schedule an appointment. You can be seen by a counselor on a walk-in basis every day, Monday through Friday, from 8:00 AM to 5:00 PM in Ransom Hall, Suite 303. Getting help is a smart and courageous thing to do - for yourself and for those who care about you.

M. Librarian to Contact

The Social Sciences/Social Work Resource Librarian is Brooke Troutman. Her office is in the campus Central Library. She may also be contacted via E-mail: brooke.troutman@uta.edu or by phone: (817)272-5352 below are some commonly used resources needed by students in online or technology supported courses: http://www.uta.edu/library/services/distance.php

The following is a list, with links, of commonly used library resources:

Library Home Page......................... http://www.uta.edu/library
Subject Guides......................... http://libguides.uta.edu
Subject Librarians...................... http://library.uta.edu/subject-librarians
Course Reserves...................... http://pulse.uta.edu/vwebv/enterCourseReserve.do
Library Tutorials ...................... http://library.uta.edu/how-to
Connecting from Off-Campus........ http://libguides.uta.edu/offcampus
Ask a Librarian......................... http://ask.uta.edu

N. Emergency Exit Procedures

Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exits, which are the stairwells located at either end of the adjacent hallway. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.
O. Drop Policy

Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance.** Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships ([http://wweb.uta.edu/aao/fao/](http://wweb.uta.edu/aao/fao/)).

P. Disability Accommodations

UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with Disabilities Amendments Act (ADAAA)*, and *Section 504 of the Rehabilitation Act*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a letter certified by the Office for Students with Disabilities (OSD). Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

**The Office for Students with Disabilities, (OSD) [www.uta.edu/disability](http://www.uta.edu/disability) or calling 817-272-3364.**

Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services, (CAPS) [www.uta.edu/caps/](http://www.uta.edu/caps/) or calling 817-272-3671** is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

Q. Non-Discrimination Policy

*The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit [uta.edu/eos](http://uta.edu/eos).*

R. Title IX Policy

The University of Texas at Arlington ("University") is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. **For information regarding Title IX, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Michelle Willbanks, Title IX Coordinator at (817) 272-4585 or titleix@uta.edu**

S. Academic Integrity

Students enrolled all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington's tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*
I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.

UT Arlington faculty members may employ the Honor Code in their courses by having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. Per UT System Regents' Rule 50101, §2.2, suspected violations of university's standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at https://www.uta.edu/conduct/. Faculty are encouraged to discuss plagiarism and share the following library tutorials http://libguides.uta.edu/copyright/plagiarism and http://library.uta.edu/plagiarism/

T. Electronic Communication

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at http://www.uta.edu/oit/cs/email/mavmail.php.

U. Campus Carry

Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit http://www.uta.edu/news/info/campus-carry/.

V. Student Feedback Survey

At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit http://www.uta.edu/sfs.

W. Final Review Week

For semester-long courses, a period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week unless specified in the class syllabus. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.